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JOHN W. RAWLINGS SCHOOL OF DIVINITY

Sky High Anxiolytics for Rocket City Women: A Holistic Health Approach Offered

A Thesis Project Report Submitted to
the Faculty of the Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

by
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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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The action research project aimed to implement a counseling model to equip clients experiencing anxiety with a holistic health approach. Anxiety is often treated by prescribed anxiolytics, although many women seeking counseling at Madison Counseling have not been formally diagnosed with an anxiety disorder. The study's goal was to provide participants with physical, mental/emotional, spiritual, and relational tools that can aid the participants in the reduction or alleviation of anxiety. The proposed model incorporated empirically proven techniques that balance the women's self to reduce symptomology by providing a healthy alternative to dealing with daily anxiety and stressors, thus reducing the need for women to think they need anxiety medication. Cognitive Behavioral Techniques incorporated with Scripture and meditation were implemented to counter distorted and irrational thinking. Information obtained from this study influences the field by providing a holistic health approach encompassing all aspects of the person, including the body, spirit, and soul, that can be utilized in the Western church and Christ-based counseling as an alternative or supplement to medication. Data were collected by a questionnaire, Likert scales, and information obtained through self-reports and counseling sessions. All five participants showed improvement from pre and post Likert scales by learning and implementing the alternative skills acquired through the Rocket City Women's Study Guide and counseling.

Keywords: Anxiety, Anxiolytics, Holistic, Alternative Treatment, Trichotomic View

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Abbreviations

ACT	<i>Acceptance Commitment Therapy</i>
ATF	<i>Bureau of Alcohol, Tobacco, Firearms, and Explosives</i>
CBT	<i>Cognitive Behavioral Therapy</i>
DAP	<i>Data-Assessment-Plan Notes</i>
DMIN	<i>Doctor of Ministry</i>
DSM-5	<i>Diagnostic and Statistical Manual of Mental Disorders, 5th Edition</i>
FBI	<i>Federal Bureau of Investigations</i>
MOS	<i>Military Occupational Specialty</i>
NIV	<i>New International Version of the Bible</i>
OARS	<i>Open Ended Questions, Affirmations, Reflective Listening, and Summarizing</i>
OB-GYN	<i>Obstetrician-Gynecologist</i>
SSRIs	<i>Selective Serotonin Reuptake Inhibitors</i>
STEM	<i>Science, Technology, Engineering, and Mathematics</i>

CHAPTER 1: INTRODUCTION

“Casting all your anxiety on him for he cares for you.” 1 Peter 5:7¹

Introduction

Pastors serving in current times are met with many tasks. Along with planning services, writing sermons, hospital visitation, managing staff and buildings, they are often called upon to counsel congregants dealing with multiple and complex issues. Sometimes these issues may require more attention than the pastor can provide, or perhaps the congregant's issue is out of the scope of the pastor's training. Most seminary programs consist of one general counseling class, while some online programs lack formal training in counseling skills. Since approximately eighty percent of pastors in the United States are male, there are issues about which some male pastors do not feel comfortable counseling their female congregants.² Some issues may appear more mental than spiritual, and pastors are often concerned about crossing the boundaries into the mental health field. Due to these reasons and many others, pastors prefer to refer their congregants to a mental health professional. One concern clergy may have when referring their congregants to a counselor is that they will receive counseling consistent with what is preached in their pulpit and aligns with Scripture. Due to the concern listed above and many other reasons, pastors refer their congregants to ministers who have training in Pastoral Care or Christian counseling. Often male pastors will refer their female congregants to females who qualify.

Clergy in Huntsville often refer their congregants that have mental health issues. One issue that is often referred is in women who state they are suffering from anxiety. Women in the Huntsville area seeking counseling at Madison Counseling self-report that they are taking

¹ Unless otherwise noted, all biblical passages referenced are in the New International Version Bible (Grand Rapids: Zondervan, 2002).

² Steven Ruggles et al. IPUMS USA: Version 8.0, 2016 ACS (American Community Surveys) sample. Minneapolis, MN: IPUMS, 2018. <https://doi.org/10.18128/D010.V8.0>

anxiety medication or anxiolytics however, they are continuing to experience the symptoms of anxiety. Physical symptoms that are often reported are muscle tension, headaches, stomach issues, and trouble sleeping. They also report feelings of apprehension and that they feel that if they do not keep up on every aspect of their lives, something bad will happen. They report they live with an uneasiness in their spirits; however, they do not mention the word spirit. They only mention that they feel uneasiness.

Ministry Context

Located in northwest Alabama's Tennessee River Valley is Madison County, Alabama. Madison County is the third most populated county in Alabama and is second in highest per capita income. Madison County is home to the thriving city of Huntsville. Huntsville is nicknamed the Rocket City because of its strong connection to the Space and Rocket Industry.³ The largest employer in Huntsville is the workforce on Redstone Arsenal that consists of forty-four thousand people composed of active-duty military, Department of Defense civilian employees, and contractors. Redstone Arsenal is the center for the Army's missile programs and houses the Marshall Space Flight Center, NASA's field center, the Federal Bureau of Investigations (FBI), and the Bureau of Alcohol, Tobacco, Firearms, and Explosives (ATF). According to Forbes, Huntsville has a population with a very high number of post-graduate degrees that fall into the disciplines of Science, Technology, Engineering, and Mathematics (STEM). Huntsville ranks in the top three list of U.S. cities with the highest concentrations of STEM jobs.⁴ Several, if not all, of the leading aerospace and defense companies reside in the

³ <https://www.huntsville.org/rocket-city/us-space-rocket-center/>

⁴ Niall McCarthy, <https://www.forbes.com/sites/niallmccarthy/2019/04/17/the-u-s-cities-with-the-most-stem-jobs-infographic/?sh=631e11854d19>

Rocket City. Other technological industries such as Toyota and Polaris have manufacturing facilities in Huntsville.

Due to the high technological area, Rocket City draws many highly educated, technically skilled men and women. These women work in a very fast-paced, high-stress environment. Women have experienced barriers in the STEM careers and a large portion choose to leave the profession.⁵ This high-pressured work environment in the STEM professions leave women feeling they must overachieve in this male-dominated field.⁶ In addition to a stressful work environment, they experience busy home lives that include their children who are involved in their educational pursuits and after-school and sports activities that result in these women reporting in session feelings of anxiety and stress. Family responsibilities have been identified as a reason why women leave the profession. These responsibilities include childcare, maternity leave, and the expectations of long hours and infinite availability.⁷ Other barriers to retention include lack of confidence, lack of interest, and a chilly gender work environment.⁸ Intake forms at Madison Counseling indicate common characteristics of the Rocket City women population are affluent, dual-income, highly motivated, high performing, often educated in the engineering or other STEM fields. Others compete as single mothers with the added stressor of co-parenting or single parenting. These common characteristics lead to a stressful, highly competitive lifestyle

⁵ Leyte L. Winfield, Gloria Thomas, and Linette M. Watkins, *Growing Diverse STEM Communities: Methodology, Impact, and Evidence* (Washington, DC: American Chemical Society, 2019), 257.

⁶ Winfield, Thomas, and Watkins, *Growing Diverse STEM Communities: Methodology, Impact, and Evidence*, 259.

⁷ Kay Broadbent, Glenda Strachan, and Healy, Geraldine. *Gender and the Professions: International and Contemporary Perspectives* (New York: Routledge, 2017), 171, 177.

⁸ Winfield, Thomas, and Watkins, *Growing Diverse STEM Communities: Methodology, Impact, and Evidence*, 257.

at work coupled with their frenetic home environments causing them to turn to anxiolytics as reported in counseling sessions.

Another common characteristic of Rocket City women with a prescription of anxiolytics is that they are out of shape. In session, many women report poor diets and a lack of time to exercise. After a long day at work, they often take shortcuts by ordering food or going through the drive-through. They state they do not have enough time to cook nutritious meals because of a lack of energy or carpooling schedules. Many report that they stress eat. This lack of time to exercise is an issue because of busy family schedules. Poor eating habits and lack of exercise exacerbate the anxiety experienced by these women.

Working in a predominately male workforce, some Rocket City women state they feel a lack of connection with their colleagues. Some women have stated in session that they cannot share their true feelings, therefore, lack emotional support and relationships infrastructure that would be normally prevalent in a balanced work environment. According to Broadbent, Stachen, and Healy, women are stereotyped as emotional and less committed to their work than their male counterparts.⁹ This results in acting out of character to fit in with male colleagues. When assuming roles that are not in their nature, it induces additional stress and anxiety. Women need healthy relationships.

Many of these women, although quite educated lack the mental and emotional skills to help them cope with these feelings of anxiety. Many of these Rocket City women will resort to a quick resolution to alleviate their anxious symptoms vice a long-term holistic solution that deals with the root cause of their anxiety. Whether these women experienced a significant life event or

⁹ Broadbent, Stachen, and Healy, *Gender and the Professions: International and Contemporary Perspectives*, 171.

were generally overwhelmed by the pressures of their busy lives, they sought relief from their primary care providers or OB-GYNs claiming symptoms of anxiety. Doctors often prescribe anxiolytics to alleviate the physical symptoms of anxiety, which is perfectly acceptable to this population of women driven to perfection in a highly technical environment.

This population may not be comfortable with the concept of counseling. One primary reason is the stigma attached to mental health counseling and the perceived concern that mental health issues may cause embarrassment, jeopardize their employment and security clearances. The image of the female professional as calculating and controlling proves challenging if the lack of emotional control and mental instability is exposed. The women of Huntsville must reflect a persona of having it all together while often their private lives are anything but organized and composed.

One characteristic that has become quite apparent in the counseling sessions is that although they are regular attendees of church services and profess personal relationships with Christ, they lack the spiritual foundation and the knowledge of Scripture regarding the issue of anxiety. Trusting in God and allowing the Holy Spirit to work is contrary to their belief in self-control.

The medical model has fallen short with many of these STEM women. Because Huntsville is an active Christian community located in the Bible belt, they often share their mental and emotional conflicts with clergy seeking guidance for more tangible solutions to their anxiety. Many Huntsville pastors are unequipped or untrained to counsel Rocket City women, therefore, referring them to qualified pastors or mental health professionals.

Madison Counseling came about due to the efforts of the pastors of Madison Church who sought to find qualified mental and emotional counseling for their congregants. They recognized a shortfall in their ability to minister effectively and ethically to their suffering congregants and sought to provide services. Instead of referring congregants to secular professionals for counseling, congregants have the opportunity to seek counseling from this pastor and marriage and family therapist. For the convenience of the congregants, this counselor established the practice in their church building. Once established, other pastors and chaplains within the community with similar congregant needs began referring clients with mental and emotional problems to Madison Counseling. Madison Counseling consists of this counselor only. Madison Counseling has been functioning as a resource for the community for seven years providing pastoral and professional counseling to men and women in Rocket City. Madison Counseling is a fictitious name created for this project. Most clients seen are female. Mood issues such as anxiety and depression are issues regularly treated. Grief counseling is a common reason for some clients to seek counseling. Marriage counseling and divorce recovery are additional areas treated.

Over these past seven years, this counselor has noticed numerous Rocket City women seeking counseling for symptoms of anxiety. These women often report during their intake session that they take prescribed anxiolytics or anxiety medication. As a licensed therapist who is authorized to assess and diagnose, it has become apparent that many of these women do not clinically meet the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5). These women report being prescribed by their primary care providers and report receiving refills upon request. According to the DSM 5, there are nine prominent categories listed under the diagnoses of anxiety disorder. Each category includes its own set of

criteria that must be met to receive those diagnoses. Symptoms for Generalized Anxiety Disorder are very similar to symptoms of stress. If a person can control their reactions to stress and symptoms of anxiety, then it should not be diagnosed as an anxiety disorder. This is the crux of the issue. Rocket City women find it easier to take a pill than to work on controlling their thoughts and emotions. Lack of controlling one's thoughts and emotions is contrary to what the Word of God says. Identifying that these women have been inappropriately prescribed and that they lack the mental and emotional tools as well as neglect the spiritual skills to cope with anxiety has led this minister and counselor to explore this problem.

Problem Presented

The problem is women who seek counseling at Madison Counseling rely on prescribed anxiolytics to alleviate anxiety symptoms vice spiritual, mental, and emotional coping skills. Many women who enter counseling for issues of anxiety report that they are on prescribed anxiety medication. These women report no formal DSM-5 diagnoses however state that their family practitioner or OB-GYN placed them on anxiety medication for anxiety or stress-related issues. After an intake assessment, these women do not meet the criteria for a DSM-5 diagnosis of anxiety disorder. These women take the prescription without much question and often return to their family practitioners or health care providers for refills. Often these women have side effects of the medication however accept the side effects and do not question whether it is even beneficial to use the prescribed anxiolytic.

Whether the reason a client takes the anxiety medication is to avoid symptoms of anxiety or to avoid the cause of anxiety, these women report the need to take the medication. These women lack the knowledge of alternatives to medication or lack knowledge of a holistic model that can alleviate symptoms and aid the person in gaining freedom from anxiety instead of only

treating symptoms. As an alternative to using prescription intervention, there are holistic options to treating symptoms of anxiety and aid in intervention for causes of anxiety that medication cannot treat. To alleviate anxiety, there must be a balance between the body, soul, and spirit. Although these women attend Christian-based churches regularly, they fail to see a connection between spirituality and anxiety. The focus of this project will be women who report anxiety symptoms, take anxiety medications, and do not have co-occurring mental or physical issues.

