

Anxiety ... from a Biblical perspective

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It's real. We all feel it.

What do we do with it? Does the Bible have something to say about it?

It's usually in response to circumstances, so the cure must be in how we perceive those circumstances.

Are they a random threat? Or are they the sovereign hand of a loving God?

Definition:

dictionary.com: "distress or uneasiness of mind caused by fear of danger or misfortune."

The American Psychological Association: <https://www.apa.org/topics/anxiety/>

"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".

American psychiatric Association: <https://www.psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders>

"Anxiety is a normal reaction to stress and can be beneficial in some situations. It can alert us to dangers and help us prepare and pay attention. Anxiety disorders differ from normal feelings of nervousness or anxiousness, and involve excessive fear or anxiety.

Anxiety disorders are the most common of mental disorders and affect nearly 30% of adults at some point in their lives. Anxiety refers to anticipation of a future concern and is more associated with muscle tension and avoidance behavior.

Anxiety disorders can cause people to try and avoid situations that trigger or worsen the symptoms. Job performance, school work and personal relationships can be affected. In general, for a person to be diagnosed with an anxiety disorder, the fear or anxiety must:

- be out of proportion to the situation (ie. an over-response), or age inappropriate
- hinder your ability to function normally.

There are several types of anxiety disorders including generalized anxiety disorder, panic disorder, specific phobias, agoraphobia, social anxiety disorder and separation anxiety disorder".

Symptoms:


GAD (Generalized Anxiety Disorder) 7: a 7 item scale that has been well correlated to the existence of anxiety.


- Feeling nervous, anxious or on edge
- not being able to stop or control worrying
- worrying too much about different things
- trouble relaxing
- being so restless that it is hard to sit still
- becoming easily annoyed or irritable
- feeling afraid as if something awful might happen

Consequences:

- dry mouth
- rapid pulse
- tremor
- hypertension
- headache (tension or migraine)
- neck pain
- loss of appetite or overeating
- weight loss or gain
- insomnia
- peptic ulcers
- heart attacks
- difficulty thinking
- distraction (and the consequences of that especially if operating machinery),
- poor performance at home or at work (and the domino effect from that, including loss of job or contract)
- relationship difficulties
- loss of confidence
- social withdrawal and avoidance
- failure to launch (unemployed, videogames in the basement)

Causes:

pressure  response to pressure

situation/circumstance/trial  (choice to) respond calmly or with a stress response

- Can be a real, current circumstance, or a perceived future circumstance
- We've been given coping mechanisms, a certain resilience. When that resilience is overwhelmed, we can become anxious, and/or depressed. "It's just too much!"
 - If it is simple volume, we tend to be simply overwhelmed and generally that pressure produces a stress response with an anxious flavour.
 - If it is a threat (loss of health or independence, finances, relationship, life, moral, reputation) we can likewise respond anxiously
 - If it is something difficult, something for which there is no obvious answer, something that appears too difficult to navigate, some chronic condition, perhaps permanent and esp if you don't have control, that pressure produces a stress which can lead to despair, even hopelessness, and consequently a more depressive picture.

Whatever the pressure or situation, the response can be a mixture of anxious and depressed feelings.

- It can be a learned response which is maladaptive. e.g. in children from parents' example.
 - If one responds excessively all the time to small pressures/circumstances, it's likely that that be passed on because the children learn from the parent and model that. The opposite is also true: children can learn from your example in terms of how you respond calmly to circumstances.
- Whole generation growing up with no anchor point or understanding of truth.
 - Postmodern world. If you have no measure of true or false, right or wrong, it leads to an inability to make decisions, lack of confidence, self-doubt, paralysis of anxiety.
- Social media: influence of a culture that feels the need to document everything, but especially the portrayal of beauty, success, lifestyle, opinions. Multiple young people see that as some sort of standard, and they can't compete.
 - Friends and likes have become social currency on the Internet; if you get a lot of them, you feel good about yourself, if nobody wants to listen to what you have to say, if nobody responds, or worse, responds negatively even aggressively (cyber-bullying), confidence is rocked, creating anxiety.

Examples of pressure/situation/circumstances:

- not measuring up
 - not performing to expectation, the fear that we won't (your own standard or another's)
 - fear of being judged because you don't measure up
 - the insecurity when you get to church and your friends look you up and down
- some kind of threat: e.g. an aggressive neighbor; the economy; your job; another person
- unresolved relationship difficulty: e.g. broken trust, gossip
- uncertainty about implications of a big decision: should we sell and move? Should I change jobs?
- Circumstance with threat/reality of hardship: e.g. unexpected expenses on the house; sick and can't work; bills to pay, resultant marriage difficulty, MVA with injury, fall with injury
- sick child
- child who is: defiant in behaviour, making poor choices; challenged; disabled; premature
- hidden sin: unconfessed, not yet repented of
- overt sin: e.g. in a marriage partner
- poor financial decisions: impulsive buy and buyer's remorse
- persecution for making a stand; perhaps your faith
- significant loss: a parent, spouse, child, marriage, home, job, reputation or standing
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- uncertainty of the facts, the TRUTH so we don't know how to respond, COVID

Does the Bible talk about it?

The Bible does acknowledge anxiety; it does talk about it, but usually in terms of not being anxious.

May not use the word anxious always, but there are many synonyms: worry, weary, heavy-laden, despair, troubled, cast down, fear, distress etc

Philippians 4:4-7 "Rejoice in the Lord always; again I will say, rejoice! ⁵ Let your gentle spirit be known to all men. The Lord is near. Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God which surpasses all comprehension, will guard your hearts and your minds in Christ Jesus."

-Paul says there is something about God's nearness that allows us to be anxious for nothing and have the peace that passes understanding

Matthew 6:25-34

Matthew 11:28-30 Jesus quotes from Jer 6:16

Jer 6:16 NIV This is what the LORD says: "Stand at the crossroads and look; ask for the ancient paths, ask where the good way is, and walk in it, and you will find rest for your souls.
But you said, 'We will not walk in it.'

