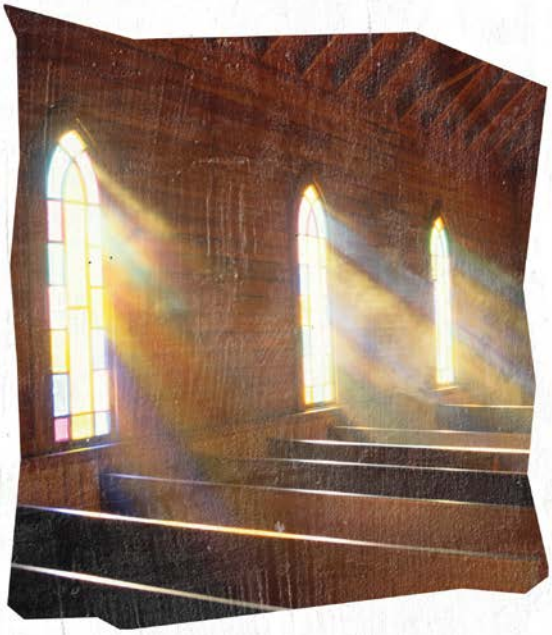
DYNAMICS OF CHRISTIAN WORSHIP



WORSHIP IN AN AGE OF ANXIETY

HOW CHURCHES CAN CREATE SPACE FOR HEALING

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ANXIETY TODAY

THE AFFABLE COUNSELOR practically bounced around on stage, searching for eye contact. "There are lots of reasons why you might want to come to our office," he reminded us during freshman orientation. I was seventeen, and like most students, I had been dropped off about six hours earlier and was suddenly alone. Parents, high school friends, and a girlfriend were back at home, three hundred and fifty miles away, and all I had now was a hastily assembled group of new friends, mostly based on proximity in the dorm.

We dutifully listened as the counseling center's director reminded us that counseling was not for crazy people but for people like us, people who sometimes just needed others who were good at listening and able to help you process your problems. Counselors could help you figure out how to deal with loneliness, or how to navigate a difficult situation with friends. They could help you dig out from the pile of homework that was harder and less forgiving than high school homework, and they could help you figure out how to deal with professors who were challenging you with new thoughts and ideas that might seem incongruous with your faith or hard to understand. They could help you deal with the anxiety that you might feel that clouds your mind, makes it hard to sleep, and makes you worry about what is coming next or what is beyond your control.

We late adolescent evangelicals listened, or at least we didn't dare let on that we weren't. Of course, none of us would look down on friends who needed counseling, but let's be real: that wasn't us, or at least most of us. Psychology classes were interesting, and some of us even decided to major in psychology to help people, *other* kinds of people, people who were less stable than us, but there was not really a scenario where we would need counseling ourselves.

Our lives were normal. I mean, sure, some of us were anxious—heck, I was anxious—but I wasn't *anxious*. I didn't "have anxiety." I knew some people who did, but most of us just didn't. We had difficult moments, but nothing that wasn't solved by the standard recipe of good friends, perseverance, and prayer when we remembered to do so. If worse came to worst, we had pastors to talk to, certain friends who seemed wise and could offer advice, and mom and dad to call who could calm us down, recenter us, and send us back out into the fray. And as for the counseling director? You had to feel bad for the guy, essentially up there stumping for business, justifying his existence at the college, doing what he could to convince students that we really needed this thing that we all knew most of us didn't really need.

A generation later, I work at my alma mater, and the talk from the counseling center is very different. There is no need to explain what counseling is for; this is common knowledge. And when the online system opens up for appointments, all the available appointments for the semester are quickly booked. There's talk of doing what other colleges have done, limiting the number of sessions per student to serve a wider student base, just so the broadest possible group of people can access the mental health services that they know they need. The other options, of course, are to hire more counselors to meet the student need and marketplace demand, or even to start charging separately rather than including unlimited sessions in the student program fee.

What does this radical sea change mean for those of us who lead worship? This is a book about worship and its potential to provide healing spaces for people who experience anxiety. It is not a psychology textbook, and those who preach or lead worship should not be expected to be mental health professionals. Still, if we are going to provide spaces that are helpful for people with anxiety as they journey toward health and wholeness, we have to understand more about what people with anxiety experience, and what helpful ideas and strategies they are learning to frame their experiences and live full, healthy lives. So, while most of this book is about worship, this chapter will speak more specifically about how people with anxiety today are learning to heal. This will provide a grounding and direction for the ensuing chapters about worship.

What is anxiety today? Given all the change in the last quarter century, this may seem hard to believe, but it is true: historically speaking, my generation

was relatively aware of anxiety compared with previous generations. We found the counselor's talk (and most of his services) unnecessary, but we did not find counseling distasteful or un-Christian, as our parents or grandparents likely would have. Indeed, anxiety has been on a steady rise for many years. Some historians point out that the initial rise in clinical anxiety coincided with the "age of progress," when humanity's basic needs for food, shelter, and health were more regularly met.[1] When people did not have to worry as much about starving or dying in childbirth, when modern sanitation controlled or eradicated disease that previously ran unabated through cities, then our thoughts and emotional energy turned toward higher-order concerns. "In other words," writes Ian Dowbiggin, "the healthier people became, the more they worried about their personal health."[2]

Well before my college years, Jean Twenge noted that "the average American child in the 1980s reported more anxiety than child psychiatric patients in the 1950s."[3] But of course, as we see at my school, anxious symptoms are certainly on the rise, and this rise has been particularly sharp among young adults in the twenty-first century. In 2018, 14.66 percent of US adults between ages eighteen and twenty-five reported feeling anxious "most of the time" or "all of the time" in the previous month. This was nearly double the rate of those who reported this among the same age group in 2008 (7.97 percent).[4] This rise has been especially sharp since the COVID-19 pandemic beginning in 2020; the World Health Organization reports a rise of 25 percent globally in anxiety and depression.[5] The *Youth Risk Behavior Study* by the Centers for Disease Control and Prevention in 2021 paints an even more dire picture: 42 percent of high school students "experienced persistent feelings of sadness

[1]See, for example, Theodore Zeldin, *A History of French Passions*, vol. 2, *Intellect, Taste and Anxiety* (Oxford: Clarendon, 1977), esp. chap. 17, "Worry, Boredom and Hysteria."