Purpose Statement

The DMIN action research project aims to implement a counseling model to equip clients experiencing anxiety with a holistic health approach. A holistic health approach encompasses treating all aspects of the person, including the body, spirit, and soul. The proposed model will incorporate empirically proven techniques that will attempt to balance the women's self to reduce symptomology by providing a healthy alternative to dealing with daily anxiety and stressors, thus reducing the need for women to think that they need anxiety medication. This holistic model will include an in-depth yet balanced presentation of the spiritual aspects of anxiety often overlooked by the Western church.

Empirical evidence has indicated that there are effective models for treating anxiety that does not include the use of the medical model. Not debating that there is some importance associated with treating the physical aspects of the self, studies show that physical activity such as exercise can contribute to feeling less stressed and anxious. Coupled with treating the physical aspect of the self, is implementing healthy coping skills that focus on the mental and emotional aspects of the self. In this study, Cognitive Behavioral Therapy will be explored as well as religious coping skills such as prayer, Scripture reading, and meditation.

Basic Assumptions

The Rocket City participants are self-professed Christians. As Christians, these participants are expected to own a Bible or have a downloadable version on an electronic device, have a basic understanding of biblical Scripture, and attend a local congregation regularly (a minimum of twice a month). Rocket City women participating in this study possess a minimum of a bachelor's degree. Most Rocket City participants are presumed to face daily challenges consistent with other women with similar demographics and job descriptions. The Rocket City women come to counseling and participate in this project to want to change. Because Rocket City women do not have a formal diagnosis, the assumption is that they do not need to be on medication. Another assumption is that they want to alleviate anxiety and stress by seeking a better way to deal with their unwanted feelings of pending doom. Both the counselor and participants should understand that change involves an active process.

The conditions of the study consist of individual and group sessions. This study utilizes a small sample of the Rocket City population with a specific age group of women between 35-55. Pre and post-assessments in the form of inventories are the tools for data collection. The reasons for the inventories usage are to establish a baseline and assess client growth and the diminished desire for medication.

The clients can assume that the counselor is committed to a spiritually integrative approach to therapy and research. The goal of this pastoral counselor is first and foremost to imitate and redirect clients to Christ. The counselor should aspire to bring the clients into a repentant relationship with God by introducing them to His transformative power. No true change can be accomplished if the Rocket City woman lacks a relationship with Christ. Salvation

and relationship with Christ not only change one's eternal destiny but one's experiences and how one lives life here on earth.¹⁰

Last, the results obtained from this project will apply to other women with STEM employment in similar communities or locations, women employed either part-time or full-time in high-stress positions, and men or women seeking a holistic health care approach.

Definitions

The focus of this project is Rocket City women, their reported anxiety, and the use of appropriate and inappropriate coping skills. Throughout this thesis project, some terms are often used interchangeably or reciprocated, to represent a broader sense of the many aspects of the study regarding the Rocket City women. Key terms include a comprehensive meaning of the terms such as anxiety and anxiety, and what it means to be a Rocket City woman.

Anxiety-Clinton and Hawkins provide a comprehensive definition that includes both mental and physical components. Mental or cognitive symptoms include apprehension, anticipation, rumination, and intrusive thoughts.¹¹ It is noteworthy to clarify that the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) specifies that this distress or apprehension is of future danger or misfortune.¹² Somatic symptoms include muscle tension, digestive issues, chest pains or pressure, dizziness, and sweating.¹³

¹⁰ Ronald E. Hawkins, and Timothy E. Clinton, *The Popular Encyclopedia of Christian Counseling* (Eugene, OR: Harvest House Publishers, 2011), 38.

¹¹ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 201.

¹² *Diagnostic and Statistical Manual of Mental Disorders: DSM-V*. Fifth edition. (Washington, DC: American Psychiatric Association, 2013), 818.

¹³ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 201.

One note of clarification is that there is a difference between general fear and anxiety experienced by all people and a diagnosed mental health anxiety disorder that requires careful clinical interviewing and mental health personal history.¹⁴

The Amplified Bible, Classic Edition lists several words that are interchangeable and expands the term anxiety in 1 Peter 5:7. These include worry and concern. The Psalmist used the term distress in his lament, which is part of the DSM-5 definition. In this project, the term fear will also be used. Tovote et al. in his study of neuro activity linked fear and anxiety due to the overlap of their neurocircuits in the Cerebellum.¹⁵

There are several causes and layers to anxiety. Causes for anxiety may be due to a physical issue such as a hormonal or other chemical imbalance.¹⁶ Anxiety may be caused by psychological or cognitive distress.¹⁷ Societal pressures may be a cause for anxiety and stress.¹⁸ Kim, in his dissertation, explains that anxiety can arise from spiritual issues and has its roots in the spiritual domain.¹⁹

Anxiolytics- (Anti-Anxiety Medications) Sinclair, in her article, provides an extensive list of medications that treat anxiety: Antidepressants, Buspirone, Benzodiazepines, anticonvulsants,

¹⁴ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 201-203.

¹⁵ Philip Tovote, Jonathan Fadok, and Andreas Lüthi, Neuronal Circuits for Fear and Anxiety. *National Reviews Neuroscience* Vol 16 (2015): 323.

¹⁶ Niall McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong* (Ann Arbor: Loving Healing Press, Inc., 2018), 48.

¹⁷ David Smail, *Illusion and Reality: The Meaning of Anxiety* (London: Routledge, 2018) 85.

¹⁸ Meredith J. Ward, Amanda W. Baker, and Eric Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice* (Boston: Humana Press, 2020), 44.

¹⁹ Jai Duk Kim, "Stress and Anxiety Among Korean International Students" (PhD diss, Liberty University, 2009), 42, ProQuest Dissertations & Theses Global.

Selective Serotonin Reuptake Inhibitors, and antihistamines.²⁰ She also includes alcohol, nevertheless, this thesis project will only focus on medications prescribed by a medical doctor and will not include alcohol, over-the-counter medications, natural supplements, or homeopathic treatments. According to Sinclair, the prescribing physician should include a physical exam and baseline bloodwork before prescribing medication. The review of risks, benefits, and side effects should be a component of patient education before administering an anxiolytic. Regular medication monitoring should be part of an integrated treatment plan.²¹

Cognitive Behavioral Therapy- Cognitive Behavioral Therapy is a collaborative approach with the underlying therapeutic assumption that psychological distress is a result of disturbances in cognitive processes and that changing the way one thinks results in a positive healthy change in behavior and affect.²² Cognitive Behavioral Therapy can be used by Christian counselors and therapists without modification because the premise aligns with scripture.²³

Mindful Meditation- Thinking or reflecting on God and His word.²⁴ Berg, in his dissertation, cautions against the use of the Eastern mediation practices and rituals, and the New Age practices to transcend oneself.²⁵ Mindfulness in meditation refers to thinking or reflecting on God in the present moment and not allowing the mind to wander on past situations or future concerns. According to Katherine Thompson, mindfulness meditation, or as she calls it, Christ-

²⁰ Lindsey Sinclair, *Anxiolytics. Neurobiology of Psychiatric Disorders*. Vol. 106. (2012), 675.

²¹ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 62.

²² Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 456.

²³ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 457.

²⁴ Joel R. Beeke, *How Can I Practice Christian Meditation?* (Grand Rapids: Reformation Heritage Books, 2016), 6.

²⁵ Christopher Michael Berg, "Purging the New Age: A Theological Analysis of the Use of New Age Practices by The Church" (PhD diss, Liberty University, 2021), 2,122-128. ProQuest Dissertations & Theses Global.

centered meditation, allows one to enrich their prayer life, draw closer to God, and grow in Christlikeness.²⁶

Rocket City women- Women that reside in the city of Huntsville or surrounding communities of Madison County, Alabama. Huntsville is nicknamed the Rocket City because of its strong connection to the Space and Rocket Industry.²⁷

Stress- Stress, which is often described as life pressures can manifest in oneself physically, mentally, and emotionally. The terms anxiety and stress are often used interchangeably between common and scientific literature and are dynamically related.²⁸

Limitations

There is the potential for limitations in this study. Possible limitations to this research include the availability of the sample population. Although there is a large percentage of women in the Rocket City that meet the criteria for this study, there is a concern that there will be a sufficient sample of women willing to participate and that those women are open to change aside from the prescription. One characteristic of the Rocket City women is that they are busy, as reported to this counselor. Due to competing priorities, there is the potential for limited participation in both individual and group sessions. There is a concern of no-shows. Another concern for limitations is the availability of the Madison Church building. Due to Covid issues, the church has been closed periodically. Although there are alternate locations and video options, this may impact how comfortable the sample group feels in an alternate setting. Due to the

²⁶ Katherine Thompson, *Christ-Centred Mindfulness: Connection to Self and God* (Chicago: Acorn Press, Limited, 2018), 12.

²⁷ <https://www.huntsville.org/rocket-city/us-space-rocket-center/>

²⁸ Alexander Bystritsky and David Kronemyer. "Stress and Anxiety: Counterpart Elements of the Stress/Anxiety Complex," *Psychiatric Clinics of North America* Vol 37, Issue 4 (2014): 495.

sensitive nature of a high-performing Rocket City woman, she may be ambivalent exposing her vulnerabilities and anxiety.

Delimitations

Several delimitations apply to this study. First, the sample pool must meet a specific criterion. Women between the ages of 35-55 are the target population for acceptance. They must hold a minimum of a bachelor's degree in science, technology, engineering, or mathematics evidenced by self-report in the session. She must be employed either part-time or full-time in a corresponding field. She must state anxiety symptoms and be on a prescribed anxiolytic medication with no co-occurring mental or impacting physical illnesses. The target population should consider herself a Christian and reside in Madison County, Alabama. There will be no cost associated with this study for participants to receive counseling.

Constricting the sample to the above criterion is imperative to gain beneficial results for behavior correction, emphasizing the decrease or potential abstinence of anxiolytics. The reason for admission restriction into this study is to focus on a particular type of client that this counselor often sees in the counseling practice at Madison. Gaining insight into the specifics of this population will help this counselor and perhaps other pastoral counselors with a better understanding of treatment options for the Rocket City women.

Participants may meet for counseling appointments either in person at Madison Counseling, an alternate location such as the library's reserved study room, or a video option. Participants will expect to attend five sessions within a seven-week time frame. The importance of delimitation when working with Rocket City women is understanding that these women are busy and have many professional and personal obligations. This researcher must demonstrate flexibility with appointment schedules.

Thesis Statement

If Madison Counseling adopts and implements a holistic health approach to countering anxiety, then fewer women clients will be dependent on anxiolytics. Once a Rocket City woman understands that if she does not meet the criteria for an anxiety disorder and is willing to adopt the holistic health model, then in time, the lack of need for medication should become apparent. Through the holistic health model, she will learn the importance of caring for all three aspects of her being: her body, soul, and spirit, plus fulfilling her relational needs.

Rocket City women clients will learn a comprehensive physical plan that will include daily physical exercise. In addition to the physical aspect, the women will participate in Cognitive Behavioral Therapy to assist clients in changing their anxious thought processes and redirect them to more positive thinking that includes the practice of Mindfulness. The incorporation of Scripture and prayer will help facilitate the reduction of anxiety symptoms and minister to the spiritual causes of anxiety.

Old Testament Scriptures include Psalms written mainly by King David, who experienced and combatted anxiety. New Testament Scriptures such as 1 Peter 5: 7, and the many epistles that the Apostle Paul wrote about the condition of the Christian's mind are explored. A look at the biblical story of Jesus calming the storm will be analyzed.

CHAPTER 2: CONCEPTUAL FRAMEWORK

This chapter examines the mental and emotional state of anxiety. The symptoms of anxiety can be manifested in the whole person, including the body, spirit, soul, and affect relationships. Usually, the first choice of action is a visit to a medical professional, which often results in prescription medication for treating the physical symptoms of anxiety. Because anxiety is a cognitive and emotive issue, the question of whether it is best treated by medication has surfaced. The purpose of this literature review is to examine the professional opinions of those who work in the field with patients and clients who experience anxiety and to dissect their thoughts and opinions based on empirical data regarding treatment. Alternate treatment options will be explored to form a holistic approach to counter anxiety. This approach would include treating the entire person, including the body, soul, and, more importantly, the spirit. The relational aspect of this approach will also be explored.

Literature Review

Anxiety, which can be described as intrusive apprehensive uneasiness or nervousness, usually over an impending doom, has been present in human lives since the beginning of time.²⁹ Through the ages, one can read of people who experienced feelings of worry and imminent terrible fate. According to Neuroscientist Kristin Willeumier, anxiety is the most common mental issue in the United States, affecting forty million American adults each year.³⁰ As early as biblical times, the problem was addressed. King David, who lived in 1030 BC, often spoke of his feelings of anxiety which were well documented in the Book of Psalms. Much literature regarding the topic of anxiety has centered around women. The Greek physician Hippocrates and

²⁹ McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong*, 99.