Luke 12:22-34: esp 22: and he said to his disciples, for this reason I say to you, do not worry about your life, as to what you eat; nor for your body as to what you'll put on.

25-26: and which of you by worrying can add a single hour to his lifespan? If then you cannot do even a very little thing, why do you worry about other matters?

Luke 22:44 in the garden of Gethsemane: And being in agony (Gk "agonia", great fear) He was praying very fervently; and His sweat became like drops of blood, falling down upon the ground.

John 12:27: Jesus foretelling his death: now My soul has become troubled; and what shall I say, Father save Me from this hour? But for this purpose, I came to this hour.

John 14:1 “Do not let your heart be troubled; believe in God, believe also in Me.”

Romans 8:15; “For you have not received the spirit of slavery leading to fear again, but you have received the Spirit of adoption as sons by which we cry out, “Abba! Father!”

1 John 4:16-19

1 Peter 5:5-11

Psalm 34: 4, 6, 15, 17

Psalm 42:5-11 Verse 11 David says that God is not only his God, but also the help of his countenance (literally “salvation or deliverance of his face”).

Psalm 43:5 “Why are you in despair oh my soul? And why are you disturbed within me? Hope in God, for I shall again praise him, the help of my countenance and my God”

Psalm 77:1-4. Vs 4 “you have held my eyelids open; I’m so troubled that I cannot speak.”

Psalm 94:19: “When my anxious thoughts multiply within me, your consolations delight my soul”

Psalm 139:23 “Search me, O God, and know my heart; try me and know my anxious thoughts..”

Isaiah 35:4 “Say to those with anxious heart, take courage, fear not. Behold your God will come with vengeance; the recompense of God will come, but He will save you.”

So there is a tension in that we feel anxious, and yet God encourages us not to be.

Example: if two people are put through the same trial, the worst trial, e.g. the death of a child.

No one wants to go through, or would sign up for any trial. Why is one parent destroyed by that, and another remains resilient?

The answer is in how you perceive that trial. How you look at it. And therefore how you work through it.

What are we to do?

Framework to deal with anxiety appropriately:

We’ve said that pressure, or circumstance always elicits a response.

We’ve said that we have a choice in how we respond to that pressure.

If anxiety and depression are our responses to pressure ... and if we have the choice to respond like that ... then dealing with anxiety and depression actually becomes a question of how do we deal with pressure, trials, adverse circumstances more appropriately ... biblically.

If I’ve been an anxious person can I do better with how I think about my circumstances?

Understanding it rightly:

1. What am I feeling?

Identify the feelings as anxious thoughts or depressed mood. Make the diagnosis! Emotional IQ. (bad, mad, sad vs humiliated, belittled, threatened)

2. Why am I feeling this?

There is usually a reason, because remember it's a response to our circumstances. Identify the real reason.

3. What can I do about it?

Our circumstances can be broken down into broadly two categories:

- a) things that I have control over
- b) things that I don't have control over

Things I have control over:

- **practical**
 - clean my house, pay my bills, wash the car, make the appointment, pay the taxes, study for the test, prepare the talk, make the call, paint the wall, move the furniture, do the paperwork, complete the report.
 - Volume. Overwhelmed esp if there is a deadline.
 - by getting it done, you will take that pressure off, and God has given us tremendous satisfaction from being productive and getting jobs done.
 - Have I been lazy, or passively indifferent to my responsibilities? (Have they piled up as a result? Proverbs 24:30-34)
- **relational**
 - follow biblical wisdom and commands:
 - if criticism, examine your own heart, ask yourself "is it true?"
 - Do I need to make it right? Repent?
 - Have I done something to contribute to the situation?
 - Matthew 5:23-26. The necessity of reconciliation vs 23-24; the urgency of reconciliation; vs 25
 - do I need to confront?
 - In gentleness: Galatians 6:1 *"Brethren, even if anyone is caught in any trespass, you who are spiritual, restore such a one in a spirit of gentleness; each one looking to yourself, so that you too will not be tempted."*
 - Privately: Matthew 18:15 *"If your brother sins, go and show him his fault in private; if he listens to you, you've won your brother."*
 - do I need to cover?
 - 1 Peter 4:8 *"Above all, keep fervent in your love for one another, because love covers a multitude of sins."*
- **personal**
 - do I have sin that is unrepented of?
 - Make right with the Lord, acknowledge sin to Him and the other party, repent, live in grace and liberty from the guilty conscience which can make us anxious and depressed. (1 John 1:5-10)
 - did I make that foolish purchase?
 - Is this circumstance real?
 - Am I assuming something that may not be true?
 - Am I worried about something that may never happen? Am I lacking faith?
 - Am I believing a lie? (Is that social media post the standard for me?)
 - Am I pursuing some kind of perfection that is an idol?

In this category, things I have control over, there is a caveat: you may have complete control over the things that are pressuring you like your to-do list, or personal sin, and you can get it done.

However, if it is relational, you may only really have control of your share of it. It is possible that you can confront the conflict, be reconciled, and the anxiety go away. It is also possible that the other person may not be interested in reconciliation. E.g. estranged children, or siblings.

Romans 12:18 is key to understanding the limits of what you can do about it: *"If possible, so far as it depends on you, be at peace with all men."*

Things I have no control over:

Here is where we have to have some faith. This is where a lot of anxiety and depression begin. Primarily because we ruminate on the problem, spin our emotional wheels, but because there is no solution within our control, we have all of the anxiety without any relief from fixing the problem.

The key to understanding this category lies in understanding and acknowledging the sovereignty of God.

Sometimes these things may have originated in category one, things I have control over, but have now taken on a life of their own, over which you have no control. The result of having an extramarital adulterous relationship would be an example. One can repent, one can make right, but the ripple effect of that can have so many unintended consequences. (Proverbs 6:32-35)

If that is the case, the same counsel would apply: repent of one's own sin and part in that circumstance, trust that the sovereignty of God still applies.