[2]Ian Dowbiggin, "High Anxieties: The Social Construction of Anxiety Disorders," *Canadian Journal of Psychiatry* 54, no. 7 (July 2009): 430.

[3]Jean M. Twenge, "The Age of Anxiety? Birth Cohort Change in Anxiety and Neuroticism, 1952–1993," *Journal of Personality and Social Psychology* 79, no. 6 (2000): 1007-21.

[4]Renee D. Goodwin, Andrea H. Weinberger, June H. Kim, Melody Wu, and Sandro Galea, "Trends in Anxiety Among Adults in the United States, 2008–2018: Rapid Increases Among Young Adults," *Journal of Psychiatric Research* 130 (November 2020): 441.

[5]World Health Organization, "COVID-19 Pandemic Triggers 25% Increase in Prevalence of Anxiety and Depression Worldwide," *WHO News*, March 2, 2022, www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide.

or hopelessness during the past year," including an overwhelming 57 percent of female students.[6]

Some believe there has not been a rise in symptoms of anxiety so much as a rise in willingness to acknowledge and talk about our anxious feelings. This may be a contributing factor. It certainly is possible that respondents in 2018 were more personally inclined to accept their anxious feelings than 2008 respondents, that by 2018 survey respondents were more willing to apprise their emotional life and acknowledge anxiety "some of the time" instead of "never." In 2008 America, a less accepting public may have prompted people to hide their anxious feelings from others, or maybe even from themselves. Or, more cynically, it is also possible that 2018 America was inclined to call certain experiences "anxiety" that 2008 America viewed as normal, nonproblematic feelings.

Complicating this further is the fluidity of language around mental health. Allan Horwitz pointed out in 2010 that "various factors combined between the 1970s and 1990s to transform conditions that had been viewed as 'anxiety' into 'depression.'" He then rightly predicts, "New interests in the twenty-first century, however, might lead to the reemergence of anxiety as the signature mental health problem of American society." Horwitz argues that in the 1950s and 1960s, "the concept of 'depression' barely existed for submelancholic conditions. . . . Nonpsychotic forms of depression were regarded as defense mechanisms used to allay underlying feelings of anxiety." While anxiety diagnoses continued to rise by just under 20 percent between 1987 and 1997, the number of adults in the United States treated for depression nearly tripled, even controlling for the increase in population. Horwitz views anxiety, depression and related diagnoses as part of "the stress tradition," recognizing the increase in the prevalence of these symptoms but encouraging us not to put too much stock in any one taxonomy or diagnostic preference.[7]

While anxiety is difficult to define, the concept of intolerance of uncertainty (IU) helps move us toward a definition that will guide this book. IU, defined as "the unwillingness to tolerate the possibility that negative events may occur

[6]Centers for Disease Control and Prevention, *Youth Risk Behavior Survey: Data Summary & Trends Report 2011–2021*, CDC Division of Adolescent and School Health, 2023, p. 60, www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf.

[7]Allan Horwitz, "How an Age of Anxiety Became an Age of Depression," *Milbank Quarterly* 88, no. 1 (2010): 112, 116.

in the future, no matter how low the probability,"[8] is now understood to be a primary driver in many of those different disorders in the stress tradition, including generalized anxiety disorder, obsessive-compulsive disorder, and major depressive disorder.[9] Importantly, IU is also a contributing factor to nonclinical forms of worry, that kind of worry that most of us experience but find ways to manage without debilitation.[10] IU exists on a spectrum and can rise and fall for a variety of reasons. Often, receiving mental health treatment enables a person to better accept and tolerate uncertainty.[11]

IU is foundational for our definition of anxiety because it shows us that anxiety is about the future. Life is uncertain; many things are possible. Almost all of it is out of our control. Most of us worry about this some of the time; some of us worry about this most of the time. Thus, anxiety can best be defined as a "future-oriented mood state"[12] accompanied by various negative emotional symptoms (like intense worry and apprehension), and/or bodily symptoms like muscle tension. Anxiety is not about what is happening right now and my ability to respond to it or not; it is about possible future events (or future consequences of current or past events) that are beyond my control and may impact me or my loved ones negatively.

A particularly pernicious component of anxiety is the way it can spiral out of control. Generalized anxiety disorder (GAD) is generally understood as "excessive and unreasonable worry," which of course makes it difficult to diagnose across cultural and personal differences.[13] It persists as a diagnosis

[8]Robert M. Holaway, Richard G. Heimberg, and Meredith E. Coles, "A Comparison of Intolerance of Uncertainty in Analogue Obsessive-Compulsive Disorder and Generalized Anxiety Disorder," *Journal of Anxiety Disorders* 20, no. 2 (2006): 158.

[9]Holaway, Heimberg, and Coles, "Comparison of Intolerance," 158-74; and Emily L. Gentes and Ayelet Meron Ruscio, "A Meta-analysis of the Relation of Intolerance of Uncertainty to Symptoms of Generalized Anxiety Disorder, Major Depressive Disorder, and Obsessive-Compulsive Disorder," *Clinical Psychology Review* 31, no. 6 (2011): 923-33.

[10]Michel J. Dugas, Mark H. Freeston, and Robert Ladouceur, "Intolerance of Uncertainty and Problem Orientation in Worry," *Cognitive Therapy and Research* 21, no. 6 (1997): 593-606.

[11]James F. Boswell, Johanna Thompson-Hollands, Todd J. Farchione, and David H. Barlow, "Intolerance of Uncertainty: A Common Factor in the Treatment of Emotional Disorders," *Journal of Clinical Psychology* 69, no. 6 (2013): 630-45.

[12]Georg H. Eifert, John P. Forsyth, and Steven C. Hayes, *Acceptance and Commitment Therapy for Anxiety Disorders: A Practitioner's Treatment Guide to Using Mindfulness, Acceptance, and Values-Based Behavior Change Strategies* (Oakland, CA: New Harbinger, 2005), 16.