³⁰ Kristen Willeumier, *Biohack Your Brain: How to Boost Cognitive Health, Performance, and Power* (New York: Harper Collins Publishers, 2020), 47.

his scions pontificated over the issue of anxiety during the time of the Greek rule. He has been recognized as the authority for connecting women to anxiety as he is said to have coined the term “hysteria,” which shares its base with Greek root word for the uterus.³¹ In current time, anxiety has become the most common mental health problem in the United States and worldwide.³²

The Role of Medication

Many women in the U.S. using prescribed anxiety medications have never been formally diagnosed with an anxiety disorder; however, they have been prescribed by a family care provider a prescription for anxiety medication to treat symptoms of anxiety. Since the 1950s, the Western culture has seen an increase in treating anxiety with medication.³³ There appear to be several reasons why doctors are prescribing anxiolytics to their female patients. According to the psychiatrist Niall McLaren, one of these reasons is because anti-psychotics and anti-depressants are lucrative businesses.³⁴ Doctors receive kickbacks and other perks from pharmaceutical companies if they push their products out to their patients. Others, such as medical doctors and exercise specialists, have recognized the physical toll that anxiety and other mental health issues have on the body. The continuous secretion of the stress hormone cortisol eventually takes a toll on the body by causing high blood pressure and weight gain, thus advancing the chronological age of the body.³⁵ Anxiety and stress can cause adverse effects on the endocrine and immune

³¹ Cheryl Winning Ghinassi, *Anxiety* (Santa Barbara: ABC-CLIO, LLC, 2010), 14. ProQuest Ebook Central.

³² Sarah L. Chellappa and Daniel Aeschbach, “Sleep and Anxiety: From Mechanisms to Interventions,” *Sleep Medicine Reviews* Volume 61, (2022): 1.

³³ Ward, Baker, and Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice*, 45.

³⁴ McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong*, 28.

³⁵ Gary Thomas, *Every Body Matters: Strengthening Your Body to Strengthen Your Soul* (Grand Rapids: Zondervan, 2011), 114.

systems, causing imbalances that lead to disease.³⁶ Besides physical symptoms such as fatigue, upset stomachs, muscular tension which include backaches, neckaches, shoulder pain, and headaches, behavioral symptoms such as restlessness and irritability are reported.³⁷ Others have reported difficulty falling asleep or staying asleep.³⁸

Some women report no symptoms of anxiety, yet in the absence of any psychiatric symptoms, they are prescribed psychotropic medications.³⁹ Pharmacotherapy is the prescribed form of treatment for women who are experiencing postpartum depression and anxiety; however, many postpartum women do not respond to the pharmacotherapeutic treatment and continue to experience residual and persistent symptoms.⁴⁰ Pharmacotherapy for postpartum depression appears appropriate as one contributing factor is hormonal change; however, it conditions women for the use of medication early in a woman's life. A report from the National Center of Health Statistics reports that women are more likely to take medication for their mental health issues than men.⁴¹

³⁶ Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and the Body in the Healing of Trauma*. (New York: Penguin Books, 2015), 56.

³⁷ David A. Carbonell, *The Worry Trick: How Your Brain Tricks You into Expecting the Worst of What You Can Do About It All* (Oakland: New Harbinger Publications, Inc, 2016), 31.

³⁸ Carbonell, *The Worry Trick: How Your Brain Tricks You into Expecting the Worst of What You Can Do About It All*, 31.

³⁹ Donovan T. Maust et al., "Older Adults Recently Started on Psychotropic Medication: Where are the Symptoms?" *International Journal of Geriatric Psychiatry* Vol 30 (2015): 584-585.

⁴⁰ Barbara Shulman et al., "Feasibility of a Mindfulness-Based Cognitive Therapy Group Intervention as an Adjunctive Treatment for Postpartum Depression and Anxiety" *Journal of Affective Disorders* 235 (2018): 62.

⁴¹ Emily P. Terlizzi, and Bryan Zablotzky, "Mental Health Treatment Among Adults: United States, 2019" *NCHS Data Brief*, No 380 (Hyattsville, MD: National Center for Health Statistics, 2020). 36.

The Role of the Practitioner

Just as easily as women appear to not have an issue with popping a prescribed pill in their mouths, many family practitioners have no concern about writing the prescription. David Smail, in his book, explains that when a woman shows up at a practitioner's office and states anxiety, usually the first approach is to write the woman a prescription for tranquilizers or antidepressant drugs.⁴² This appears to be a standard procedure as one expects to leave a medical appointment with a prescription. This mentality is seen throughout the Western culture as psychological issues are perceived through the scope of the medical model.⁴³ Many women either lack understanding of other means of treating their anxiety or choose to take the medical route by seeking out their primary care physicians as a first option.⁴⁴

Obstetrician-Gynecologists are becoming notorious for providing their patients with medication as the first line of treatment options for mental health issues for their patients. Laura Taouk et al. supply the statistics to back up this claim. In her article, primarily focused on pregnant women and antidepressants, she reports that eighty-four percent of board-certified OB-GYNs who completed a survey of the practices and opinions regarding the use of medication felt somewhat or very comfortable prescribing the class of drugs known as SSRI's, Selective

⁴² Smail, *Illusion and Reality: The Meaning of Anxiety*, 125.

⁴³ Ward, Baker, and Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice*, 47-48.

⁴⁴ Shalana M. Palermo, "The Relationship Between Mindfulness, Surrender, and God Attachment and Its Impact on Depression and Anxiety" (PhD diss, Liberty University, 2019), 45, ProQuest Dissertations & Theses Global.

Serotonin Reuptake Inhibitors.⁴⁵ These doctors confirmed feeling comfortable with counseling patients that the benefits of pharmacologically treating symptoms outweighed the risks.⁴⁶

The unfortunate part of women leaving the office of their doctor with a prescription for an anxiolytic in their hands is that these women may not have a diagnosis of anxiety. “Survey and administrative data have documented the significant use of psychotropic medication in the absence of psychiatric diagnoses or mental health complaints...”⁴⁷ There is a grave difference in someone who may be experiencing symptoms of anxiety and someone who has been diagnosed with an anxiety disorder. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), published by the American Psychiatric Association (APA), provides a clear criterion of the symptomology of anxiety. Currently, there are twelve distinct categories for anxiety disorders. The purpose of this paper is not to debate whether a person who has been diagnosed with an anxiety disorder should or should not take a prescribed medication. This topic impacts many Christians, and their families who attempt to navigate medication for formal diagnosis.⁴⁸ The focus of this paper is regarding women who have no formal diagnosis yet are prescribed. Comments such as, “It's so much easier to smile and indulgently recite 'Chemical imbalance of the brain' while reaching for a prescription pad” reflect the attitude of many physicians.⁴⁹ Taouk et al. again reports that many OB-GYNs in her study did not routinely

⁴⁵ Taouk, Laura et al. “Prenatal Depression and Antidepressants Prescription: Obstetrician-Gynecologists’ Practice, Opinions, and Interpretation of Evidence.” *Archives of Women’s Mental Health* 21, no. 1, 85.

⁴⁶ Taouk et al. “Prenatal Depression and Antidepressants Prescription: Obstetrician-Gynecologists’ Practice, Opinions, and Interpretation of Evidence,” 86.

⁴⁷ Maust et al., “Older Adults Recently Started on Psychotropic Medication: Where are the Symptoms?” 581.

⁴⁸ Matthew S. Stanford, *Grace for the Afflicted: A Christian and Biblical Perspective on Mental Illness* (Westmont: InterVarsity Press, 2017), 48.

⁴⁹ McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong*, 48.

screen for mental health issues, used invalid screening tools or unstructured questions to screen for mental health issues.⁵⁰

The literature is evident that many primary care providers, OB-GYNs, and psychiatrists lack the tolerance for working with women with symptoms of anxiety. One apparent reason that women willingly go along with prescriptions is that they are unaware of options, as many physicians fail to mention other interventions for addressing anxiety as well as other mental health issues. Prescribed women may lack the knowledge of alternatives to medication or lack understanding of a holistic model that can alleviate symptoms and aid the person in gaining freedom from anxiety instead of only treating symptoms. Unfortunately, others are fully aware of alternatives yet find it easier to pop a pill than to do the work involved in other interventions. Psychologist David Carbonell articulates his opposition to using medication because it relates that people need to be protected from their anxious thoughts.⁵¹

If an individual has been assessed by a licensed mental health professional or psychiatrist and meets the criteria for an anxiety disorder, then under the direction of a provider, it is appropriate for that individual to be prescribed and take a prescription. However, there are many individuals, especially women, who are taking the medication without being properly assessed and diagnosed. Some clinicians believe that “anxiety is much bigger, much more dangerous and much more difficult to understand and manage than, say, depression.”⁵² Anxiety appears to have

⁵⁰ Taouk et al. “Prenatal Depression and Antidepressants Prescription: Obstetrician-Gynecologists’ Practice, Opinions, and Interpretation of Evidence,” 86.

⁵¹ Carbonell, *The Worry Trick: How Your Brain Tricks You into Expecting the Worst of What You Can Do About It All*, 57.

⁵² McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong* (Ann Arbor: Loving Healing Press, Inc., 2018), 11.

a much more ambiguous nature because it has anticipation of a coming disaster that the person cannot describe. There is an uneasy, unknowing about it. That is what gives anxiety its edge, the fact of the unknown. "Anxiety tends to be shapeless, grating along at a lower level of intensity, its onset and offset difficult to time, and it lacks clear boundaries."⁵³

The Role of the Mind

There are many types of anxieties. One common type seen among a large group of women could be categorized as performance anxiety. Performance anxiety is fear that one will not do well during a “performance.” A performance activity could be a music recital, a sporting event, or a test one must take. People can experience anxiety about an event they have worked and trained to accomplish. They want to do well under the spotlight. Sadly, many women view their lives as performances and live in a constant state of worry about their performances daily. They fear failure. Most often, this is a self-imposed fear that they will not perform perfectly in their homes, with their families, or at work. Another aspect of this type of anxiety is that a person does not want to disappoint another person. This could have begun as a young girl who did not want to disappoint her parents at school and became an overachiever who pushed herself towards perfect grades. Striving for perfection has grown to become a lifestyle of not wanting to disappoint anyone and upholding an image of perfectionism. This is a learned behavior or can be described as a cognitive process. Anxiety that has been influenced by cognitive and learned behavior can be known as cognitive anxiety. This anxiety manifests when a person feels that their behavior will not meet the expectations of another, thus leading to being scrutinized, which

⁵³ Stanley J. Rachman, *Anxiety*, 4th edition (London: Psychology Press, 2019), 3.

would bring upon feelings of shame, embarrassment, and humiliation.⁵⁴ Impending disappointment and disaster are always at the forefront of their minds.

Stress, often described as life pressures, can manifest in oneself physically, mentally, and emotionally. The terms anxiety and stress are often used interchangeably between common and scientific literature.⁵⁵ There is no wonder why so many women experience signs and symptoms of anxiety and stress. "The fast-paced, hyper-stimulating, Western urbanized environment, with its increasing emphasis on the ever-changing self-identity, permeable social structure, and fragmented moral and epistemological structure, promotes uncertainty and highlights how little control individuals hold over events and their own circumstances."⁵⁶ There is an abundance of women who for many reasons lack the ability to handle the stress of today's world; this stress has quickly crossed over to anxiety. The Feminist movement of the 1960s has left women pushing the limits of the spectrum, home, work, and in the educational arena. American society tends to push women to the limits in both employment and on the home front.

Social media, television, and news, in general, have led to the elevation of anxiety among women. A society that is often viewed through Facebook, Twitter, and the like exhibit false expectations and unrealistic lifestyles. "A growing number of professionals are suggesting that the rising levels of anxiety are proportionate to the rising influence of and dependence on social media."⁵⁷ Viewing the 'perfect' lives of peers has caused undue stress and anxiety to live a life

⁵⁴ Brooker, Elizabeth. *Transforming Performance Anxiety Treatment: Using Cognitive Hypnotherapy and EMDR* (London: Routledge, 2018), 3.

⁵⁵ Bystritsky and Kronemyer. "Stress and Anxiety: Counterpart Elements of the Stress/Anxiety Complex," 495.

⁵⁶ Ward, Baker, and Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice*, 45.

⁵⁷ Weeks, *Anxiety Attack*, 74.

equal or above those seen on social media and in the media. Watching the news may increase anxiety and worry because it is filled with negativity, according to Kristen Willeumier, a neuroscientist that has studied the negative impact of news on the brain.⁵⁸

One of the most recent producers of anxiety that has impelled countless women to enter counseling is the concerns over the Coronavirus and life circumstances connected to the disease. Many women were concerned about getting the disease and dying. Others were afraid for their families. Many women struggled with the safety concerns of whether to allow their children to return to school as they feared that their children might contract the disease. A common theme was that many people experienced adjustment issues with being confined to their homes. The uncertainty of the unknown virus led many to experience mental issues.

Among many reasons for exploring options for medication is that there are side effects associated with the use of pharmaceuticals. All one must do is read the information sheet that is stapled to the white bag containing the pill bottle or watch a pharmaceutical commercial to learn that each medication comes with a host of side effects. Weight gain and complications to weight gain that include diabetes, hypertension, and high cholesterol is often reported side effects and thus lead to death in severe cases.⁵⁹ Symptoms that include nausea and sexual dysfunction have also been reported by Herring in his article.⁶⁰

Along with the physical side-effects women report is the concern that many of these prescribed controlled substances, such as Benzodiazepines drugs, such as Xanax, are addictive.