Isaiah 45: 5-7

Isaiah 46: 9-11 "Remember the former things long past, For I am God, and there is no other; I am God, and there is no one like Me,
¹⁰ Declaring the end from the beginning, And from ancient times things which have not been done, Saying, 'My purpose will be established, And I will accomplish all My good pleasure';

¹¹ Calling a bird of prey from the east, The man of My purpose from a far country. Truly I have spoken; truly I will bring it to pass. I have planned it, surely I will do it. Isaiah 46:9-11

Lamentations 3: 37-38 "Who is there who speaks and it comes to pass, unless the Lord has commanded it? Is it not from the mouth of the Most High that both good and ill go forth?"

Psalms 115:3 "But our God is in the heavens, He does whatever He pleases"

Deuteronomy 32:39 "See now that I, I am He, and there is no God besides Me; it is I who put to death and give life. I have wounded and it is I who heal, and there is no one who can deliver from My hand."

Ecclesiastes 7:13 "Consider the work of God, for who is able to straighten what He has bent?"

God has declared himself to be completely in control, of the good and the bad!

So ask these questions:

1. **Could God have prevented it?**
2. **Did he choose to?**
3. **What do I know?** (Amidst all the uncertainty of what we don't know, what do we know?)
 - He is good (Mark 10:18), He is faithful (1 Corinthians 10:13; 1 Peter 4: 19), He is the same yesterday today and forever (Hebrews 13:8), He will never leave us or forsake us (Hebrews 13:5), He is sovereign and causes all things for our good (Rom 8:28-29);
4. **What am I learning?**
 - The value of trial:
 - Job 23:8-17
 - 1 Thessalonians 5:16-18
 - James 1:2-4
 - the journey is not easy, but the fruit is the point.
 - His glory:
 - we trust Him, we exalt Him, give thanks in all circumstances, we represent an example to everyone around us of that peace that passes understanding.

- My good:
 - growth in my character
 - He proves faithful so that builds my faith for the next time around
 - He is refining me as gold is refined in the fire (1 Peter 1:6-9)
 - we get a deeper understanding of God's character as a Father; He is not afraid to discipline us for our good (Hebrews 12)
 - He is changing us more into the image of Christ (Romans 8:28-29)
 - we trust that nothing can separate us from the love of God (Romans 8:35-39)
 - humility
 - is God correcting me?
 - Is he disciplining me through the circumstance?
 - Do I need to make something right? (As much as depends on me...)
 - Remember that trial
 - is never a punishment from God for sin. Jesus took our punishment for our sin, on Himself on the cross. The debt has been paid. (2 Corinthians 5:21; Colossians 2:13-14; Romans 8:1)
 - a. He made Him who knew no sin to be sin on our behalf, so that we might become the righteousness of God in Him. 2 Corinthians 5:21
 - b. When you were dead in your transgressions and the uncircumcision of your flesh, He made you alive together with Him, having forgiven us all our transgressions, ¹⁴ having canceled out the certificate of debt consisting of decrees against us, which was hostile to us; and He has taken it out of the way, having nailed it to the cross. Colossians 2:13-14
 - c. ¹ Therefore there is now no condemnation for those who are in Christ Jesus. Romans 8:1
 - it may be the consequences of our sin in the sense that what we sow we reap. But it is never punishment for a specific sin.
 - Rather, in the absence of it being the consequence of our sin, the language of Hebrews 12 is that of a parent who disciplines to correct.
 - Is it possible that He is calling me to suffer in persecution for my faith? (Matthew 5:10, 11)

5. How do I honor Him in this trial?

- trial represents an opportunity for our testimony.
- If we fret, and grumble, and tell everyone we are so anxious, that tells them we are not experiencing peace, we're not trusting.
- It may display a lack of faith, doubting God's promises and character. It is for the Christian a manifestation of unbelief and failure to remember what we know, a failure to exercise and *practice* that knowledge.
- But how very powerful to display that settled, calm, *measured "peace that passes understanding"* (Phil 4:7) as fruit of our trust and faith in God: our testimony to Christians and the world. eg. Christians die well.
- By submitting to the trial with peace we are submitting to God's will for our lives, trusting that our circumstances are right because they come from him. Although Jesus was troubled (John 12: 27), even in agony (great fear, Luke 22:44), Hebrews 12:1-5 says we ought to fix our eyes on Jesus, who for the joy set before Him endured the cross, despising the shame, and has sat down at the right hand of the throne of God

But isn't anxiety a medical problem?

People with panic attacks often present to the medical system with physical symptoms.

Rapid heart rate, shortness of breath (air hunger), lightheadedness, tingling fingers (from hyperventilation). They go through a bunch of tests which come back generally negative and then "stress" or anxiety or panic is considered as a cause.

There is also the phenomenon of people feeling physical symptoms, and then worrying about those physical symptoms. Eg muscular chest pain in their mind becomes a heart attack.

There are some physical conditions that can give you anxiety symptoms:

- hyperthyroidism (overactive thyroid)

- dementia
- palpitations (extra beats of the heart or rhythm disturbance of the heart)
- certain medications:
 - Ventolin for asthma;
 - antibiotics: azithromycin or ciprofloxacin;
 - over-the-counter decongestants, pseudoephedrine, cough syrup, cold remedies;
 - levothyroxine or Synthroid for underactive thyroid;
 - antidepressants especially in the serotonin syndrome which is too high a dose of serotonin inducing antidepressants.
 - Stimulants such as Ritalin, Dexedrine, modafinil: often used for attention deficit or narcolepsy
- Certain supplements: ephedra, Valerian, Hawthorn, ginseng, bitter orange
- substance use: caffeine, drug use (amphetamines, stimulants, cocaine)
- some physiological evidence for seasonal affective disorder with decreasing light affecting mood

What about medications to treat anxiety?

Clearly medications cannot change the circumstances.

The reality is we don't know how some of these medications work. The antidepressants especially are thought to influence neurotransmitters in the brain: but this is theory, and serotonin and norepinephrine and dopamine levels cannot be measured in the brain.