[13]Luigi Janiri, "What Does Generalized Anxiety Mean?," in *New Perspectives on Generalized Anxiety Disorder*, ed. Riccardo Guglielmo, Luigi Janiri, and Gino Pozzi (New York: Nova, 2014), ix.

despite the difficulties because we realize that worry can take over our lives, that we can become disproportionately concerned about things of limited importance, and even about worry itself. Anxiety, unrestrained worry, is the problem that sits behind every problem for an anxious person and, in a sense, for all of us who know anxious people in this anxious culture.

This definition sheds light on the recent spike in anxiety—and also raises new questions about it. We may feel more anxious now because new technology expands our world, making us more aware than we were fifty or a hundred years ago of the many ways things can go wrong. It is also possible that previous generations had more culturally accepted ways of expressing and processing their fears about an uncertain future. Either way, the mental health scene is wildly different from that of a generation ago.

Students come to my pastoral study describing the effects of both physical and emotional trauma on their emotional well-being, with a clear sense of what medications and counseling can do for their mental health, and with expectations that the adults and institutions in their lives are similarly informed and committed to their mental health. Professors are expected to accommodate formal and informal requests for extra time and help when a student's mental health is in a difficult place. Older professors especially can be cynical about these requests, believing that students are simply cheating the system or, worse, that they are being primed to create a mental health problem where there isn't any in order to obtain a desired educational outcome.

MENTAL HEALTH, SPIRITUAL HEALTH

When we focus our definition of anxiety on the intolerance of uncertainty, it raises important questions for Christians, resetting the parameters of the discussion for how our faith ought to influence our experience of anxiety. In a sense, the Christian gospel shows us that, no matter the uncertainty of our temporal situations, the ultimate outcome is assured: in the parousia, all is set right and those in Christ are ushered into a kingdom where "there will be no more night" (Revelation 22:5). The grandeur of Romans 8:28 reminds us that "all things work together for good for those who love God, who are called according to his purpose." And much biblical teaching, including Jesus' own words, is specifically about tolerating uncertainty even here on earth. In

Matthew 6:25-34, Matthew teaches specifically about worry. In so doing, in a way he addresses the intolerance of uncertainty. "Therefore do not worry, saying, 'What will we eat?' or 'What will we drink?' or 'What will we wear?' For it is the gentiles who seek all these things; and indeed your heavenly Father knows that you need all these things" (Matthew 6:31-32).

This leads some Christians to spurn the idea of mental illness altogether. As I detailed above, that was the most common response of earlier generations. But as this approach has been destigmatized, I wonder sometimes about how students are integrating their faith and their mental health. If we rightly no longer believe that Christians should simply "pray the anxiety away," then what exactly should the relationship be between Christian faith and mental health?

If we cannot answer this question well, then the results are nearly as disastrous as if the stigma remained in place: there will still be a "deep and unfathomable chasm" between spiritual health and mental health. Theologian Christopher Cook delivered the Boyle Lecture in 2020 on the relationship between mental health and the gospel, noting that the normal pattern for a Christian ("Agnes") who experiences mental health difficulties now

> is similar to what would have happened if she had gone into the hospital for surgery. . . . The doctors are expected to get her better, and then she will be able to return to her normal life. Meanwhile, folks in church continue with the things that Agnes cannot do because of her illness. They pray, they read the bible, they receive the sacraments, and they talk about their faith. Agnes is excluded from all of this. If she is lucky, she may get to meet with a mental health chaplain. . . . He or she may well try to reassure Agnes that God loves her, but the emphasis on recovery will be on continuing with the medical treatments, which, alone, will be expected to get Agnes better. I am caricaturing slightly, but only very slightly. Mental health and Christian salvation are in different compartments of life, separated by a deep and unfathomable chasm. Doctors deal with the former; clergy deal with the latter.[14]

This reality is counterproductive, given the obvious overlap between the goals of mental and spiritual health. How can we talk about a cardinal commitment

[14]Christopher C. H. Cook, "Mental Health and the Gospel: Boyle Lecture 2020," *Zygon: Journal of Religion and Science* 55, no. 4 (2020): 1109.

like the Christian faith, which aims to define our whole being, while imagining that this commitment somehow does not affect our mental health?

Unquestionably, our faith has to do with what things are certain, what things are uncertain, and how we ought to handle the uncertainty we all must deal with. Practically, what about those ways the faith does seem to speak about my mental health, or simply my mood? Do I ignore Paul's counsel to "not worry about anything" (Philippians 4:6)? If I don't ignore it, what does it mean? If the Christian faith is claiming to provide the lens to think through all of life, then it must account for anxiety in some way.

This necessarily touches on worship. Most Christians are not afforded the luxury of unhurried thinking about how they would like to integrate their experience of anxiety with their faith. Instead, they walk into worship services that carry a lot of encoded ideas about anxiety. Sermons might speak about whether intolerance of uncertainty is an acceptable reality for a Christian—or a sign of a lack of faith. Song lyrics may claim that following Jesus necessarily brings certain feelings; worship leaders model an acceptable range of emotions for a congregation. And the gathered, worshiping congregation has its own ideas about anxiety, and the degree to which anxiety is normalized and people with anxiety are welcomed.

This complicated emotional reality means that some people find it hard to attend worship services at all. As the dean of the chapel at Houghton, I plan services that are required for our students to attend, and frequently I receive requests to be exempted from this requirement due to issues related to mental health. Some of these requests are formal: a professional counselor has determined that large crowds can cause anxiety for a patient, or a therapist has unearthed some trauma related to a student's religious upbringing that makes worship a frightening place. Many more of these requests, though, come directly from students who claim that their mental well-being depends on being exempt from the requirement to come to worship. What should be done in these situations?