⁵⁸ Willeumier, *Biohack Your Brain: How to Boost Cognitive Health, Performance, and Power*, 179.

⁵⁹ McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong*, 30.

⁶⁰ Matthew P. Herring, "Exercise for the Management of Anxiety and Stress-Related Disorders." In *Exercise-Based Interventions for Mental Illness*, edited by Brendon Stubbs and Simon Rosenbaum (Waltham, MA: Academic Press, 2018), 26.

Some patients have reported breakthrough anxiety that leads to interdosing, which is dosing in-between times or taking more than the prescribed amount.⁶¹ Titrating off drugs such as Benzodiazepines can be dangerous and requires the help of a physician. These drugs are dangerous when taken with other medications and alcohol. Selective serotonin reuptake inhibitors (SSRIs) are a preferred pharmaceuticals treatment by many providers.⁶²

Alternatives to Medication

Not denying that some women who have actual chemical imbalances or meet the DSM-5 diagnosis for an anxiety or mood disorder may benefit from prescribed medications, there is a host of women who would benefit from the implementation of alternatives to medication for their mental health. Antidepressant drugs are the first line to treating chronic anxiety safer and more effective in treating chronic anxiety, and many proponents state they are a safe and effective approach; some patients request and can benefit from non-medical, non-chemical alternatives.⁶³ Finding coping strategies that can assist women with managing their symptoms of anxiety and stress can change the brain's activity in a positive manner.⁶⁴

Cognitive Support

One highly used therapy that focuses on improving the cognitive aspect of managing anxiety is Cognitive Behavioral Therapy (CBT). This empirically proven alternative to

⁶¹ Lois M. Platt et al., "Nonpharmacological Alternatives to Benzodiazepine Drugs for the Treatment of Anxiety in Outpatient Populations: A Literature Review," *Journal of Psychosocial Nursing & Mental Health Services* Vol 54, no. 8 (2016), 35.

⁶² Platt et al., "Nonpharmacological Alternatives to Benzodiazepine Drugs for the Treatment of Anxiety in Outpatient Populations: A Literature Review," 36.

⁶³ Platt et al., "Nonpharmacological Alternatives to Benzodiazepine Drugs for the Treatment of Anxiety in Outpatient Populations: A Literature Review," 40.

⁶⁴ Willeumier, *Biohack Your Brain: How to Boost Cognitive Health, Performance, and Power*, 229.

medication is Cognitive Behavioral Therapy. Cognitive Behavioral Therapy, created by Aaron Beck, is one of the most used counseling models and is effective for women experiencing anxiety. “CBT is one of the most intensively studied psychological treatments of which efficacy is repeatedly established against a broad range of controlled conditions.”⁶⁵ One reason for this is because one can easily observe behavior change. Therefore, many empirical studies verify the efficacy of this approach. It is a structured model which includes quantifiable behavior strategies. The behavior change begins with the cognitive process; one must change one’s thinking. “CBT is a collaborative approach with the underlying therapeutic assumption that psychological distress is a result of disturbances in cognitive processes and that changing the way one thinks results in a positive, healthy change in behavior and affect.”⁶⁶ As already established, in anxiety these disturbances can cause impending thoughts of doom and disaster. Changing the thought process of women experiencing anxiety will cause their general outlook on life to change and how they process and handle stress.

One leading practice of CBT is known as cognitive restructuring. Cognitive restructuring is the process of reviewing one’s thoughts in an attempt to find ‘errors of thinking.’ Once one identifies errors in the thought process, one is taught how to change these negative, unrealistic thoughts to thoughts that are more realistic and positive.⁶⁷ Types of thoughts that need

⁶⁵ Yvonne Stikkelbroek et al., “Effectiveness and Moderators of Individual Cognitive Behavioral Therapy Versus Treatment as Usual in Clinically Depressed Adolescents: A Randomized Controlled Trial.” *Scientific Reports (Nature Publisher Group)* 10, no. 1 (2020): 601.

⁶⁶ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 456.

⁶⁷ Carbonell, *The Worry Trick: How Your Brain Tricks You into Expecting the Worst of What You Can Do About It All*, 32.

restructuring include overgeneralizations, mind-reading, maximizing bad probabilities, fortune-telling, and ‘black and white’ thinking.⁶⁸

“Cognitive Behavioral Therapy has been the foremost psychological therapy recommended by therapists, researchers, and policymakers.”⁶⁹ CBT can be used in a variety of settings and with a variety of populations, thus making it a perfect solution for women of all ages and in today’s times. “Cognitive Behavioral therapy is rapidly becoming the treatment of choice for many disorders. It is as effective as are antidepressants and provides long-term protection against relapse....”⁷⁰ CBT is an appropriate and valuable tool to be used with Christian clients because spiritual aspects can be integrated into CBT techniques.

Mindfulness-Based Practices

Psychotherapies such as Cognitive Behavioral Therapy can assist clients in changing their anxious thought processes and redirect them to more positive thinking. An added benefit to CBT is the inclusion of the practice of mindfulness. Mindfulness-based approaches are helpful for didactically presenting tools and skills to aid clients in regulating emotional responses by the being focus on the present and positives, thus avoiding anxious thoughts about the future. Teaching women to stay in the present and not focusing on an impending doom that most likely will never occur can help women overcome anxiety.⁷¹ Mindfulness targets the stress response

⁶⁸ Carbonell, *The Worry Trick: How Your Brain Tricks You into Expecting the Worst of What You Can Do About It All*, 52.

⁶⁹ David A. Richards et al., “Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression (COBRA): A Randomized, Controlled, Non-Inferiority Trial.” *The Lancet* 388, no. 10047 (Aug 27, 2016): 879.

⁷⁰ Richards et al., “Cost and Outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression (COBRA): A Randomized, Controlled, Non-Inferiority Trial.” 871-872.

⁷¹ Ward, Baker, and Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice*, 270.

and teaches emotional regulation skills.⁷² The practice of mindfulness comes in many forms. Mindfulness meditation, a mindfulness strategy, has gained popularity in the treatment of anxiety.⁷³

Often times people get stuck ruminating over their past or worrying about what could possibly happen in their future. The practice of mindfulness is about staying focused in the present. Staying present in the here and now allows one to enjoy the experience of the moment. This experience includes being aware of what one is experiencing in one's senses. It is about being cognizant of what one tastes, smells, and hears as well as how one feels in the current situation in a curious, non-judgmental way.⁷⁴ As with utilizing CBT techniques and practicing mindfulness, Stallard explains that this is a learned practice that will take time and energy to implement in daily life. He encourages his readers to learn to be mindful in every aspect of one's life to include breathing, eating, and other daily activities.⁷⁵

Physical Health

Maintaining and developing a healthy body is an alternative to Anxiolytics. According to the World Health Organization, exercise, which is a subcategory of physical activity, is planned, structured, and is intended for the purpose of improvement or maintenance of one or more

⁷² Ward, Baker, and Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice*, 270

⁷³ Amanda Olagunju and Heidi Gaddy, "Leveraging CAM to Treat Depression and Anxiety: Conventional Medications and Psychotherapy are Still First-Line Treatments, but Certain Complementary and Alternative Strategies have Value as Adjunctive Measures." *The Journal of Family Practice* Vol 69, no. 5 (2020): 224.

⁷⁴ Paul Stallard, *Thinking Good, Feeling Better: A Cognitive Behavioural Therapy Workbook for Adolescents and Young Adults* (Newark: John Wiley & Sons, Inc, 2019), 70.

⁷⁵ Stallard, *Thinking Good, Feeling Better: A Cognitive Behavioural Therapy Workbook for Adolescents and Young Adults*, 71-74.

components with physical fitness as the primary objective.⁷⁶ Physical activity and exercise is not only advantageous for the body but provide mental and emotional benefits as well. In recent years, the field of science has turned its focus to the mind-body approach for positive health as an alternative to medical intervention.⁷⁷ Previously, it was thought that exercise caused anxieties in those with mental issues; however, there is an increasing number of empirical studies indicating that exercise is now being prescribed to alleviate symptoms of anxiety, states Herring, a proponent of physical activity to combat anxiety.⁷⁸ Herring in another article with his colleague Karl Fleming, Pilates exercise resulted in a significantly large reduction of anxiety symptoms as well as depressive symptoms.⁷⁹ Platt et al. reported a decrease in the anxiety level of postmenopausal women who participated in a six-month exercise program as an alternative to using Benzodiazepines.⁸⁰

According to psychologists and exercise experts, there is a popular model known as the Endorphin model that posits a connection between exercise and the secretion of beta-endorphins in the brain. The endorphins that include norepinephrine and serotonin replenish diminished

⁷⁶ World Health Organization, Global Strategy on Diet, Physical Activity and Health. (2017). Retrieved from who.int/dietphysicalactivity/pa/en/.

⁷⁷ Ward, Baker, and Bui, *Clinical Handbook of Anxiety Disorders: From Theory to Practice*, 270.

⁷⁸ Herring, "Exercise for the Management of Anxiety and Stress-Related Disorders," 20.

⁷⁹ Karl Fleming and Matthew P. Herring, "The Effects of Pilates on Mental Health Outcomes: A Meta-Analysis of Controlled Trials." *Complementary Therapies in Medicine* Vol. 37, no.4, (2018), 87.

⁸⁰ Platt et al., "Nonpharmacological Alternatives to Benzodiazepine Drugs for the Treatment of Anxiety in Outpatient Populations: A Literature Review," 38.

brain transmitters leading to a feeling of euphoria.⁸¹ This model states that this euphoric feeling is comparable to the feelings received by drugs such as heroin or morphine.⁸²

How physically healthy one's body affects how healthy one's emotional and mental health may be. Paul Stallard, in his workbook, *Thinking Good, Feeling Better*, addresses the correlation between one's physical health and mental health, such as anxiety and depression. He connects the concept of low self-esteem to devaluing the self by disregarding healthy lifestyle choices.⁸³ He addresses a balanced diet and regular meals, sleep components, and physical activity such as exercise and discusses their impact on one's body, thus impacting one's well-being.

Eating a healthy diet is imperative to one's emotional well-being. The food choices one makes as to what to put into the body affect everything from mood to cognitive functioning.⁸⁴ Eating foods that will nourish the body will make one feel their best. Gobin prescribes eating a diet of healthy and whole foods. She recommends limiting foods high in sugar and saturated fats.⁸⁵ An overall healthy diet plan includes a variety of fruits and vegetables, whole grains, and

⁸¹ Vivianne Grassman, George Mammen, and Guy Faulkner, "Can Physical Activity Prevent Mental Illness?" Edited by Henning Budde and Mirko Wegner, *Exercise and Mental Health: Neurobiological Mechanisms* (New York: Taylor and Francis, 2018), 492.

⁸² Attila Szabo, Zsolt Demetrovics, and Mark D. Griffiths, "Morbid Exercise Behavior: Addiction or Psychology?" Edited by Henning Budde and Mirko Wegner, *Exercise and Mental Health: Neurobiological Mechanisms* (New York: Taylor and Francis, 2018), 286.

⁸³ Stallard, *Thinking Good, Feeling Better: A Cognitive Behavioural Therapy Workbook for Adolescents and Young Adults*, 46.

⁸⁴ Robyn L. Gobin, *The Self-Care Prescription: Powerful Solutions to Manage Stress, Reduce Anxiety and Increase Well-Being* (Emeryville, CA: Althea Press, 2019), 44.

⁸⁵ Gobyn, *The Self-Care Prescription: Powerful Solutions to Manage Stress, Reduce Anxiety and Increase Well-Being*, 44.

healthy sources of proteins.⁸⁶ The American Heart Association has broken down a list of fruits and vegetables into a color chart of five categories. The Association recommends eating fruits and vegetables from each type daily.⁸⁷ In 2015, the word hangry was added to the Oxford dictionary and many urban dictionaries. Hangry is a combination of the two words hungry and angry. Oxford defines this new word hangry as “bad-tempered or irritable as a result of hunger.”⁸⁸ MacCormack and Linquist explain in their research that hunger impacts one’s emotions, judgments, and behaviors because it impairs the ability to self-regulate.⁸⁹ The change in cognitive and emotional ability is due to a substantial decline in blood glucose levels.⁹⁰

Stallard suggests that in conjunction with eating healthy foods, limiting alcohol consumption, and drinking a liter and a half to two liters of water daily.⁹¹ In his book, medical doctor Fereydoon Batmanghelidj writes about the role of dehydration on the brain. Batmanghelidj proposes that dehydrated brain tissue can disrupt the electrical energy needed to generate brain activity. This lack of brain function can cause pathology associated with social stressors such as fear, anxiety, depression, and other persistent emotional problems.⁹² Water

⁸⁶ Healthy for Good: Healthy Eating, Eat More Color Infographic,” American Heart Association 2022, <https://www.heart.org/en/healthy-living/healthy-eating>.

⁸⁷ “Healthy for Good: Healthy Eating, Eat More Color Infographic,” American Heart Association 2022, <https://www.heart.org/en/healthy-living/healthy-eating/add-color/eat-more-color>.

⁸⁸ <https://www.oxfordlearnersdictionaries.com/us/definition/english/hangry?q=hangry>

⁸⁹ Jennifer K. MacCormack and Kristen A. Linquist, “Feeling Hangry? When Hunger is Conceptualized as Emotion.” *Emotion* Vol 19, no. 2 (2019): 301.