No brain pathology can be confirmed as causative.

Many are taking these medications, Christians and non-Christians take these medications.

Some will say it helped massively and they feel better. Some don't even fill the prescription. Some say that the medication didn't work.

Some observations:

- Pills cannot fix our circumstances
- There is a large placebo effect.
- We live in a society where any kind of anxiety, melancholy mood or distress is not considered normal, and is not to be tolerated.
- We live in a medical society where even situational or circumstantial depression or anxiety is medicalized (in other words it becomes a medical condition, not a naturally occurring human emotion and condition with cause and effect), and therefore often medical treatments (antidepressants) are the only thing that are offered by family practitioners or psychiatrists.
- In many churches, the doctrine of the sovereignty of God is not taught, and so you have Christians without that knowledge and framework trying to deal with anxiety using other methods.
- For the person who rejects God and the authority of His word we are left with little else but whatever flavour of counseling they are prepared to listen to, and meds
- There are psychiatrists who will tell you they don't do any psychotherapy, they just prescribe medication, and some people get better.
- There are counselors who do not prescribe medication, and people get better from their anxiety and depression through talking and reasoning and understanding. Often a different perspective on what's happening in your life is so helpful.
- Some patients will just say that one day the deep dark cloud simply left them.
- Having a window in your office or bright lights during winter improve mood and productivity for some people

Medications used for anxiety include

- antidepressants: esp SSRIs or SNRIs or Wellbutrin
- augmented by low dose antipsychotics
- benzodiazepines

- buspirone
- beta-blockers: a cardiac medication to slow down the pulse
- various herbs: either in pills, teas, essential oils:
 - Valerian root, kava kava, rhodiola, lavender, passionflower, chamomile, lemon balm, ashwagandha

Most secular psychiatrists or psychologists would view use of medication as an adjunct to some kind of psychotherapy.

“To help the anxiety be more malleable and able to be changed.”

“It’s like breaking up the concrete so that change can happen”

Helping one feel more motivated or calm and clearheaded, so that one can actually deal with the life issue at hand.

Always need to go after the cause rather than treat symptoms.

What does the literature say?

In secular medicine

1. What is the patient's diagnosis?
2. If it's anxiety, how severe is it? Is it interfering with function? What is the patient’s preference for treatment?
3. Treatment options:

counseling, medication, both

generally: effectiveness is as follows:

-counseling and medication, most effective

-counseling

- -medication only, least effective: a substantial portion of patients do not respond first and second line medication 80.7% for combination therapy ($P<0.001$),
- 59.7% for cognitive behavioral therapy ($P<0.001$),
- 54.9% for sertraline ($P<0.001$);
- all therapies were superior to placebo (23.7%).
- https://www.uptodate.com/contents/approach-to-treating-generalized-anxiety-disorder-in-adults?search=generalized%20anxiety%20disorder%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H100881184

-Counseling method is often CBT, but is highly influenced by the bias of the counselor

What is CBT?

https://www.uptodate.com/contents/psychotherapy-for-generalized-anxiety-disorder-in-adults?search=generalized%20anxiety%20disorder%20treatment&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3

Principles of practice — The central focus of CBT for GAD is

- Teaching patients a set of cognitive and somatic coping skills to effectively manage their anxiety as they are repeatedly exposed to anxiety provoking images and activities.
- More specifically, patients are taught to become personal observers of their anxiety and worry.
- They learn to implement skills of cognitive restructuring to replace catastrophic appraisals with more evidence-based and coping oriented appraisals.
- They learn techniques of relaxation training to control excessive levels of tension.
- Then, patients are encouraged to apply the cognitive and relaxation skills during exposures to images of feared negative events, and to anxiety-provoking situations, as they prevent themselves from engaging in overt and subtle avoidance behaviors.

Symptoms of GAD that CBT addresses are:

- Cognitive symptoms of excessive and uncontrollable worry about a number of different life domains
- Physical symptoms of motor tension, vigilance, restlessness, inability to relax, poor sleep, and poor concentration
- Behavioral symptoms of excessive preparation, procrastination, poor decision making, and avoidance

At the end of the day even in the secular world, giving people tools like Cognitive Behavioral Therapy to help them rationalize their thoughts, help them to relax, help them not to catastrophize etc. is all helpful and is acknowledged to work better.

A brief word about physical needs:

Elijah when he was confronting the prophets of Baal had been completely fearless. (1 Kings 18). The next day he is running for his life, as a day into the wilderness, and sits down under a juniper tree completely fearful, and wants the Lord to take his life because he feels like a complete failure. (1 Kings 19).

He is exhausted, and he sleeps. The angel of the Lord brings him food, makes him eat and then Elijah sleeps again, prior to him heading off into the wilderness.

Sleep is incredibly important, right eating is important, but so is exercise to deal with some of the tension that we feel as a result of anxiety or depression.

If you are going through very anxious times, make sure that you do sleep, eat properly, and do lots of cardiovascular exercise because you will feel physically better and mentally stronger to deal with some of the issues at hand.

Lack of sleep, poor eating, and exhaustion physically can make us vulnerable to emotions that rule, and more prone to catastrophize like Elijah that he was the only faithful man who was left. Think about how things look at night compared to the light of day.

Sometimes temporary medication just to help you to sleep while you work through things is not a bad thing.

Other considerations: Created with naturally occurring endorphins, hypothalamus and pituitary, released through ...

Exercise

UV light

Playing music

Laughter

Sexual fulfillment in marriage

Meditation: quiet reflection and down time, esp personal bible study and prayer. (Jesus had mountain time with the Father)

Conclusion:

We all feel anxiety.

the Bible acknowledges in different ways that we all are affected by anxiety, but it encourages us not to be anxious. Not to be ruled by this emotion.