Requiring attendance at worship is a questionable enough practice as it is, but particularly when a young person has a history of religious trauma, or shame for not being "Christian enough." Yet many Christian colleges require chapel attendance as a way of encouraging Christian discipleship. Discipline

is sometimes painful, habits take effort to build, and the formation of such habits is at the heart of Christian colleges that require worship attendance. We are not out to compel any sort of heart-attitude of worship, but we understand ourselves as helping young people build a discipline that enables an expectation that God will be present with them and speak to them throughout their lives. That is not something most students are ready to understand, regardless of the state of their mental health.

So exemption requests become exercises in discernment. While it is no doubt right for me to heed and honor professional opinions, part of me chafes when I receive such requests from students themselves. I realize that they may not yet be able to sort out the ordinary pain and difficulty of a worthwhile discipline from a genuine threat to their mental health. I also recognize they have little impetus to sort that out if it means getting out of a requirement that puts an extra strain on their already stressed college life. Nonetheless, I am humble enough to recognize that I cannot know what goes on in another mind. I am inclined to err on the side of caution, and I am regularly awestruck at the sorts of pain these young people carry around with them. Usually, I exempt them because I know what I don't know.

Still, my heart sinks when I imagine that it is worship, of all things, that these precious young Christians experience as a threat to their mental health—worship, where we meet the living God and, in encountering him, discover who we really are, perhaps for the first time. While worship services may not always address mental health directly, they should be spaces where we bring our full selves, meet God, and learn to look honestly at all the complexities of life, including the creative tension implicit in the narrative around mental health. Meeting God in this way must set the uncertainties of life in some sort of context, as well as my tolerance or lack thereof for that uncertainty.

No, I can't pray the anxiety away, nor should I try; yet our Christian faith is a foundational piece of our identity, making claims about who exactly we are and what exactly we are doing here. Our faith must have something to say to this question of our mental health, and if we are going to know genuine healing from anxiety, it must somehow be consonant with our faith. If churches and Christian institutions want to helpfully contribute to anxious people's healing, we must be prepared to look faithfully and creatively at the

intersection of the Christian faith and the experience of anxiety. This means thoughtfully and compassionately listening to and understanding the experience of people with anxiety. If we understand better what people with anxiety are learning in their healing journey, we can start to understand how it integrates or clashes with what they are learning in church.

In the following section, I will summarize recent developments in how anxiety is treated, particularly focusing on understanding what skills and ideas people with anxiety learn in treatment. This will likely be a bit dense for those who have not examined this closely before, while mental health professionals will recognize that I have only scratched the surface. Still, it will help us to develop a basic understanding of what anxious people learn about how to experience and process their feelings—because then we will be able to question the degree to which people who are growing in this way will find their church supportive or destructive on their healing journey. Then, starting in chapter two, we'll look more closely at the way we worship so we can begin to evaluate how different worship practices support—or undermine—this healing work.

TREATMENT FOR ANXIETY TODAY

If I had listened to the counselor at my freshman orientation and gone to seek help for anxiety, my experience would have borne a few similarities to what students would experience today. Then, as now, clients learned that anxiety is future-oriented, as discussed above. I would have learned that anxiety "is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure."[15] Like clients today, I would have sought help because I feared what my anxiety meant and what it was doing to me, and I would have received loving, active listening, with sustained, gracious attention to my person and problems. My counselor would have shown me techniques for modifying my behavior that could lead to reduction of my fear and worry. However, my experience would have also included something that is not typical in therapy today: my counselor would have tried to gently reorder my mind and show me that my fear was unnatural. The counselor would have believed that it was important for me not only to

[15]"Anxiety," American Psychological Association, www.apa.org/topics/anxiety.

modify my behavior but also to intentionally "unlearn" something about my anxiety, to acknowledge that faulty knowledge was keeping me trapped in my anxious experience.

Contrarily, when my students seek help for anxiety today, they may not be encouraged to identify what they should unlearn about their anxious feelings. Unlike previous generations of anxious people, they will likely be told that anxiety is a perfectly normal and appropriate feeling in some circumstances. That may seem strange—when someone wants to be less anxious, why tell that person that anxiety is normal? But when we consider just how pernicious and far-reaching are the consequences of human sin, anxiety is logical.

In some ways, tension and worried thoughts are completely appropriate responses to a post-pandemic world living under the renewed threat of nuclear war. If worry is rooted in the intolerance of uncertainty, it's natural that uncertainty with such high stakes would provoke significant worry. People with anxiety may even learn, as some psychologists argue, that anxiety is a necessary part of a healthy life in proper measure, much like physical pain deters us from some behaviors that would harm our bodies. One therapist says it succinctly: "Anxiety is the stress response firing up to tell us to pay attention."[16] One study, for example, shows that young people who experience anxiety have significantly reduced probability of having a fatal or severe accident in childhood.[17] Young people's irrational fear of what might happen if they participate in some minimally risky behavior can also keep them from experimenting with things that could really hurt or even kill them. If anxiety really is about the intolerance of uncertainty, then it has the positive corollary of warning us to be careful in uncertain situations, when exercising extra care might bring a positive result.

Some therapists even understand social anxiety—that is, fear or worry in social situations—to have similar benefits as long as it is not overwhelming. Social anxiety is also correlated to increased empathy; as you might expect, a person who is nervous about what others might do in a given

[16]Richard Sears, *ACT with Anxiety: An Acceptance and Commitment Therapy Workbook to Get You Unstuck from Anxiety and Enrich Your Life* (Eau Claire, WI: PESI, 2021), 7.

[17]W. E. Lee, M. E. J. Wadsworth, and M. Hotopf, "The Protective Role of Trait Anxiety: A Longitudinal Cohort Study," *Psychological Medicine* 36, no. 3 (2006): 345-51.

situation is especially attuned to social cues like eye contact and facial expressions.[18] Thus, social anxiety develops in an individual the capacity to intuit what another might be thinking and to automatically take steps to ensure that the social situation remains manageable. This easily leads to empathy, viewing the world through another's eyes and loving them in a way that they can easily receive—though one can of course imagine how easily such anxious people can confuse God's desire for empathy with others' opinions of them.