⁹⁰ MacCormack and Linquist, “Feeling Hangry? When Hunger is Conceptualized as Emotion.” 301.

⁹¹ Stallard, *Thinking Good, Feeling Better: A Cognitive Behavioural Therapy Workbook for Adolescents and Young Adults*, 46.

⁹² Fereydoon Batmanghelidj, *Your Body’s Many Cries for Water*. (Decatur, GA: Global Health Solutions, Incorporated, 2008): 31.

deficiency can lead to a person's inability to cope with emotional issues causing stress on the brain and the body. Physiological symptoms of stress can lead to chronic fatigue syndrome.⁹³

Another fundamental component of maintaining physical health and reducing symptoms of stress and anxiety is through healthy breathing. Jennie Sandstad provides a thorough explanation of how one's body and current state of mind are affected by the way one inhales and exhales.⁹⁴ She expounds that breathing is connected to one's sympathetic and parasympathetic nervous systems, which are both parts of the autonomic nervous system. The sympathetic nervous system is often referred to as the 'fight, flight or freeze' system located in the amygdala.⁹⁵ Kolk, in his book, further contends that eighty percent of the vagus nerve, connects the body's internal organs including the lungs to the brain.⁹⁶ The term afferent explains this connection. He further states that it is possible to train the arousal or sympathetic system to relax by breathing.⁹⁷ Learning to control the anxious person's breathing can alleviate anxious symptoms.

As mentioned above, limiting the use of alcohol use is essential to maintain a healthy body. Often those suffering from symptoms of anxiety will turn to alcohol as a way of self-medicating. In some cases, using alcohol as an unhealthy coping skill can turn into Alcohol Use Disorder, exacerbating the anxiety symptoms.⁹⁸ Even more dangerous is for the anxious person

⁹³ Fereydoon Batmanghelidj, *Your Body's Many Cries for Water*, 32.

⁹⁴ Jennie Helene Sandstad, *Breathing Meditation as a Tool for Peace Work: A Transrational and Elicitive Method Towards Healing the Healer* (Wiesbaden: Springer, 2017), 75.

⁹⁵ Sandstad, *Breathing Meditation as a Tool for Peace Work: A Transrational and Elicitive Method Towards Healing the Healer*, 74.

⁹⁶ Kolk, *The Body Keeps the Score: Brain, Mind, and the Body in Healing Trauma*, 207.

⁹⁷ Kolk, *The Body Keeps the Score: Brain, Mind, and the Body in Healing Trauma*, 207.

⁹⁸ Joshua P. Smith and Carrie L. Randall, "Anxiety and Alcohol Use Disorders: Comorbidity and Treatment Considerations." *Alcohol Research: Current Reviews* Volume 34, no. 4 (2012), 416.

to mix alcohol and prescription medication. Mixing alcohol and anxiolytics can lead to seizures or death.⁹⁹

Consistent and regular sleep of between seven and nine hours is another essential piece of maintaining a healthy lifestyle as a non-pharmacological intervention. People experiencing anxiety often suffer from poor sleep quality and exhibit sleep disturbances such as insomnia.¹⁰⁰ Making matters worse, sleep problems are not only a symptom of anxiety, but insufficient sleep can also exacerbate anxiety even more, causing a vicious cycle. Neuro-imaging studies indicate that the total loss of sleep triggers brain activity within the fear network of the brain.¹⁰¹ Worry and rumination, which are components of anxiety, are highly prevalent when anxiety is activated because of sleep-wake irregularities.¹⁰² Specific neurotransmitter chemicals including norepinephrine, dopamine, serotonin, acetylcholine, and glutamate are all affected by sleep disruption and lead to the expression of anxiety symptoms.¹⁰³

Spiritual Aspects

Most importantly of any alternative to medication is the incorporation of Spirituality. Spirituality is comprised of prayer, biblical meditation, and Scripture. Since it has been established that anxiety is often a cognitive issue, it is important to use spiritual tools to treat the mind. In Romans 12:2 Paul instructs Christians that one must renew their minds by letting go of the negative, cognitive distortions and to renew his or her minds to God's way of thinking. God's

⁹⁹ SAMSHA, "Co-Occurring Disorders and Other Health Conditions." *Substance Abuse and Mental Health Services Administration*, 2021.

¹⁰⁰ Chellappa and Aeschbach, "Sleep and Anxiety: From Mechanisms to Interventions," 1.

¹⁰¹ Chellappa and Aeschbach, "Sleep and Anxiety: From Mechanisms to Interventions," 1.

¹⁰² Chellappa and Aeschbach, "Sleep and Anxiety: From Mechanisms to Interventions," 2.

¹⁰³ Chellappa and Aeschbach, "Sleep and Anxiety: From Mechanisms to Interventions," 6.

way of thinking becomes a reality in one's life by the process of renewing one's mind. Learning the above Scripture and many others will combat negative thoughts and help facilitate the reduction of anxiety symptoms and minister to the spiritual causes of anxiety. Using Scripture can help one combat the many cognitive distortions that anxious people often get trapped into thinking.

The implementation of faith through prayer, meditation, and reflection can lead to a reduction of symptoms.¹⁰⁴ Leaning on God in times of distress is considered a positive religious coping skill, resulting in individuals gaining both mental and psychological benefits.¹⁰⁵ S.H. Kim reports positive finding in his research that indicated that devotional meditation has significant impact at reducing anxiety.¹⁰⁶

As mentioned earlier, fusing the techniques of Cognitive Behavior Therapy with spiritual beliefs can assist in bringing balance back to clients. According to Chris Williams, in his chapter Stories of Fear in the book, *Spirituality and Anxiety Disorders*, anxiety throws a person into disequilibrium, causing an unrealistic focus on the problem, causing a client to feel overwhelmed and the inability to cope with the issue in a healthy manner.¹⁰⁷

¹⁰⁴ Chris Williams, "Stories of Fear: Spirituality and Anxiety Disorders." In *Spirituality and Narrative in Psychiatric Practice: Stories of Mind and Soul*, edited by Christopher C. H. Cook, Andrew Powell, and Andrew Sims, Cambridge: Royal College of Psychiatrists (2016): 86.

¹⁰⁵ Brittany O'Brien et al., "Positive and Negative Religious Coping as Predictors of Distress Among Minority Older Adults." *International Journal of Geriatric Psychiatry* Vol 34, Issue 1 (2019): 55.

¹⁰⁶ Sun Hung Kim "The Effect of a Bible Based Manualized Protocol Targeting Attachment to God in Anxiety and Stress (PhD diss, Liberty University, 2017), 9-10. ProQuest Dissertations & Theses Global.

¹⁰⁷ Williams, "Stories of Fear: Spirituality and Anxiety Disorders," 83.

Kimberly Johnson et al. state that negative religious coping and lower spiritual wellbeing are often linked with increased rates of anxiety and depression.¹⁰⁸ Unfortunately, the anxious woman finds little help in the medical arena to incorporate spirituality in her visit with her doctor. Results from their study indicate that many patients want their doctors to inquire and discuss their spiritual beliefs; however, only 10-30 percent regularly ask, stating their lack of time, competence, and discomfort discussing spiritual issues.¹⁰⁹ From these results, it appears that many physicians lack the understanding of treating the whole person and again, take out their pens to treat physical symptoms. If religion is mentioned, it is usually to encourage their patients to seek participation in religious services and support from their religious community.¹¹⁰ Information from this study clarifies that there is a skewed understanding of the concepts of spirituality and religion. Spirituality for this paper is on the focus and relationship of the individual with God and on the meditation of His word, and on prayer.

Relational Component

Numerous studies promote the benefits of healthy friendships. Friends able to give autonomous support can provide valuable service to adult relationships.¹¹¹ Same-sex friendships contribute to the well-being, prosocial behavior, and enjoyment of the individuals willing to engage in this kind of relationship. Autonomy-fortified friends take sincere interests and

¹⁰⁸ Kimberly S. Johnson, James A. Tulsky, Judith C. Hays, Robert M. Arnold, Maren K. Olsen, Jennifer H. Lindquist, and Karen E. Steinhauser, "Which Domains of Spirituality are Associated with Anxiety and Depression in Patients with Advanced Illness?" *Journal of General Internal Medicine* Volume 26, no. 7 (2011): 751.

¹⁰⁹ Johnson et al., "Which Domains of Spirituality are Associated with Anxiety and Depression in Patients with Advanced Illness?" 751.

¹¹⁰ Johnson et al., "Which Domains of Spirituality are Associated with Anxiety and Depression in Patients with Advanced Illness?" 772-754.

¹¹¹ Jolene van der Kaap-Deeder et al. "Antecedents of Provided Autonomy Supported and Psychological Control Within Close Friendships: The Role of Evaluative Concerns, Perfectionism and Basic Psychological Needs." *Personality and Individual Differences*, Volume 108 (2017): 149.

acknowledge the perspective of their friends.¹¹² They can encourage and advise to promote the wellbeing of their friends. Contrary to these benefits of healthy relationships, Baker, in her book about female friendships in the Christian community, states that women would like to have relationships with other women; however, they worry about “being unfriended or misunderstood or hurt or judged or left out or taken for granted” by their girlfriends; therefore, they “stop trying, stop risking.”¹¹³

Support and friendship by same sex friends is essential to one’s emotional health. This is often a critical component lacking from women working in the STEM industries. Women employed in male-dominated fields encounter challenges that are different than a gender balanced, or female influenced environment. Women who work in a predominately male environment struggle with their feminine identity and often adopt masculine attributes as a way of fitting into the work culture.¹¹⁴ Due to often being stereotyped as emotional, they disregard the emotional connectedness of female friends which often leads to feelings of isolation and loneliness.

For years research has exemplified the link between social support and health behaviors. In their recent study on gender and social norms, Lombardi et al. indicate links between social connection in both physical and mental health. Same-sex relationships play a significant role with favorable mental health outcomes and greater influence on behavior from people perceived

¹¹² Jolene van der Kaap-Deeder et al. “Antecedents of Provided Autonomy Supported and Psychological Control Within Close Friendships: The Role of Evaluative Concerns, Perfectionism and Basic Psychological Needs,” 149.

¹¹³ Lisa-Jo Baker. *We Saved You a Seat: Finding and Keeping Lasting Friendships*. (Nashville: Lifeway Press, 2021), 6.

¹¹⁴ Broadbent, Strachan, and Healy. *Gender and the Professions: International and Contemporary* 171-172.

as like themselves.¹¹⁵ Women have a greater likelihood to be strongly influenced by social connections. Close female friendships have a positive impact on the decrease of high-risk behaviors and alcohol use.¹¹⁶ Women tend to be more relationship-oriented and place greater emphasis on social cohesion, interdependence, and cooperation than their male coworkers.¹¹⁷

Literature Review Conclusion

Many women suffer from symptoms of anxiety. Although these women have not been formally diagnosed, they are recipients of anxiolytics including SSRIs and Benzodiazepines. Many women have side effects of these medications yet take them to alleviate the anxiety symptoms and stress they experience in the Western culture. These women either do not know that there are alternatives to medication or prefer to use medication because it is easier than doing “the work.” This paper explores healthier alternatives to medications. The gap in the literature is a holistic model that treats the body, soul, spirit, and relationships of an individual. The exploration of healthy same-sex relationships can provide support for the anxious woman and positively impact her mental health. Caring for one’s physical body by physical activity, a healthy diet, and regular sleep patterns can influence an individual's thoughts. Cognitive-behavioral techniques such as positive self-talk, the inclusion of mindfulness, and spiritual

¹¹⁵ Caitlin McPherran Lombardi, Rebekah Levine Coley, Jacqueline Sims, Alicia Doyle Lynch, and James R. Mahalik. "Social Norms, Social Connections, and Sex Differences in Adolescent Mental and Behavioral Health." *Journal of Child and Family Studies* Volume 28, no. 1 (2019): 93.

¹¹⁶ Lombardi, et al., "Social Norms, Social Connections, and Sex Differences in Adolescent Mental and Behavioral Health." 93.

¹¹⁷ Lombardi, et al., "Social Norms, Social Connections, and Sex Differences in Adolescent Mental and Behavioral Health." 93.

components that include the use of prayer, Scripture, and meditation can tear down false imaginations and negative thought patterns that exacerbate anxiety symptoms.

Theological Foundations

In the beginning, God created humanity in his image; in the image of God, He created them, as stated in Genesis 1: 27a. In the first chapter of Genesis, God is known by the name Elohim. Elohim is the plural form of the word for God, El. Elohim comprises the three parts of the Godhead, the Father, the Son, and the Holy Spirit. Using the plural form of El explains why Genesis states, "let us make man in our image" (Gen 1:26-27). Just as God is composed of three parts, so is man. Man is a spirit being (pneuma), has a soul (psyche), and lives in a body.

Moses understood the composition of man as a three-part being. This understanding is apparent when he addressed the Israelites in Deuteronomy 6:4-6. At the end of his life, Moses gives vital commands to the Israelites. Coupled with the command known as the Shema, Moses instructs the Israelites to love the Lord their God with all of their heart, soul, and strength. These three ways to love God indicate the three aspects of the person. In this passage, the heart represents the spirit, that part that connects a person to God and one's purpose in life. The soul represents that part of man where one thinks and experiences emotion. Strength represents the physical aspects of the body that include the five senses.