When you approach it: the overarching heart attitude is humility:

Ask yourself

- what is it I'm feeling? Make the diagnosis
- why am I feeling that? Make the correlation, define the cause
- what can I do about it? Confront it with an understanding of God's sovereignty, don't avoid it
 - is this something that I have control over? Practical, relational, personal.
 - Is this something that I have no control over?

Then ask yourself:

- Could God have prevented it? Yes.
- Did He choose to? Obviously no.
- What do I know?
- What am I learning? The value of trial is in God's glory and my good: He sent it.
- How do I honor Him as I go through this? This is an opportunity for my testimony.

Remember sleep, eating well, exercise, light are huge benefits.

There is no problem taking medication; that you have to discuss with your physician, but remember that the literature says it's not as effective as dealing with the situation or circumstance from an understanding point of view.

Cognitive behavioral therapy tries to get you to change your response to your circumstance and how you interpret your circumstances. It aims to condition your response by repeated exposure to what makes you anxious

The Biblical perspective on anxiety does that but much more ... it gives us the reason why these things are happening and that is the sovereignty of God, and along with that gives us tools to make the issue right (things we have control over) or peace and freedom and opportunity to grow in faith from the anxiety (from things we cannot control) instead of leaving us just managing it by gritting our teeth and carrying on".

Anxiety in children

Intro: need to set the stage:

2 things are underlying the epidemic: how we parent, and the society they are growing up in:

Parenting:

- who are you as a person?
- where are you in your faith?
- what environment is that child growing up in, at home?
- is your faith authentic, and can your child see that?

What does the Bible say about parenting?

1. The relationship of children to their parents

“Children, obey your parents in the Lord, for this is right. Honor your father and mother (which is the first commandment with a promise [Ex. 20:12]), that it may go well with you and that you may live long in the land.” Ephesians 6:1-3

“Children, be obedient to your parents in all things, for this is well-pleasing to the Lord.” Colossians 3:20

These verses address (are written to) the children who are unlikely to read them...

Our job is to teach our children; therefore, we need to teach them this verse as well.

It is an imperative! “Obey your parents in the Lord!”

The motivation? “... it is right/that it may go well with you/it pleases the Lord”

We are giving them the instruction, and the reason why it would be good to obey ... It’s right; it will just go better for them; it pleases God.

The question is how? How do we teach it so that we are successful?

Answer: Who we are and how we live will have a great influence on that success.

2. The relationship of parents to their children

- Jer 10:23 We don’t know the way, we must be taught by God
- *Deut 6: 1-7 “Hear, O Israel! The LORD is our God, the LORD is one! You shall love the LORD your God with all your heart and with all your soul and with all your might. These words, which I am commanding you today, shall be on your heart. You shall teach them diligently to your sons and shall talk of them when you sit in your house and when you walk by the way and when you lie down and when you rise up”.* Deuteronomy 6:4-7

Core principles:

Deut 6:6-7 You cannot teach something you don’t know yourself

Jer 10:23 We don’t know the way, we must be taught by God

Deut 6:5-7 First you then your kids ... naturally, as you go

- *“Fathers, do not provoke your children to anger, but bring them up in the discipline and instruction of the Lord.”* Ephesians 6:4
- *“Fathers, do not exasperate your children, so that they will not lose heart.”* Colossians 3:21

There is a long list of ways in which we can provoke our children and create within them a habitual anger, an embedded bitterness, discouragement, despondency, or a broken spirit and lose heart.

Fathers, do not provoke your children to anger... Do not exasperate your children...

Lou Priolo in his book Heart of Anger provides multiple ways that you provoke your children to anger

1. lack of marital harmony: children see who we really are and pick up very quickly on strife or hypocrisy, which leads to bitterness and ultimately rebellion,
 - a. drives them away to other influences

If you take the sum of these verses, imagine the environment in which that child grows up with

- multigenerational faithfulness. Where everyone that the child cares about and respects is saying the same thing.
- Where your child feels secure, loved, exposed to consistent kind discipline, exposed to authentic faithful lives of parents and grandparents,
- where the word of God is actually authoritative and considered to be truth.
- Add to that a good understanding on behalf of parents of the world's philosophies and how they don't make sense, (theory of evolution, the elevation of self, and lies like gender fluidity)
 - How easy is it going to be to rock that child's world?
 - remember Timothy became convinced of the wisdom that leads to salvation through faith in Christ Jesus through the sincere faith of his grandmother Lois and mother Eunice (2 Tim 3:14-15; 2 Tim 1:5)
 - He developed that same sincere faith under their influence
 - Maybe you don't have faithful parents as grandparents, then start the process with your family!

NB: Then you will have an environment where there is likely to be confidence not anxiety. The environment in which children have answers for things that make them anxious or on which they are challenged.

Contrast with ...

What kind of world are our children growing up in?

- Suppression of the knowledge of God
- no submission to His word as being a standard of authority of truth
- a rejection of the existence of an absolute truth, right or wrong
- redefinition of things that God has defined: marriage, sexuality, gender. "AMAB; AFAB: Assigned male/female at birth"
- replaced with **relativism** (knowledge, truth, morality not absolute but dictated by culture, society, situation or historical context [situation ethics]) and **humanism** (in part the maximization of human liberty)
- a desire to do whatever people want to, free of judgment or comment, unless that comment is to affirm or celebrate
- rejection of authority
- redefining English literacy rules with the hijacking of pronouns
- intimidation to silence voices (esp objectors) by means of cancel culture, accusation of prejudice or racialism
- intimidation to compromise one's own conscience and principles: threat against misgendering; loss of job and restriction of activity with Covid vaccine
- the resultant environment where nothing is certain, (not even your gender) and to speak up or stand up is "dangerous", or at the very least exposing you to backlash, intimidation and intolerance. The very thing they are accusing others of.