Even when normalizing the experience of anxiety, counselors today would recognize that anxiety can become a problem when it spirals out of control—and there are many ways it can do so. Anxiety becomes an anxiety disorder when symptoms become intrusive and keep a person from living a full life consistent with his or her values. People experiencing an anxiety disorder may feel so dominated by anxious feelings that they misapprehend the level of risk in a situation and stay away from an event that poses no genuine danger. They may experience physical symptoms that threaten their well-being or make them unable to function in a social situation. Anxiety also becomes a problem when people become anxious about their own anxiety. One professional counselor says, "Anxiety can be uncomfortable, emotionally and physically. Our minds want to avoid that, so we worry about the next time we feel anxious because we remember how it felt."[19]

What accounts for the difference in what students receive today and what I would have received a quarter century ago? For many years, the primary approach to treating anxiety has been CBT (cognitive behavioral therapy), a term that encompasses many cognitive-behavioral approaches to treating anxiety. Broadly speaking, CBT seeks to combine the insights of behaviorism—in which people learned to modify their behavior and experiences through rewards and punishments—with the insights of cognitive psychology, which recognizes that clients are helped not only by modifying unwanted

[18]Yasmin Tibi-Elhanany and Simone G. Shamay-Tsoory, "Social Cognition in Social Anxiety: First Evidence for Increased Empathic Abilities," *Israeli Journal of Psychiatry and Related Sciences* 48, no. 2 (2011): 98-106.

[19]Katherine Hayes, quoted in Janelle Cox, "How to Overcome Being Anxious About Being Anxious," *PsychCentral*, December 10, 2021, https://psychcentral.com/anxiety/how-to-overcome-being-anxious-about-being-anxious.

behaviors but by learning to *think* differently.[20] CBT holds that real relief from anxiety comes from modifying unhelpful behaviors while cognitively unlearning faulty ideas that keep the anxious person in the thrall of lies.

A typical case study shares the example of a male client who was overly angry at his daughter because the daughter woke up at night and cried until his wife came and consoled the daughter. The man was frustrated with his daughter's seemingly irrational crying, so he shook her and said, "Stop it, stop it . . . I can't stand it!" When he recounted this to his therapist, the therapist pointedly asked, "Did you stand it?" To which the client says, "I got through it. I didn't like it." The therapist then gently points out, "See, you made an irrational statement to yourself. *I Can't Stand It.* In other words, she must not do this to me. That's what gave you irrational anger." The client goes on to realize that he is creating his own anxious feelings: by saying he "cannot stand something," a statement that is not true, he is making a tolerable, but unpleasant, situation into something intolerable.[21] Thus, CBT teaches people to change their behaviors *and* their minds, believing that we can overcome anxiety when we are aware that it is not a rational or helpful response.

CBT is still widely practiced today, but its critics have recently started to argue that CBT does not deliver on all its promises, particularly the "cognitive" portion of the approach. What exactly is the benefit of cognitively correcting the client's perception of what is happening? In some ways, it seems logical to make the client aware of the faultiness of one idea and to replace it with other ideas that are true so the client can mentally draw on the accurate understanding in a stressful situation. Yet some wonder if it actually delivers on that benefit since anxiety is a nonrational response anyway. As Richard Sears puts it, "The disputation component of CBT is not essential for it to work."[22] This "disputation component"—where the "wrong" ideas of the client are challenged and debunked by the CBT therapist—can even be counterproductive in that it can provoke an argument between counselor and client. This can lead to a sort of stalemate where the client resists letting go of a

[20]Patricia A. Bach and Daniel J. Moran, *ACT in Practice: Case Conceptualization in Acceptance & Commitment Therapy* (Oakland, CA: New Harbinger, 2008), 26-27.
[21]Bach and Moran, *ACT in Practice*, 27-28.
[22]Sears, *ACT with Anxiety*, 98.

cherished way of mentally ordering a situation in response to the counselor pushing them to relinquish it.

Even when the disputation "works," though, it is fair to ask if this sort of mental reordering is a subtle way of the counselor reifying a hierarchy and reinforcing dependence, establishing that she can see things that the client cannot see. In the case study above, for instance, how exactly is the client's life improved by cognitively understanding that he can actually tolerate his daughter's crying? A CBT practitioner may argue that the client who knows better is then able to respond differently the next time his daughter cries. The angry father can calm himself, count to ten, and remember, "Okay, okay. It feels right now like I *can't* get through this, but I can. I know I can because my therapist showed me that this is an irrational thought." But modern critics then ask, Did the cognitive reframing do anything on its own that could not have been done in some other way? Is the cognitive correction the active ingredient, or is there something else going on here that enables the healthier reaction to an unwanted stimulus? Does the person really need to have a new sort of cognitive knowledge to reap all the benefits of CBT, or could one get those benefits in some other way?

This is not an inconsequential question. If the cognitive part of CBT is not strictly necessary, then new horizons open up in treating anxiety for people who are not cognitively driven, or less cognitively capable. What about the nonverbal man on the autism spectrum who may not understand his anxiety, and certainly will be unable to put words to it in a way that he can establish mastery over it? While that is an extreme example, even for people without these difficulties, reducing the need for new cognitive information changes the relationship between the anxious person and the therapist. If the therapist is primarily "the person with the information that gets me through," then there can be a certain sense of powerlessness and terror when anxious people realize that their current store of knowledge is not enough, requiring them to return to the therapist for more knowledge.

Critics also point out another related consequence: CBT's laudable goal of reducing or eliminating anxious feelings has the potential to pathologize all anxious feelings. In order to eliminate anxious feelings, CBT practitioners need to point out what is often true: that an anxious response is irrational in a given

situation. But if, as critics say, the cognitive restructuring of CBT is unnecessary, then doesn't it needlessly complicate the situation to make an anxious person deem all anxious feelings "irrational"? It does not seem to help the situation, and there are many negative consequences to making this a centerpiece of treatment. For one, as we've said, anxious feelings can be beneficial and necessary in some situations, so it may be harmful to establish that anxious feelings are universally irrational. A woman's fear of heights may in fact be an irrational warping of the totally legitimate recognition that falling from high places can kill a person, but the goal is not to make her fearless every time she is in a high place. There are some times when her anxiety may be an asset: for instance, when she is in a legitimately dangerous situation and her fear of heights makes her think twice about stepping out onto a ledge to take a picture while on a hike.