In the New Testament, there are numerous reiterations of the Deuteronomy verse. In Matthew's Gospel, Jesus commands that one is to love the Lord their God with all their heart, their soul, and their mind (Matt 22:37-40). In this Scripture, Jesus expands the instruction to include a second command that one should love their neighbor as themselves. The new instruction of loving one's neighbor illustrates the significance of relationships and completes the fourth domain of this approach. The Gospel of Mark further emphasizes the first commandment

also by stating that one should love the Lord their God with all their heart, with all their soul, with all their mind, and with all their strength (Mark 12:30).

The concept of being a three-part person is theologically known by the term trichotomous. *Moody's Handbook of Theology* describes this term as the composition of a person into three parts, body, soul, and spirit.¹¹⁸ The word trichotomy is derived from the Greek *tricha*, which means three and *temno* to cut, indicating that a person is divided into three parts.¹¹⁹ Each aspect has a distinct function and substance.

As he instructs the Church of Thessalonians, the apostle Paul appeared to understand that man is three parts. In First Thessalonians 5:23, Paul stresses the three-part view and encourages the reader to sanctify his entire person. By identifying the three parts of the entire person, he stresses the importance of one's whole being. When sanctified, people experience wholeness in all three aspects of their being. In order to be a complete person, the needs of all three aspects must be met. If any domain of the three parts is out of balance, it will affect not only that domain but the other domains of the person.

An example of the significance of the four domains, body, soul, spirit, and relationships is clearly understood by the writer of Luke when he explicates Jesus growing as a person. Doctor Luke understood the significance of all the aspects of the self. Luke 2:52 states that Jesus increased in wisdom and stature and favor with God and man. Wisdom in this verse represents the philosophical, mental, and emotional aspects of Jesus; this would have included his academics as a young Jewish male. Stature shows the significance of Jesus growing and

¹¹⁸ Paul Ennis, *The Moody Handbook of Theology*, (Chicago: Moody Publishers, 2008), 726.

¹¹⁹ Ennis, *The Moody Handbook of Theology*, 319.

maturing physically into a young man. The verse mentions the importance of Jesus having favor with God, representing his spiritual relationship with the Father. Favor with men shows the importance of healthy relationships with family, friends, and community.

In the Garden of Eden in Genesis, man fell from a state of wholeness. When Adam and Eve disobeyed God and ate the fruit they were commanded not to eat, the curse of sin entered the world. This curse created a rift between God and man and allowed sin and death to enter the world. Sin entered all aspects of man, including the physical body, mental and emotional aspects of the soul, and a great chasm in the relationship between God and man. This rift extended not only between God and man but in the marital relationship and relationships with others. Sickness, physical, mental, or spiritual, and separation from God result from the curse of sin.

The promising news for humanity is that Christ redeemed him from the curse. The prophet Isaiah understood this redemption from sin and sickness. Hundreds of years before Christ came to the earth, Isaiah prophesied that because of the sufferings Jesus would take for man, man would receive healing and freedom from the curse of sin (Isa 53:3-5). This foundational scripture reads,

³He was despised and rejected by humanity, a man of suffering, and familiar with pain. Like one from whom people hide their faces he was despised, and we held him in low esteem. ⁴Surely, he took up our pain and bore our suffering, yet we considered him punished by God, stricken by him, and afflicted.⁵But he was pierced for our transgressions, he was crushed for our iniquities; the punishment that brought us peace was on him, and by his wounds we are healed.

Peter understood this Old Testament verse and saw it come to fruition as he reiterated it in First Peter 2:24, stating what Christ had done for man by providing wholeness to his body, soul, and spirit. The amplified version of Isaiah 53:3-5 states that Christ bore man's grief which included sickness, weakness, and distress; Christ carried man's sorrows and pains. Words such as

grief and sorrow demonstrate that grief comes in physical, mental, and spiritual forms. In order to be whole or complete, the needs of all three aspects of a person must be met; a person must be balanced and healthy. As seen earlier in this paper, when one aspect is not healthy, one experiences sickness. Anxiety is often the result of this sickness, separation from God, and the lack of living a balanced life in the four domains.

Living a life that is balanced in the four domains, includes those in the previous paragraph, of the physical, spiritual, and cognitive/behavioral realms. The fourth domain included in the holistic approach is the social domain. God told Adam in Genesis 2:8 that “it is not good for man to be alone.” In this instance, God was speaking of the relationship of marriage. God is a relational God. He desires a relationship with people and seeks to connect with humanity. God also expects people to connect with each other. A myriad of verses demonstrate that healthy biblical relationships encourage, build up, and bear one another’s burdens (1 Thess 5:11. Heb 10:25, Gal 6:2). The book of Proverbs is replete with verses that present the importance of healthy friendships. (See Pro 17:17, 12:26, 18:24, 22:11). Because man was created for relationships, the social aspect of man must be addressed accordingly as a domain. Without friendships and other healthy relationships, mankind may fall into faulty thinking, including fear and worry.

There are a multitude of stories in the Bible that depict God’s people suffering from fears or worries. Since shortly after their inception, in what is called the Fall in Genesis chapter three, Adam and Eve ate of the Tree of Knowledge, and their eyes were opened (Gen 3:7). They experienced fear when the Lord came to walk with them. Not knowing how God would respond to their sin of disobedience caused them anxiety and they hid. The introduction to anxiety and

fear came as a response to sin.¹²⁰ Adam and Eve took their focus off God and the directions He gave and looked on their own selfish desires.

The book of Genesis also describes a scenario between two brothers that caused anxiety in one. Genesis 32:6-12 tells the story of when God told Jacob, who now had the new name Israel, to return to his homeland.

⁶When the messengers returned to Jacob, they said, "We went to your brother Esau, and now he is coming to meet you, and four hundred men are with him." ⁷In great fear and distress Jacob divided the people who were with him into two groups, and the flocks and herds and camels as well. ⁸He thought, "If Esau comes and attacks one group, the group that is left may escape." ⁹Then Jacob prayed, "O God of my father Abraham, God of my father Isaac, LORD, you who said to me, 'Go back to your country and your relatives, and I will make you prosper,' ¹⁰I am unworthy of all the kindness and faithfulness you have shown your servant. I had only my staff when I crossed this Jordan, but now I have become two camps. ¹¹Save me, I pray, from the hand of my brother Esau, for I am afraid he will come and attack me, and also the mothers with their children. ¹²But you have said, 'I will surely make you prosper and will make your descendants like the sand of the sea, which cannot be counted.'"

Unfortunately, the last time Jacob had been there he wronged his brother by stealing his birthright and fleeing to the house of his uncle. God had commanded him to return home. This move caused Jacob, now Israel, much anxiety. Not knowing how his brother would respond but hearing that Esau was coming to meet him with four hundred men left him with fear of how the day would end. As Matthew Henry explains, that anytime one finds themselves in fear or worry, they should immediately take to their knees and turn to prayer.¹²¹ This is exactly what Jacob did. Verses 9-11 tell readers that Jacob prayed fervently, humbly and reminded God of the promises

¹²⁰ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 203.

¹²¹ Matthew Henry, *Genesis-Complete Bible Commentary Verse by Verse* (Balneário Rincão: Grupo Oxiênio Ltda-ME, 2017), 1797.

that He had given him.¹²² Fortunately, the greeting between the two brothers was amicable and peaceful after much petition to God on Jacob's part.

Another example of someone who experienced anxiety is Elijah. Surprisingly, Elijah had recently challenged four-hundred prophets of Baal and seen God do a miraculous event with fire coming down from heaven and consuming water-soaked wood and sacrifices in 1 Kings 18:38. Elijah and his God had won the challenge and the four hundred false prophets were put to death. Now, just a chapter later, the reader sees not a triumphant victor but a man full of fear because of a threat by Jezebel, the pagan queen. Elijah is in an anxious state of worry and fear, he flees to the wilderness and prays. Unlike, Jacob, Elijah's prayer was not one full of the promises of God. Elijah found himself sitting under a broom tree so full of despair that he begged God to take his life.³ Elijah was afraid and ran for his life. When he came to Beersheba in Judah, he left his servant there,⁴ while he himself went a day's journey into the wilderness. He came to a broom bush, sat down under it and prayed that he might die. "I have had enough, LORD," he said. "Take my life; I am no better than my ancestors." God had a different plan for Elijah. After being ministered to by angels who had prepared food and drink, and plenty of sleep, Elijah journeyed for forty days. He then met with God who gave him new purpose.

The above are two examples of many anxiety-provoking situations in the Old Testament. Both indicate impending doom about their futures, and in both cases, the person prayed. One prayed a positive prayer and sought the Lord for help, while the other chose despair and prayed to die. King David, as mentioned in the introduction, experienced anxiety over several situations in his lifetime. The Psalms are full of his concerns and lament. He vacillates between hope and

¹²² Henry, *Genesis-Complete Bible Commentary Verse by Verse*, 1797.

despair. Nevertheless, the Psalms are filled with goodness and positive outcomes once David relinquished his anxieties to God.

The prevalent struggle with anxiety in the Western culture is only too similar to the anxieties experienced in the time of David. David mourned over the wrongs and evil of his day, and in particular his life. After lamenting his concerns, David always refocused on God, time and time again. David knew ultimately, it is God who is in control, if one will surrender all, allowing Him to take the reins.

Anxiety and fear were a significant part of David's psalms. He did not hesitate to share his distress with God and always looked to God to resolve his concerns. One main cause of distress was King Saul who wanted to kill him because he knew David had been anointed. David's employer knew that he would someday be replaced as King by David. Another concern that David shared was the anxiety regarding his family. At one point his son, Absalom attempted to overthrow David's kingdom and usurp his power. Both men caused David distress for wanting to change the trajectory of God's plan and purpose for him.¹²³ David knew that he could not acquiesce to fear. In Psalms 23:4, David is determined to fear no evil. He chose to keep his mind on the things of God as he declared in Psalm 101:4, "The perverse of heart shall be far from me; I will have nothing to do with what is evil." This was a decision he had to make.

Again, one can see that prayer is the appropriate option for anxiety. Psalm Four verse one illustrates David's concern. "Answer me when I call to you, my righteous God. Give me relief from my distress; have mercy on me and hear my prayer".

¹²³ Tremper Longman III, *Psalms: An Introduction and Commentary*. (Downers Grove: InterVarsity Press, 2014), 67.

The New Testament provides a unique real-life scenario of how one should deal with anxieties and fears. Matthew 8:23-27 tells the story.

²³ Then he got into the boat and his disciples followed him. ²⁴ Suddenly a furious storm came up on the lake, so that the waves swept over the boat. But Jesus was sleeping. ²⁵ The disciples went and woke him, saying, “Lord, save us! We’re going to drown!” ²⁶ He replied, “You of little faith, why are you so afraid?” Then he got up and rebuked the winds and the waves, and it was completely calm. ²⁷ The men were amazed and asked, “What kind of man is this? Even the winds and the waves obey him!”

Although this was a literal storm that Jesus spoke to, this is a relevant example of how one should deal with their anxieties. The wind and the waves swept over the boat, just as anxieties and cares sweep over the minds of many Christians. The disciples gave into the negative and spoke doom. They spoke negative words. Jesus, on the other hand, was asleep on the boat. In the Old Testament, sleep during a difficult time was symbolic of a deep trust in God.¹²⁴ The calm of Jesus showed a deep contrast from the anxiety of the disciples.¹²⁵ Once awake, Jesus spoke with authoritarian words leading to a positive outcome.

The New Testament is clear about anxiety. Jesus instructs His readers six times in Matthew 6: 25-34 to take no thought about the concerns of life. Charles Laymon, in his commentary, explains this concept further and decisively by stating that the real meaning is clear, taking no thought about the necessities of life’s real meaning is that one is not to be anxious.¹²⁶ He continues to articulate that “man can therefore be free from anxiety when he lives in consciousness of his dependence upon God. Only those outside the people of God (Gentiles)

¹²⁴ Grant R. Osborne, Clinton E. Arnold, and Clinton Arnold, *Matthew*, (Grand Rapids: HarperCollins Christian Publishing, 2010), 328.

¹²⁵ Osborne et al., *Matthew*, 328.

¹²⁶ Charles M. Laymon, *The Interpreter’s One-Volume Commentary on the Bible: Introduction and Commentary for each Book of the Bible and the Apocrypha*, Sixth Edition. (Nashville: Abington Press, 1971), 617.

would give way to such foolish anxieties since God knows fully man's needs."¹²⁷ George Buttrick agrees with this assessment of the phrase and supports the idea that one must not allow oneself to be distracted by the cares of life.¹²⁸ He emphasizes this command and cautions readers not to think lightly of it. "Anxiety over daily bread can be paralyzing in its effect on religious life...he must learn to trust humbly that God will give him all that is needed."¹²⁹ Jesus' instructions is a command and not a suggestion. Buttrick admits that this may be difficult to obey but not optional. Worry is purposeless.

Jesus instructs His disciples in the same manner. Jesus commands them not to worry about their lives, what they will eat or drink or what they will wear (Luke 12:25-34). Luke's writing insinuates that the disciples should avoid anxiety about their futures because they have no control over it.¹³⁰ Lack of control shows a very human side of the disciples and highlights the daily concerns that men face. David Garland explains that it is the material necessities that often get in the way of total surrender to God. There is an anxiety that one will not have their needs met. Jesus' statement shows that He, too, is aware of the human aspects. Garland notes that it is this anxiety that prevents us from fully trusting God and highlights the tension between trust in God and selfish earthly concerns.¹³¹

¹²⁷ Laymon, *The Interpreter's One-Volume Commentary on the Bible*, 618.