- There is a very calculated attempt to desensitize children at a younger age to biblical truth, and to mold their impressionable minds toward accepting the sin of the culture. Men dressed up as sexualized women reading them stories in libraries. You cannot make this up
- Heath Lambert (former exec director ACBC) We share in common with transgender people
 - An authority: feelings vs Bible
 - A morality: must be true to those feelings: come out and acknowledge that they are who I am. Vs a biblically defined morality
 - The desire to make disciples: because having people who agree with you is comfortable, and safe. Vs. the obvious desire to share the gospel in obedience

Think of how you walked to school, played at the river or the lake unsupervised, took long bike rides, played in the forest with friends who used their imagination, and went outside with you.

Cf to what Bill Maher described; “Kids who aren’t allowed to walk to the corner without a helmet and an epipen, and heaven help them if their lips touch dairy”

So so much of how we live and our life experience is dictated by our worldview and degree of dedication to that world view

Example: Christian worldview in marriage

- if you know that your husband is attracted to another woman
- you expect him to shut it down, repent, cut off any chance of involvement, and ultimately be satisfied in you. As my wife will often counsel young men in our premarital sessions, there is no greater gift that you can give your wife than being a one-woman man.
- You have a worldview which incorporates the existence of God and submission to His word and you’ve chosen the word of God as the standard, and it teaches against adultery and sexual unfaithfulness. Defines it as sin ... something to be repented of. With that comes a great blessing.

Secular worldview

- Having multiple sexual partners might be totally acceptable
- In God’s time, they reap what they sow.

Thus says the LORD,

“Stand by the ways and see and ask for the ancient paths,

Where the good way is, and walk in it;

And you will find rest for your souls.

But they said, ‘We will not walk in it.’ Jeremiah 6:16

Here's the reality: we must choose a foundation: Measuring tape

A comment on what children are like and this current trend towards transgender

- young kids are very trusting, open to influence so you need to guard that influence (Internet, social media, family friends, their friends)
- this entire transgender movement is based on feelings, feelings which we all know can be very fickle, and easily influenced and open to change.
- a lot of things are fluid in their lives, the Bible says gender is not one of them, God made us male and female. You will have to decide if you believe that: (measuring tape)
 - Some things are fixed and able to be relied upon.
 - Kids go through different phases of what they want to be when they grow up
 - my niece went through a phase as a dog, ... it was a *phase*
 - it really is insanity: because if gender is fluid and you act on that assumption, and have surgery, what happens when all of a sudden the tide turns and you feel the opposite gender?
 - Bill Maher (a secular comedian in the US) commented the other night that he wanted to be a pirate, and thank goodness he wasn't whisked away for surgery to pluck out his eye and give him a peg leg
- gender dysphoria: you've heard of euphoria: the sense of being happy. Dysphoria is a sense of being the opposite, unhappy. Many children are dysphoric because of all the different challenges within this current society:
 - given the wrong influences, they may be led down a path to believe that they feel this way because they are the wrong gender. That is the experience of many of those who have de-transitioned. The allure and promise of getting rid of this very uncomfortable sense of dysphoria is what leads people to act.
- There is a high anxiety and depression rate in this group, and even a high suicide rate.
 - <https://pubmed.ncbi.nlm.nih.gov/32345113/> Ashley Austin: 82% -86% have considered killing themselves, 40-56% have attempted: interpersonal microaggressions; family emotional neglect; school belonging, but that sense of belonging; self stigma;
 - This should elicit compassion: based on how lost and how much they are hurting
 - But think it through: if the problem is on the one hand that you have feelings about who you might be, and on the other hand you have a biological sex which is opposite to that, how do you reconcile that?
 - Surely, the least harmful thing is to go after exploring the feelings that you know can be fickle?
 - Instead of going after the feelings, Bill C4 came out to say no one is supposed to question those feelings.
 - We are supposed to fast-track hormone therapy and surgery in a group that is highly influenceable, affected by trends, and is irreversible once completed.
 - But if some parents resist they are being railroaded to acquiesce to this kind of treatment by statements like "would you rather have a dead son or a live daughter?"
 - Our children are at risk of permanent harm because of scratching the wrong itch
 - Society is moving far too quickly towards hormonal therapy and gender redefining surgery and even some trans advocates believe that this has gone too far. (Erica Anderson 71, psychologist; trans woman born Eric, transitioned at 58
 - <https://nypost.com/2022/04/15/transitions-have-gone-too-far-trans-psychologist/>
 - just read some of the accounts of those kids who have transitioned, and then de-transitioned

So what makes children anxious? The list is very similar list to yours.

SCARED form: clinical tool

- not measuring up
 - not performing to expectation, the fear that we won't (your own standard or another's)
 - fear of being judged because you don't measure up
- Not being liked
- Expectations of teachers or too much homework
- Being shown up, laughed at, put down
- Not understanding schoolwork

- Rejection when teams are picked
- Rejection based on talent or looks
- some kind of threat: e.g. an aggressive child who will bully or treat unkindly
- unresolved relationship difficulty: e.g. broken trust, gossip
- uncertainty about implications of a big decision: what do I want to be?
- sick sibling
- sibling who is: defiant in behaviour, making poor choices
- hidden sin: unconfessed, not yet repented of
- overt sin esp with consequences looming (police involvement)
- poor decisions due to peer pressure
- persecution for making a stand; perhaps their faith
- significant loss: a parent, spouse, child, marriage, home, job, reputation or standing
- uncertainty of the facts, the TRUTH so we don't know how to respond, COVID

So what do we do?