Whether a particular experience of anxiety is necessary or beneficial, anxiety is in any case inevitable. Teaching people that their anxious feelings are irrational or otherwise faulty can have the effect of teaching people to distrust their emotions and intuitions. Returning to the example above, if telling the woman that her anxiety is irrational does not really help her, why do it at all? Upon stepping out onto the perfectly safe skyscraper observation deck, she may start to feel anxious and remind herself, "What I'm feeling now isn't rational, isn't true." It is a very short step from this to, "The feelings I carry in my body are not a reliable guide to reality." Consequently, the anxiety begins to carry a whole new level of stress: "I know I shouldn't, but I continue to feel this feeling that is not based in reality."

For evangelical Christians particularly, it's an even shorter step to, "This unwanted, unchosen response is one more way in which I am wrong. My therapist says that if I know this particular way that I am wrong, I will change. I think that I am wrong, but I still have these irrational (read: untrue, wrong, sinful) feelings and responses sometimes. I guess I haven't yet fully changed. This is one more way in which I have not yet brought myself into subjection to the truth; this is one more way I have not yet fully surrendered myself to Jesus." This leads to a kind of meta-anxiety that is particularly pernicious in Christian young people; they recognize the way that their anxiety brings up uncomfortable questions about what they really believe, and perhaps even makes them feel that they are disappointing God. It becomes important for

them to maintain a cheery attitude. If they begin to feel anxious about something, they begin to feel anxious about being anxious, not just because it is inconvenient for them but because the presence of the anxiety says something definitive about their relationship with God. They fear that God is more disappointed in them than they can acknowledge, or perhaps even that they are more disappointed with God than they dare face.

For example, I have conversations every so often with young men who are upset that a girlfriend has just broken up with them. Usually, at some point in this conversation, the young man feels duty-bound to remind me that God is up to something in this situation, defending God's honor and reassuring me of his own piety. "Sure, the breakup might be a little bit painful," he might say, "but you know, God has really been showing me that I need some time just with him to understand who I am before I get into another relationship." I know those feelings from my own time as an evangelical young person. I know what it is like to feel rejected and hurt and at the same time to genuinely believe that my job for God right now is to pick up the pieces as quickly as possible and try to determine what God is saying in this. What am I supposed to be learning from this?

The sadness, anger, and betrayal that feel so natural in those situations somehow feel wrong; it is as if feeling sad at this particular stage of the journey is ingratitude for the journey altogether. It is as if feeling hurt about a breakup is a tacit rejection of "the one" that most evangelical young people believe God has waiting for them in marriage. And the anxiety that comes with the sense of "What next?" feels like you are rejecting God for the ultimate good he is going to bring out of this. It leaves young people with an awful choice: live in constant denial of your own feelings or acknowledge them and disappoint God because you are sad. Many students' theology and church cultures even teach them that in those moments you're not allowed to feel that "she made a mistake when she broke up with me." Accepting that feeling, believing that the ex-girlfriend had made a mistake, would be like telling God that his plan wasn't good enough for you. So they suffer the hurt feeling after the breakup, but they still sense that the breakup was the right thing.

In those situations, I try to gently remind the young man that he's allowed to be sad. It's normal to feel sad when someone tells you that she no longer

wants the same thing you do out of a relationship. It's normal to feel sad when you are happy giving someone your exclusive romantic attention, but she is no longer happy to do so. Usually, they are unwilling to actually feel sad. Instead, their pastoral visit with me is born out of a desire to do all of this right, to do the right thing with this painful moment but not compound the sadness they are feeling by disappointing God as well. I believe that in most of these conversations desperately sad young men have come to a respected religious figure hoping to hear that they are still good men, and crediting God in a confusing circumstance is a reliable way to get positive feedback from me or another Christian adult. They also wish to be reassured that while they may feel disappointing to this one girl, God is not disappointed in them. They come with good hearts, but these young men are usually incapable of hearing anything that tells them to be at ease with their feelings of sadness and anxiety.

Anxiety can function in the same way throughout our lives, not just when we are young and brokenhearted. When we feel anxious, it is easy to feel as if our anxiety is an implicit lack of trust in God that we should not feel—and if we do feel it, we should at least have the decency not to express it out loud. Often young people bifurcate their mental health life from their spiritual life because it safely locates anxiety away from any talk about God. While it may be somewhat disconcerting to think that God can't really help with my mental health, it's a lot more tolerable than thinking that God is somehow disappointed with me for my experience of anxiety, which is beyond my control.

Critics of CBT think it undergirds this harmful reality—it reinforces the idea that the anxious feelings themselves are wrong. When people are forced to explore the ways in which their anxiety is irrational, they may think that their anxiety is a failing—moral, personal, or spiritual. Even when it is not actively harmful to the client, though, it wastes a lot of energy on cognitive restructuring that has no genuine therapeutic benefit. And the approach has some significant downsides that keep people in thrall to anxiety in ways that seem, to some, paradoxically encoded within CBT itself. For these critics, then, it no longer seems reasonable or even possible to seek to eliminate anxious feelings altogether.

Newer therapeutic approaches are somewhat different; the goal is instead to help people manage anxious feelings in ways that mitigate their dangers.

Treatment also seeks to help people realize their agency: regardless of their feelings, they can make decisions to act in ways consistent with their values rather than letting anxiety dictate their actions. This not only is more realistic—who can really expect a life completely free of anxious feelings?—but it also helps to mitigate the meta-anxiety described above. If one begins to feel anxious, older ways of treating anxiety see a new problem to solve, which can be particularly thorny for evangelical Christians who may see these new problems as moral failings. Newer therapeutic approaches, as discussed below, anticipate anxiety as a lifelong reality and give guidance for how to walk through those inevitable feelings in ways that are consistent with one's values and aspirations.