¹²⁸ George Arthur Buttrick, ed., *The Gospel of St. Matthew, The Gospel of St. Mark*. The Interpreter's Bible: General Articles of the New Testament. (New York: Abington Press, 1951), 320.

¹²⁹ Buttrick, ed., *The Gospel of St. Matthew, The Gospel of St. Mark*, 320.

¹³⁰ Laymon, *The Interpreter's One-Volume Commentary on the Bible: Introduction and Commentary for each Book of the Bible and the Apocrypha*, 690.

¹³¹ David E. Garland, *Luke*. (Grand Rapids: HarperCollins Christian Publishing, 2011), 533.

Jesus gives explicit instructions not to give in to anxiety and worry. Luke recounts this narrative of when Jesus was visiting the home of his friends, the sisters Martha and Mary, in the tenth chapter of his book, Luke beginning at the thirty-eighth verse.

As Jesus and his disciples were on their way, he came to a village where a woman named Martha opened her home to him. ³⁹ She had a sister called Mary, who sat at the Lord's feet listening to what he said. ⁴⁰ But Martha was distracted by all the preparations that had to be made. She came to him and asked, "Lord, don't you care that my sister has left me to do the work by myself? Tell her to help me!" ⁴¹ "Martha, Martha," the Lord answered, "you are worried and upset about many things, ⁴²but few things are needed—or indeed only one. Mary has chosen what is better, and it will not be taken away from her."

Depending on the translation one reads, Jesus in verse forty-one describes Martha as "anxious and troubled" or "worried and upset" over her current situation. Jesus redirects Martha away from her anxious feelings and refocuses her attention to what is truly important. Mary has chosen to sit at the feet of the Lord and listen to His words. Jesus explains that trading anxious thoughts for His word is the priority. Chen, in her commentary on the book of Luke, makes that contrast of Martha focusing her attention on the things of this world, such as physical food, while Mary chose to focus Spiritually on God's word.¹³²

Just like Martha tried to control the situation with her sister, many women try to control the situations that they are facing or foresee as possible gloom and doom scenarios in their futures. Like Martha and many Christians today, it is difficult to let loose of the anxiety producing need to control or figure out a situation and allow God to take control. King Solomon provided words of wisdom when he penned the notorious Proverbs 3:5-6, "Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to Him, and he

¹³² Diane G. Chen, *Luke: A New Covenant Commentary* (Eugene: Wipf and Stock Publishers, 2017), 157.

will make your paths straight.” Anxiety is a crisis of one’s faith.¹³³ It is an indication that one has not yet been able to completely put one’s trust in God. Anxiety attempts to control, to manage stress and distress, and manipulate scenarios.¹³⁴ The issue is whether one will give the control to the anxiety or relinquish the control and give the scenario to the Lord.

The decision not to worry means that one must take captive thoughts of concern that contradict the Word of God. Paul instructs his readers in 2 Corinthians 10:5 that one must take captive every thought to the obedience of Christ. The Message Bible offers a unique way of evaluating these thoughts. The verse reads that “fitting every loose thought and emotion and impulse into the structure of life shaped by Christ” (2 Cor 10:5 Message Bible) Every thought, emotion, or impulse must align with Christ’s plan. If it does not, then it must be taken captive and refuted. Paul explains that the way to demolish these arguments competing for a place in the mind is to bring every thought into submission.

Taking every thought or imagination captive is a significant first step; however, it is only half the process. The negative mind must be renewed (Eph 4:23). In his letter, Paul tells the Colossian church that believers are to set their minds on things above (Col 3:2). He further emphasizes this with the Philippians as he instructs them to replace their negative thoughts. “Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things (Phil 4:8).

¹³³ Gregory L. Jantz, *Seven Answers for Anxiety* (Peabody, MS: Aspire Press, 2016), 50.

¹³⁴ Jantz, *Seven Answers for Anxiety*, 48.

Another aspect of trusting God by casting all cares on the Lord (1 Pt 5:7) is a subtle hint in the preceding sentence. Before being able to fully give all care to God, one must completely humble oneself (1 Pt 5:6). Unless one becomes entirely vulnerable, fully and humbly submitting their life to God, they cannot trust God with their concerns. Henry states that the anxieties of even the most committed, godly Christians torture and distract the mind and are burdensome and sinful if not humbly laid at the foot of the Cross.¹³⁵

Words and statements such as submission to God, humility, trust, and humbling oneself provide the answer to God's control. Psalm after Psalm, one can read about the distress that David experienced. David is honest and human as he lays out his despair to the Lord. He feared for his life, for his family, and his throne. He vacillated with emotions of trying to control situations independently and relinquishing his concerns to the Lord. The beauty of the Psalms is that the reader experiences the depth of despair with David and with the writer works through the process of surrender. David succumbs to his thoughts with this resolution in Psalm 56:4, "I trust in God, why should I be afraid?" The anxious woman must humble herself and fully trust God.

Charles Spurgeon clearly summarizes this point in his sermon titled "Trust" when he states, "True trust in Christ is an entire reliance on Him. This day, if you trust Christ, you rest the whole weight and stress of your soul's affairs upon Him... It must be absolute severance from all reliance upon past merit, upon your present resolutions, or upon your future expectations of what you shall be or shall do."¹³⁶ Spurgeon's statements not only show the activity of giving one's

¹³⁵ Matthew Henry, *1st and 2nd Peter-Complete Bible Commentary Verse by Verse* (Balneário Rincão: Grupo Oxigênio Ltda-ME, 2017), 1c of 17.

¹³⁶ Charles H. Spurgeon, "Trust" (A Sermon Delivered on the Lord's-Day Morning at the Metropolitan Tabernacle, Newington, CT, August 21, 1887).

stress and anxiety to the Lord but show the permanency of the action. The surrender must be fixed and final, not to be taken back by the giver.

The most profound example of a person in the Bible experiencing anxiety could arguably be Jesus when he prayed in the Garden of Gethsemane the night before being betrayed. The story can be found in all four of the Gospels. He was filled with anguish and deep despair over what he was about to encounter. According to Strong's Exhaustive Concordance of the Bible, the word Gethsemane can be transcribed from Greek to mean "olive press."¹³⁷ Jesus would truly experience pressure during this time of severe distress and the impending arrest and crucifixion. Anxiety seeks to purloin one's peace and destroy one's trust in God.¹³⁸

Matthew 26:37 states that Jesus began to feel sorrowful and troubled while praying in the Garden. Verse thirty-eight reads that Jesus stated to a select few, "My soul is overwhelmed with sorrow to the point of death. Stay here and keep watch with me." Jesus walked a few steps and fell on his face and prayed for God to remove the scenario that would be played out before him. Luke 22:44 describes the depth of this anxiety when he explains that Jesus prayed so fervently that "His sweat was like drops of blood falling to the ground." Nevertheless, Jesus trusted God with his plight and accepted his future.

As demonstrated by the above explanations of biblical passages, it is evident that Jesus and His disciples instructed those in their communication not to be anxious and give all concerns to God. The Bible provides explicit instruction on how to handle anxiety and fear. As seen in the above story about Jesus in the Garden, he prayed to His Father. Talking to God about one's

¹³⁷ James Strong, *The New Strong's Expanded Exhaustive Concordance of the Bible*. Red-Letter ed. (Nashville, TN: Thomas Nelson Publishers, 2001), 303.

¹³⁸ Jantz, *Seven Answers for Anxiety*, 54.

concerns is vital in combating unwanted and unhealthy feelings. Reading Scripture fills one's heart with God's perspective of any situation. Speaking and meditating on Scripture can help combat unrealistic and negative thoughts contrary to God's Word.

The anxious person should read the Bible daily. God's Word is truth and will contradict the thoughts of the anxious mind (John 17:17). Psalm 119:105 tells its readers that God's Word "is a lamp for my feet, a light on my path." This Scripture means that God's Word provides direction to every aspect of life. This Psalm continues to state that the "unfolding of God's Word gives light." In John 10:10, Jesus states that He came to give His followers life abundantly. Reading the promises of God should alleviate the anxiety that one feels. Trusting that God has a good plan for a believer's future should cause fears of the unknown future to dissipate (Jer 29:11). Daniel Hays comments that the plans are described as the word *Shalom*.¹³⁹ He continues to assert that the plans are the plans of God, not man.¹⁴⁰

Since the Bible is God-breathed, it is perfect in every way (2 Tm 3:16). The Bible will speak to precisely what the distressed heart needs to hear. As important as it is for the anxious person to read God's word, it is essential for her to pray God's Word. Often, the anxious person can get overwhelmed with their current feelings of fear and impending doom. A vital way to combat negative thoughts when one is experiencing difficulty in finding positive words is to pray scripture. It is imperative to learn scriptures to counter any false thoughts that try to impede a positive and biblical perspective. A believer's thoughts must be aligned to God's Word. God's Word is a two-edged sword that must be used to resist thoughts that are not from God (Heb 4:12,

¹³⁹ Daniel J. Hays, *Jeremiah and Lamentations*. (Grand Rapids: Baker Books, 2016), 213.

¹⁴⁰ Hays, *Jeremiah and Lamentations*, 213.

Eph 6:17). Jesus used the Scripture to refute Satan when He was tempted after forty days in the desert (Mt 4:1-11).

Joshua told the Israelites in Joshua Chapter One, verse eight, that they should always keep the Word or law of the Lord in their mouths or on their lips. Joshua explains that by keeping God's word on their lips, they will be successful and prosperous. In their commentary, Kenneth Matthews et al. explain that meditation does not refer to chanting the repetition of mystic words such as a mantra or reaching a heightened level of spiritual awareness. Meditation focuses on contemplating and understanding God's thoughts on a situation and being obedient to those thoughts.¹⁴¹ Joshua also tells his people to be strong and courageous (Jo 1:9). Some interpretations state the words "do not be afraid." Being strong and courageous is the opposite of being fearful and anxious. Matthews et al. indicate that this statement could mean that there will be opposition in the future; however, it also indicates that the Israelites will prevail.¹⁴² The confidence of knowing that she will be a conqueror should be held for every believer.

Another essential aspect of meditating on Scripture is that one should meditate continually. In the same verse mentioned above, Joshua tells the Israelites to meditate on the Word, day and night. Psalms 1:2-3 also encourages readers to meditate day and night. This passage comes with a guarantee that if one delights herself in the Word of the Lord, then she will be like a tree planted by the water, yielding fruit, leaves not withering, and prospering. This description is contrary to the characteristics of the anxious woman. If she chooses to meditate on Scripture, she cannot be anxious. A beautiful biblical example of a character who meditated is

¹⁴¹ Kenneth A Matthews, Mark Strauss, and John Walton, *Joshua*. Grand Rapids: Baker Books, 2016), 14.

¹⁴² Matthews et al., *Joshua*, 14.

Isaac. Genesis 24:63 explains that Isaac would walk in the fields in the evenings and meditate. This illustration depicts him walking in the cool of the day under the stars meditating on God.

The apostle Paul offers strategies to fight the anxious mind. He tells the Philippians in his letter, that they are not to fret or have anxiety about anything. Instead, the believers are in every circumstance, by prayer and petition, with thanksgiving make their desires known to God (Phil 4:6). God wants his children to speak their concerns to Him and offer Thanksgiving for how He will take care of the concern. Paul offers more advice to the church in Corinth.

The most important of any biblical strategy to counter anxious thoughts, worry, and stress is the use of the Holy Spirit. In John 14: 15-31 Jesus promises His disciples the Advocate, which is the Holy Spirit described in verse seventeen as the “Spirit of Truth.” Jesus promises that the Holy Spirit will teach his disciples and lead them in the way that they are to proceed. Jesus also encourages His disciples that they are not to be afraid nor to let their hearts be troubled, and that he provides them with peace. When a believer does not allow the Holy Spirit to do His work and tries to control life on their own, it is sin. Zechariah states in 4:6, “Not by might, nor power, but by My Spirit says the Lord.

The Lord has provided many biblical tools to defeat anxious thoughts. The believer has the opportunity to read, memorize, quote, and meditate on Scripture as a means to not only learn the plans of God but to combat and take captive any thought that does not line up with His Word. The Bible provides countless stories in both the Old and New Testaments of God’s people, such as David and Isaac, who decided to obey God’s commands and chose a life of success and *shalom*. Jesus and His Disciples give clear directions as to how to negate anxious thoughts. Jesus has provided the Holy Spirit to help the believer live the successful life she has been promised. This same opportunity is offered to all believers.

Theoretical Foundations

There is a multitude of research studies and therapies about anxiety. Many considerations go into establishing a pastoral counselor's theoretical approach to treating clients with anxiety. It is imperative to remember that clients are body, soul, and spirit; therefore, all three aspects of a person must be addressed. Because man was created for relationships, the social aspect of man must be addressed accordingly. The roots of anxiety may be physical issues,¹⁴³ spiritual, or due to mental /emotional components.¹⁴⁴ Anxiety resides in the mind, with one of the main characteristics being rumination. Due to the cognitive aspect of anxiety, the incipience of this theory will be the cognitive domain.