- Look at your own lives as parents: first you then your children
 - Know the Lord; love the Lord your God with all your heart, soul, might (Deut 6)
 - let these things be on your heart, and then actively teach, by example and word, just in the normal ebb and flow of life. As you go. As things come up. *"When you sit in your house, and when you walk by the way, and when you lie down, and when you rise up" Deut 6:7*
 - That way, the authenticity of your faith leads to credibility in your children's and your grandchildren's eyes so that they don't feel they have to go to other sources for truth because they think that you're a hypocrite
- Recognize the world in which they live and recognize that the stakes are high. Satan is wandering around like a roaring lion seeking whom he may devour (1 Peter 5:8).
 - Wake up. Don't think you can parent without being intentional, without actively teaching.
 - guard their intake: just have a look at what's happening in libraries where drag queens are reading to young kids.
 - give them answers for difficult things; you learn first, so that you can pass it on. E.g. evolution (irreducible complexity), gender
 - the world is experimenting on our children
- Decide as a couple or single parent where you are: live out Joshua 24 sincerely. You have to decide.
 - "Now, therefore, fear the LORD and serve Him in sincerity and truth; and put away the gods which your fathers served beyond the River and in Egypt, and serve the LORD. ¹⁵ If it is disagreeable in your sight to serve the LORD, choose for yourselves today whom you will serve: whether the gods which your fathers served which were beyond the River, or the gods of the Amorites in whose land you are living; but as for me and my house, we will serve the LORD." Joshua 24:14-15
- If your child is anxious make the diagnosis
 - What am I feeling?
 - i. encourage them to use their words, develop an emotional IQ, to be able to describe what they are feeling (temper tantrums at 2 or 22)
 - Why do I feel anxious?
 - Work through with them what they can do about it: Practical? Relational? Personal?
 - i. if it's workload, do some life coaching about organization, planning.
 - 1. "If you fail to plan, you plan to fail"
 - ii. if it's expectations or comparisons,

1. help them understand that they are made in the image of God uniquely, and help them find, explore, and develop the talents that God has given them
 - iii. Teach them that other people are not the standard, but a good honest effort is what matters whether or not they win. Teach them to be honest with themselves about how hard they tried
 - iv. Teach them that God loves them the way they are and that they don't need to try and control things that they are anxious about (OCD traits, eating disorder traits)
 - v. Teach them to do hard things, and not shy away if they feel uncomfortable because they feel like they don't measure up.
 - vi. Teach them the satisfaction of persevering through something that is hard. And the satisfaction that comes from completing what they start. If they choose to run from small things that are hard, they will run from bigger things in life that they deem to be hard.
 - vii. Teach them that perfection is not the standard. Only God is perfect.
 - viii. Teach them to take personal failure and sin to the Lord and ask to be forgiven. Model that for them.
 - ix. teach them that we can be kind and tolerant of another person's view but we do not have to celebrate it or be influenced by it, we can have a position
- Teach them about the sovereignty of God whenever they are faced with things that they don't have control over. "As you go": both from the Word and in practice ... modelled in your life.
 - i. Teach them that we need to be right with God, and what repentance looks like. Model that for them so that if they are afraid that you're going to die, they know where you are going to be. Live that active faith out. A cancer diagnosis is such an opportunity to teach your children the peace that passes understanding
 - ii. Teach and model for them grace, humility, repentance, forgiveness, and to pray and trust the Lord in all the difficult circumstances and decisions that they must make. Teach them how to manage failure.
 - iii. Teach them and demonstrate for them the willingness to stand up for what the word of God defines as right, and that every person needs to decide how they are going to determine what is right.
 - You can be open to using some medication if the anxiety seems just generalized without any ability to reach the cause. But that's a decision between you and your physician, bearing in mind that the literature shows that medication is the least helpful by itself.
 - Where counseling is involved, beware of the counselor's bias and worldview.

DSM-5 diagnostic criteria for generalized anxiety disorder require the presence of

(American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association, Arlington, VA 2013)

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least six months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past six months):

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge

2. Being easily fatigued

3. Difficulty concentrating or mind going blank

4. Irritability

5. Muscle tension

6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication) or another medical condition (eg, hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (eg, anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder). Because the majority of the anxiety symptoms are not specific to GAD, it is important to exclude the other anxiety disorders before making the diagnosis.

https://www.uptodate.com/contents/approach-to-treating-generalized-anxiety-disorder-in-adults?search=generalized%20anxiety%20disorder%20treatment&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H100881184

Patient need for treatment — Once a patient has been diagnosed with generalized anxiety disorder (GAD), the next step is to determine, based on clinical assessment of severity, extent of distress or impairment, and patient preference, whether treatment of the disorder is needed. Patients with a more mild subtype of GAD whose symptoms do not interfere significantly with functioning may reasonably elect to forgo treatment initially. Clinical follow-up with the patient every six months would be important to monitor the course of the disorder, and determine if symptoms were worsening and/or impeding functioning – indications that treatment may then be advisable. (See "[Generalized anxiety disorder in adults: Epidemiology, pathogenesis, clinical manifestations, course, assessment, and diagnosis](#)", section on 'Assessment'.)

Choosing between CBT and medication — For most patients with a new diagnosis of GAD in need of treatment, we recommend initial treatment with a serotonergic antidepressant, cognitive-behavioral therapy (CBT), or both, rather than other interventions. Serotonergic antidepressants and CBT are the best-studied treatments found to be efficacious for GAD [8,9].

The choice between medication and CBT for GAD can be made on the basis of treatment availability and/or patient preference. There are no head-to-head comparisons of CBT and serotonergic antidepressants; meta-analyses have found their effect sizes to be roughly equivalent [10].

10 When only those studies that directly compared both therapies were included in the analysis, there were no significant differences in efficacy. Attrition rates were lower for (C)BT, indicating that it is better tolerated by patients.

As an example, a meta-analysis of 79 randomized clinical trials with 11,002 participants with GAD compared the efficacy of pharmacotherapy and evidence-based psychotherapy, finding them to have similar effect sizes ($g = 0.59$ versus 0.76) [11]

[... but this is not accurate reading from the abstract: see below]

[11]

Psychological and pharmacological treatments for generalized anxiety disorder (GAD): a meta-analysis of randomized controlled trials.

AUTHORS: Carl E, Witcraft SM, Kauffman BY, Gillespie EM, Becker ES, Cuijpers P, Van Ameringen M, Smits JAJ, Powers MB

SOURCE: Cogn Behav Ther. 2019

Psychotherapy showed a medium to large effect size ($g = 0.76$) and medication showed a small effect size ($g = 0.38$) on GAD outcomes.