To be clear, CBT has also grown and evolved in its practice, sharpening in response to some of these criticisms. Many CBT practitioners have realized that a mere clash of ideas is at best not ideal in therapy and at worst futile altogether because of the many different reasons that clients may resist. Consequently, many CBT practitioners take a more indirect, question-based approach when talking to clients, particularly those who have been through traumatic experiences, asking the client questions that "challenge the accuracy of patients' thinking in a way that will help to alleviate their psychological distress."[23] By asking questions, CBT practitioners still aim to help change patients' thoughts but do so in a way that is more nonjudgmental and respectful of the way that clients have narrated their stories. Through this method, "the patient is empowered to take more credit than the therapist for change that occurs."[24] Some have tried to amend CBT, while some take a different approach altogether.

ACCEPTANCE AND COMMITMENT THERAPY

One new approach is ACT (acceptance and commitment therapy). ACT seeks to build on the wisdom of CBT while taking an approach that centers on acceptance of anxious feelings. ACT (pronounced like the word *act*) has six main goals:[25]

[23]Patricia A. Resick, Candice M. Monson, and Kathleen M. Chard, *Cognitive Processing Therapy Veteran/Military Version* (Washington, DC: Department of Veterans Affairs, 2008), 8, www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapist.pdf.

[24]Resick, Monson, and Chard, *Cognitive Processing Therapy*, 8.

[25]Steven Hayes, "The Six Core Processes of ACT," *ACBS: Association for Contextual Behavioral Science*, accessed August 14, 2023, https://contextualscience.org/the_six_core_processes_of_act.

1. *Acceptance*. When you experience anxious feelings, you should not repudiate these feelings or internally run from them; instead, you should simply feel them "fully and without defense."[26] You are free to feel anxiety; your anxious feelings may be irrational responses to something that is not as threatening as you feel it is, or they may be perfectly tuned to the situation for your protection. The important thing is not sorting out whether your anxious feelings are right or wrong in a given moment but simply acknowledging that they are there, that you're willing to learn from them if that seems right, or you are willing to simply let them be there. Throughout the process of therapy, you might discover that your anxious feelings are indeed irrational, and you might even find that you experience them less often—you might decide to let them sit in the passenger seat in your life while you drive, only to discover one day they've moved to the back seat or exited the car entirely. But this is not the goal. Eliminating the feelings totally never was a reasonable goal at all, and maybe not even a desirable goal. Clients learn this by accepting the presence of anxious feelings.
2. *Cognitive defusion*. As this term implies, this means putting your thoughts in their proper place rather than allowing your destructive thoughts to become binding realities. For example, a client may think, "I'm not smart enough to be loved." This thought can be difficult for a Christian who cognitively understands that God's love does not depend on one's intelligence. Not only would such a Christian have the weight of understanding themselves to believe a lie, but that belief itself would disappoint God even more. An ACT therapist recognizes that this sort of self-talk goes on regularly, even constantly, in a person's mind and that this idea has defined reality in a way far beyond the meaning of individual words. The therapist may try a number of techniques designed to disrupt the words themselves or the way the words function in the client's life. The therapist may, for example, tell the client to sing the words "I'm not smart enough to be loved" to some ridiculous show tune, or say them out loud in the voice of Pee-Wee Herman or Mickey Mouse. The goal of this is to remind the client, "Oh, these are just words."

[26]Hayes, "Six Core Processes."

This is just a phrase. It has no binding reality. Therapists may also substitute a nonsense word for one of the key words: "I'm not trab enough to be loved," for instance, again disrupting the pattern that has a hold in the person's life.[27] The goal is not to engage with the content of the thought directly as with CBT. From a Christian perspective, of course, it is objectively untrue that any person could be unloved because of a lack of intelligence. But if the therapist asserts or argues that, it doesn't really accomplish anything because the client is not experiencing this feeling on a rational level anyway. Indeed, it is quite possible that such a reassuring assertion could engender an argument with a client who is certain that he or she is not smart enough to be loved. Likely such a client has developed a list of experiences and qualities that provide evidence to support this thesis. This clash of ideas is unwinnable, and best avoided altogether.

3. *Being present*. ACT teaches that it is important for an anxious person to develop the capacity to be fully present in a given situation. Because anxiety is a future-oriented state, learning to be fully present in the moment makes it much less likely that we'll obsess about outcomes over which we have no control. Like many mindfulness techniques, ACT teaches people practices like journaling; walking through nature and accounting for what they have seen; active listening; and mindfully planning a day in order to be fully present where they are, rather than stuck in the future or in the past. The goal of such techniques is not simply relief but "to have clients experience the world more directly so that their behavior is more flexible and thus their actions more consistent with the values that they hold." Describing their experience through journaling and other practices allows clients to use "language as a tool to note and describe events, not simply to predict and judge them."[28]

[27]John T. Blackledge, "Disrupting Verbal Processes: Cognitive Defusion in Acceptance and Commitment Therapy and Other Mindfulness-Based Psychotherapies," *Psychological Record* 57, no. 4 (2007): 555-76.

[28]Stephen C. Hayes, Jason B. Luoma, Frank W. Bond, Akihiko Masuda, and Jason Lillis, "Acceptance and Commitment Therapy: Model, processes and outcomes," *Psychology Faculty Publications* 101 (2006): 8, https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1085&context=psych_facpub.