In a secondary analysis, superior outcomes were seen among younger patients who were assigned to psychotherapies (mostly CBT) compared with pharmacotherapy. The comparison between modalities was limited by the use of placebo control conditions rather than inactive conditions in the evaluation of pharmacotherapies

Across the United States and internationally, there is wide variation in the availability of therapists trained to provide CBT for anxiety disorders [12]. In our clinical experience, some patients have strong preferences between medication and psychotherapy, their reasons including beliefs associated with the treatments, medication side effects, and the time needed for psychotherapy.

OPTIONS FOR MEDICATION RESISTANCE

In our clinical experience, a substantial proportion of patients with generalized anxiety disorder (GAD) do not respond to first- and second-line medications described above. Our approaches to these patients are described below in the approximate order we would use them. Selection among these interventions would also be influenced by individual patient characteristics,

such as symptom profile, treatment history, and preferences. The interventions vary widely in supporting evidence and safety. Dosing and other medication characteristics are described in a table ([table 1](#)).

Benzodiazepines — In patients who have experienced a partial response to medication, lack a history of a substance use disorder, and have minimal depressive symptoms, a low-dose benzodiazepine (eg, [lorazepam](#) 1 to 2 mg/day in divided doses) can be used as adjunctive treatment or monotherapy. Benzodiazepines reduce emotional and somatic symptoms of GAD within minutes to hours ([table 2](#)) [35]. Concerns about risks of dependence and tolerance have limited their use [17,36]. Other side effects include impairment of psychomotor performance, amnesia, withdrawal symptoms after long-term treatment, and rebound anxiety after short-term treatment [37]. (See "[Pharmacotherapy for generalized anxiety disorder in adults](#)", section on '[Benzodiazepines](#)'.)

The use of benzodiazepines to treat agitation or insomnia caused or exacerbated by antidepressant treatment is discussed above. (See '[Agitation/insomnia](#)' above.)

Other antidepressants — [Mirtazapine](#), a sedating antidepressant, is used as monotherapy or adjunctive treatment for GAD. Clinical trials of mirtazapine in GAD are insufficient to determine its efficacy; promising findings were seen in a small, open-label trial of refractory anxiety with insomnia [38,39]. Sedation and weight gain are two prominent side effects.

Antipsychotic medications — Second-generation antipsychotic medications, particularly [quetiapine](#), are efficacious in GAD [40]; however, their side effects have led us to use these drugs in GAD only after safer alternatives have been exhausted. Side effects include weight gain, elevation of glucose and lipid levels, and extrapyramidal symptoms. We usually use second-generation antipsychotics adjunctively, augmenting an antidepressant, but they can be used as monotherapy in patients who have had little to no response to prior drug trials. (See "[Pharmacotherapy for schizophrenia: Side effect management](#)".)

[Quetiapine](#) can be started at 25 mg/day and titrated at 25 to 50 mg intervals weekly or bi-weekly to a maximum dose of 300 mg/day if tolerated [41]. (See "[Pharmacotherapy for generalized anxiety disorder in adults](#)", section on '[Antipsychotic medications](#)' and "[Second-generation antipsychotic medications: Pharmacology, administration, and side effects](#)".)

Augmentation with CBT — Along with its use as monotherapy, clinical trials support the use of cognitive-behavioral therapy (CBT) in combination with medication in patients who have experienced a partial drug response. (See '[Patient preference for CBT](#)' above.)

Several clinical trials have found that augmentation of pharmacotherapy (benzodiazepines [42,43] or selective serotonin reuptake inhibitors [44,45]) with CBT has led to a greater reduction in GAD symptoms compared with treatment with the medication alone. As an example, a trial compared [sertraline](#), CBT, the combination, or placebo in 448 7- to 17-year-olds with separation anxiety, generalized anxiety, or social phobia [44,45]. After 12 weeks, patients assigned to combination treatment experienced a greater reduction in GAD symptoms compared with sertraline alone. All three treatment groups showed greater improvement compared with placebo.

[44,45: RESULTS The percentages of children who were rated as very much or much improved on the Clinician Global Impression-Improvement scale were

- 80.7% for combination therapy ($P<0.001$),
- 59.7% for cognitive behavioral therapy ($P<0.001$),
- 54.9% for sertraline ($P<0.001$);
- all therapies were superior to placebo (23.7%).

Combination therapy was superior to both monotherapies ($P<0.001$). The number of adverse events, including suicidal and homicidal ideation, did not differ across the groups.]

Combined therapy with medication and CBT should be administered with caution to avoid counterproductive interactions. Principles that should guide the practice include:

- Patients should be on a stable, tolerable medication dose prior to starting CBT.
- Avoid “as needed” and large doses of benzodiazepines.
- Avoid medications with sedative effects, including benzodiazepines and atypical antipsychotics. Sedating drugs can disrupt the learning of new coping strategies, a mechanism that is fundamental to CBT.

General Anxiety Disorder (GAD-7)

NAME _____

DATE _____

	Not at all sure	Several days	Over half the days	Nearly every day
1. Over the last 2 weeks, how often have you been bothered by the following problems?				
• Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Worrying too much about different things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Trouble relaxing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Being so restless that it's hard to sit still	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Becoming easily annoyed or Irritable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Feeling afraid as if something awful might happen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Add the score for each column</i>				
TOTAL SCORE <i>(add your column scores)</i>				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Scoring Add the results for question number one through seven to get a total score.

If you score 10 or above you might want to consider one or more of the following:

1. Discuss your symptoms with your doctor,
2. Contact a local mental health care provider or
3. Contact my office for further assessment and possible treatment.

Although these questions serve as a useful guide, only an appropriate licensed health professional can make the diagnosis of Generalized Anxiety Disorder.

A score of 10 or higher means significant anxiety is present. Score over 15 are severe.

GUIDE FOR INTERPRETING GAD-7 SCORES

Scale	Severity
0-9	None to mild
10-14	Moderate
15-21	Severe

GAD-7 developed by Dr. Robert L. Spitzer, Dr. K. Kroenke. et.al.