4. *Self-as-context*. ACT aims at unlocking clients' ability to step into their "observing selves." This moves clients away from a sense of being stuck in their current sense of who they are, with all the attendant labels or identities that keep them locked in particular patterns of thought or behavior. Instead, the therapist asks clients to try to notice things about themselves, like a fly on the wall observing their behavior. To illustrate this idea, the therapist may ask clients to remember a time when they were reading and realized they were not fully following what was happening and so needed to go back and reread a section. In such a situation, there is a piece of the client that is actually reading and then a sort of separate parallel self, an "observing self," that is noticing what is happening and is able to judge whether things are on track.[29] "Self as context" is meant to complement the other ways clients may perceive themselves: "self as content," where people experience themselves in terms of descriptions and evaluations, and "self as process," where people notice "ongoing processes, such as thoughts, feelings, and bodily sensations, such as 'Now I am feeling anxious.'"[30] Yes, we inevitably experience ourselves as content and process, but learning to also experience ourselves as context deepens our knowledge of ourselves and makes us capable of looking honestly at ourselves, accepting feelings, and developing appropriate agency.
5. *Clarifying values*. Bach and Moran describe values work as "the heart of ACT."[31] Clients experiencing anxiety have often lost touch with what their values are exactly. Sometimes this happens because they are overwhelmed with the situation causing them anxiety, which many times is due to the activity of others. If, for instance, I am overwhelmed with the reality of feedback to my preaching, I begin to rise and fall emotionally based on what people are saying about a particular sermon. Of course, that feedback is almost entirely out of my control and depends on what my listeners are experiencing in their complex lives outside of church. One essential component of dealing constructively with this

[29]Sheri L. Turrell and Mary Bell, *ACT for Adolescents: Treating Teens and Adolescents in Individual and Group Therapy* (Oakland, CA: Context, 2016), 211.
[30]Bach and Moran, *ACT in Practice*, 10.
[31]Bach and Moran, *ACT in Practice*, 203.

reality is for me to remember why I preach in the first place. What end goal or consequence am I pursuing to which I believe preaching is contributing? Discovering that end goal and putting words to it is what ACT therapists call "clarifying values."[32] As clients discover their values, they learn to make decisions consonant with those values as opposed to decisions that are made to stave off uncertainty because we fear it.

6. *Committed action*. Finally, modern treatment for anxiety includes a sort of "homework" where clients get practice acting in ways that are consistent with the values they have articulated. A person who feels a great deal of anxiety about public speaking, for instance, may have an assignment to start a conversation with a stranger or to attend a meeting of a book club where they may need to risk a sort of semipublic conversation.[33] Committed action is the way that ACT moves from the therapist's office into the outside world. It helps a person develop the flexibility to apply what they have discovered in therapy in a real-life situation while retaining the ability to decompress about the experience with the therapist, receiving feedback and preparing for the next encounter with the anxious experience.

When clients receive help for their anxiety today, this is the sort of advice they receive: Accept your feelings; whether they are good or what you want, they are there. Your self-talk does not have to define you. Learn to be where you are, noticing it, instead of treating the present as a referendum on your past or an ally or obstacle to your future. Begin to notice who you are and how you are acting, without judgment, in hopes that you can gradually become the kind of person who better tolerates uncertainty, understands what's really important to you, and acts in ways consistent with these priorities.

This emphasis on mindfulness and acceptance of feelings in ACT makes it especially helpful for Christians looking to integrate their mental health and spiritual health journeys. After all, no less than the apostle Paul himself talked in Philippians 4 about developing contentment in all circumstances, suggesting a sort of acceptance of difficult circumstances rather than frantic attempts to gain control of them. Joshua Knabb integrates ACT and Christian

[32]Bach and Moran, *ACT in Practice,* 105.
[33]Bach and Moran, *ACT in Practice*, 153.

principles in his work with clients and argues that the move to accept psychological pain is foundational to genuinely following Jesus.

Knabb cites 1 Peter 2:21, which places the unjust suffering of Christians in the context of Jesus' suffering: "To this you have been called, because Christ also suffered for you, leaving you an example, so that you should follow in his steps." "In this passage," argues Knabb, "Peter highlighted the theological importance of Jesus' suffering—it is a powerful example for Christian clients to emulate because of his atoning work on the cross. . . . Therefore, when Christian clients suffer, even unjustly, they are to patiently endure because Jesus first suffered for them." Thus, for Christian clients, "avoiding psychological pain is the problem, whereas accepting the reality of psychological pain is the solution, even when they believe that suffering is unjust or unfair."[34] This acceptance and integration of feelings, and the consequent turn toward developing a healthy sense of agency, is so crucial for any serious Christian, whether or not they have anxiety.

I think back to my students and their counselors who request an exemption from required chapel worship. When I get past my knee-jerk cynicism that my students are just trying to duck a requirement, and when I get past the personal feelings of offense that come when someone tells you that the thing you do is part of the problem for them instead of the solution, I have to ask myself: Would they recognize that what is happening in worship is consonant with what they are learning in therapy? Or is something happening in worship that really is making it worse instead of better? Is something going on when we all get together for the public worship of God, Word rightly preached, sacraments rightly administered, that makes people with anxiety feel that this is not a healthy place for them? Is worship a scene where the words, practices, and ideas they are encountering in their life-giving therapy are being reinforced—or undermined?

As the body of Christ worships, do we subtly exclude or marginalize those who consistently experience anxiety? If we do, do we not also similarly exclude or marginalize a piece of every individual worshiper who experiences anxiety in a nonclinical way? Do we functionally deny anxiety? Manipulate anxiety

[34]Joshua J. Knabb, *Faith-Based ACT for Christian Clients: An Integrative Approach*, 2nd ed. (New York: Routledge, 2023,) 8.

for a desired end? Wish it away? And if we are in error, how can we repent, turn away, and begin to worship in a way that contributes to the healing of all who gather?

CONCLUSION

In this chapter, we have seen that anxiety is a future-oriented feeling, in which an intolerance for uncertainty about the future causes some people debilitating worry, with emotional and physical symptoms. This is particularly important because this should shape our messages about anxiety and our understanding of the felt needs of a person with anxiety. We have also learned a bit about the ideas and strategies that people with anxiety are learning in treatment about better tolerating uncertainty by accepting their feelings, living appreciatively in the present, and discovering that values-consistent action is possible even when the future does not go exactly as they would like.

We now turn our attention to the ways worship can help or harm that project. In the next two chapters, we will examine a history of anxiety in evangelical worship practice and look at ways in which anxiety has been explicitly and implicitly exploited by the structure and content of our worship in the last two centuries. We will look then at an agenda for the future and imagine worship that is anxiety-informed and aimed at worshipers' healing in the presence of the Holy Spirit.

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