Cognitive Behavioral Therapy (CBT), created by Dr. Aaron Beck, is one of the most used counseling models. Many empirical studies have verified the efficacy of this approach.¹⁴⁵ The goal of CBT is to challenge distorted thinking and replace negative thoughts with proper, more appropriate thoughts. The main objectives of CBT can be utilized with modifications to fit special populations, such as those requesting a Christian perspective. Many therapists have modified CBT to meet the needs of their congregants. A few well-known modified versions are Christian-Accommodative CBT for depression, Muslim CBT for depression and anxiety, Christian Devotional Meditation, Taoist Cognitive Therapy for anxiety, and Christian-Accommodative CBT for marital discord.¹⁴⁶

¹⁴³ McLaren, *Anxiety-The Inside Story: How Biological Psychiatry Got It Wrong*, 16.

¹⁴⁴ Kim, "The Effect of a Bible Based Manualized Protocol Targeting Attachment to God in Anxiety and Stress," 9-10.

¹⁴⁵ Stikkelbroek, et al., "Effectiveness and Moderators of Individual Cognitive Behavioral Therapy Versus Treatment as Usual in Clinically Depressed Adolescents: A Randomized Controlled Trial," 601.

¹⁴⁶ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 542.

Christian CBT has been developed to challenge Christian clients with unbiblical thinking. Unbiblical thinking includes dysfunctional thoughts that focus on negative, irrational, extreme, unreasonable, or maladaptive thoughts that lead to anxious feelings.¹⁴⁷ Two of the most important aspects of a Christian-based CBT are to change negative thought patterns and shift one's focus to God.¹⁴⁸ A few Christian-based Cognitive Behavioral therapies that have been empirically supported include Larry Crabb's biblical counseling theory that focuses on identifying and replacing distorted thoughts with biblical thoughts.¹⁴⁹ Mark McMinn therapy that uses a caring and collaborative approach to challenging and restructuring negative thoughts.¹⁵⁰ William Backus's approach that renames negative thoughts as misbeliefs and teaches clients how to replace the misbeliefs with accurate beliefs from the Bible.¹⁵¹ Because of the efficacy of CBT and the modifications towards the various Christian approaches, a CBT is the preferred option for cognitive change.

There are a number of cognitive distortions that present in the anxious mind. A cognitive distortion or bias is a reoccurring pattern of a negative, often automatic, thought that pops up in

¹⁴⁷ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 481.

¹⁴⁸ Timothy E. Clinton and Ronald E. Hawkins, *The Quick Reference Guide to Biblical Counseling, Personal and Emotional Issues*. (Grand Rapids: Baker Books, 2009), 135.

¹⁴⁹ Clinton and Hawkins, *The Quick Reference Guide to Biblical Counseling, Personal and Emotional Issues*, 481.

¹⁵⁰ Clinton and Hawkins, *The Quick Reference Guide to Biblical Counseling, Personal and Emotional Issues*, 481.

¹⁵¹ Clinton and Hawkins, *The Quick Reference Guide to Biblical Counseling, Personal and Emotional Issues*, 481.

one's mind.¹⁵² Part of the CBT approach is to challenge these thoughts. Some of the most common cognitive distortions include:

All-or-Nothing Thinking- Seeing things in black-and white categories.

Overgeneralizing- Believing that something will always happen because it happened once.

Discounting the Positive- Believing that if a good thing happens, it must not be important or does not count.

Jumping to Conclusions- Responding to a situation without having all the information.

Mind Reading- Believing that you know how someone else is feeling or what they are thinking without any evidence.

Fortune Telling- Believing that you can predict a future outcome, while ignoring other options.

Magnifying (Catastrophizing) or Minimizing-Distorting the importance of positive and negative events.

Emotional Reasoning Believing something to be true because it feels true.

Should Statements- Telling yourself you should, should not, or should have done something when it is more accurate to say that you would have preferred or wished you had or had not done something.

Personalization- Taking blame for some negative event even though you were not primarily responsible.¹⁵³

These distortions and biases can lead to getting stuck in a negative imaginative scenario and what is often called a thinking trap.¹⁵⁴ There are many useful tools to assist the anxious woman in challenging these distorted thoughts. A thought can be challenged by posing a question or by using a scale to measure how realistic or sincere a person is about their beliefs. Rachel Davidson

¹⁵² Robert L. Leahy, *Cognitive Therapy Techniques, Second Edition: A Practitioner's Guide*. (New York: Guilford Publications, 2017), 455.

¹⁵³ Leahy, *Cognitive Therapy Techniques, Second Edition: A Practitioner's Guide*, 456-472.

¹⁵⁴ Stallard, *Thinking Good, Feeling Better: A Cognitive Behavioural Therapy Workbook for Adolescents and Young Adults*, 33.

Miller states in her book that negative beliefs are attached to anxiety because a person feels inadequate and places pressure on themselves to meet perfection and unrealistic expectations.¹⁵⁵

Acceptance Commitment Therapy (ACT) is another cognitive-based therapy that some clinicians use with anxious clients. ACT is a model created in the US by Steven Hayes and his colleagues and has been effective in helping people with a variety of issues from anxiety and depression to chronic pain and addiction.¹⁵⁶ One certain facet often utilized in ACT is mindfulness. Mindfulness is implemented to help clients focus on current thoughts and not look back at past traumas and life mistakes that impede current thinking. The official ACT definition of *mindfulness* is: “The defused, accepting, open contact with the present moment and the private events it contains, as a conscious human being, experientially distinct from the content being noticed.”¹⁵⁷ ACT focuses clients on what they value in life. This approach can be modified for use with Christian clients because Christians should value their religious beliefs as a part of what they value in life.

ACT offers many techniques that can be used independently of the ACT approach. These techniques can be incorporated into a more traditional CBT approach. ACT has a different perspective of thought control than does CBT. Whereas CBT attempts to take captive negative or distorted thoughts and replaces them with positive, and in a Christian’s case, biblical thoughts. ACT allows negative thoughts to float by with acknowledgment but not acceptance. The goal is

¹⁵⁵ Rachel Davidson Miller, *CBT Toolbox for Children and Adolescents: The Cognitive Behavioral Therapy Made Simple for Managing Moods and Behaviors Coping Skills for Kids and Teens to Boost Self-Esteem and feeling Better*, (Coppell, TX: A.V.M. Publishing, 2020), 244.

¹⁵⁶ Russ Harris, *The Happiness Trap: How to Stop Struggling and Start Living* (Durban, South Africa: Trumpeter, 2008) 2.

¹⁵⁷ Harris, *The Happiness Trap: How to Stop Struggling and Start Living*, 135.

not to feel better or change the thought but to take power away from the thought.¹⁵⁸ ACT is not being ruled out as a treatment option for clients; however, the approach will require some restructuring and more biblical research. The fundamental concept is based on human psychology; however, many techniques remain beneficial.

Acceptance Commitment Therapy teaches clients how to be mindful. One notable caveat is that ACT is straightforward in that their model is not a spiritual belief system, nor do they integrate any religious conviction in their approach. Life is full of challenges that cause one to be anxious and full of care if not dealt with properly. The Bible acknowledges more than three hundred times that fear, and anxiety are unavoidable in a sinful, broken world.¹⁵⁹ Mindfulness is a type of meditation and a useful tool to refocus those fears and anxieties back to God. Contrary to ACT's position of spirituality and meditation, mindful meditation is a bridge between cognitive and spiritual domains. When one learns how to think about God and His Word, it is called meditation. Meditation and prayer must be implemented into a holistic approach for those struggling with problems.

As mentioned previously, the attempts to gain control over things that may not be controllable is an issue that burdens the anxious mind. "Anxiety will tell you that you must hold on to all things to control your anxiety," states psychologist Gregory Jantz.¹⁶⁰ Because the anxious mind is looking into the future for failure or calamity, an attempt at controlling the future brings the anxious mind a brief sense of safety. The acceptance that there are life circumstances that are out of one's control is essential.

¹⁵⁸ Harris, *The Happiness Trap: How to Stop Struggling and Start Living*, 32.

¹⁵⁹ Weeks, *Anxiety Attack*, 14.

¹⁶⁰ Jantz, *Seven Answers for Anxiety*, 50.

The Serenity Prayer, credited to American Theologian Reinhold Niebuhr, is often used as a tool to refocus someone to the fact that there are things in which they cannot do anything about.¹⁶¹ The prayer requests God's help and peace to accept what cannot be changed, the courage to change what can be changed, and the wisdom to know the difference.¹⁶² The Serenity Prayer is a tool that integrates both Christian and psychological understanding to help with emotional and stress management.¹⁶³ The Serenity Prayer, like any other scripted prayer can be a valuable tool as long as the redundancy does not become a mantra and lose its sincerity and potency.

Although the anxious mind resides in the cognitive domain, many behavioral interventions can be efficacious to reduce anxiety symptoms. Behavioral interventions are intended to change behavior without focusing on the cognitive or emotional aspects of the anxiety. The first step is identifying unhealthy behaviors that may lead to anxiety and targeting those for change.¹⁶⁴ Interventions can be simple and do not require much time or monetary payment. Hawkins and Clinton propose that learning to relax cost participants nothing but is a quite efficacious antidote to alleviating stress and anxiety.¹⁶⁵ Progressive muscle relaxation releases tension and stress that the body unknowingly holds in the muscles.¹⁶⁶ A solid muscle

¹⁶¹ Shapiro, Fred R. "Who Wrote the Serenity Prayer?" *The Chronicle of Higher Education*. Business Insights: Global. (2014), 1.

¹⁶² Shapiro, "Who Wrote the Serenity Prayer?" 2.

¹⁶³ Elizabeth L. Campbell, "Utilizing the Serenity Prayer to Teach Psychology Students about Stress Management." *Journal of Psychology and Theology* 43, no. 1 (2015), 4.

¹⁶⁴ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 117.

¹⁶⁵ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 123.

¹⁶⁶ Gobyn, *The Self-Care Prescription: Powerful Solutions to Manage Stress, Reduce Anxiety and Increase Well-Being*, 22.

relaxation activity only takes an average of fifteen minutes. Journaling and coloring in an adult coloring book may help relax the brain's fear center, known as the amygdala. Breathing exercises can benefit the brain and body by reducing tension and stress.¹⁶⁷

Caring for the body through physical activities such as exercise and eating properly, and adequate sleep is a physical health model gaining momentum in Western culture. John Herring indicates that a single exercise session or a six-month fitness program both result in a significant moderate-sized improvement in anxiety symptoms.¹⁶⁸ Physical exercise increases one's overall well-being. After a good workout, one experiences a relaxing effect on the body.¹⁶⁹

Using a model that incorporates body, soul, spirit, and relational aspects not only balances oneself but is based on a Biblical model that is presented in Luke 2:52. This verse states that "Jesus grew in wisdom and stature and favor with God and man." In this verse, wisdom demonstrates the importance of the intellectual aspect that resides in the soul. Stature represents the physical aspects of the body. Favor with God is spiritual, and Favor with man is social.

A holistic approach would begin with implementing CBT and incorporating some of the ACT techniques. Mindfulness meditation and prayer will be utilized for both cognitive change and spiritual enhancement. Clients must be grounded in the Word of God. Spiritual care provides a sense of identity, which aids the client in establishing a sense of their worth and can aid in strengthening the client's identity.¹⁷⁰ Physical activities will also be included in this holistic

¹⁶⁷ Gobyn, *The Self-Care Prescription: Powerful Solutions to Manage Stress, Reduce Anxiety and Increase Well-Being*, 20.

¹⁶⁸ Herring, "Exercise for the Management of Anxiety and Stress-Related Disorders," 33.

¹⁶⁹ Richard Swenson, *Margin: Restoring Emotional, Physical, Financial, and Time Reserves to Overloaded Lives*. Colorado Springs: NavPress, 2004), 102.

¹⁷⁰ Paul Pettit, ed. *Foundations of Spiritual Formation: A Community Approach to Becoming Like Christ* (Grand Rapids: Kregel, 2008), 113.

approach. John Ortberg clarifies that spiritual well-being cannot be separated from physical well-being.¹⁷¹ Relationships through groups will also be implemented for socialization and support. None of these ideas are novel; however, these approaches' synergism works together to obtain the desired outcome.

¹⁷¹ John Ortberg, *The Me I Want to Be: Becoming God's Best Version of You* (Grand Rapids: Zondervan, 2010), 86.

CHAPTER 3: METHODOLOGY

As read in the literature review of this paper, the number one treatment offered for anxiety is through the disbursement of anxiety medication. If a Rocket City woman experiences anxiety symptoms due to a hormonal or chemical imbalance, then the use of anxiolytics may be appropriate. This conclusion should come after a trained clinician's thorough physical and emotional examination. Often, women receive a prescription without a comprehensive exam. There are other reasons why a woman may experience symptoms of anxiety. Anxiety symptoms may be due to stress or other emotional issues, spiritual or relational inadequacies, or other physical complexities such as poor physical conditions. Because anxiety may be from a source other than chemical, a holistic intervention model may be better suited than medication for some Rocket City women. Women are three-part beings, body, soul, and spirit; God created humans to be in relationships with Him and other humans; therefore, the study must explore a holistic intervention model to treat all aspects of one's being.

Intervention Design

The title of this study was "Sky High Anxiolytics for Rocket City Women." Once the Liberty University Institutional Review Board approved the project, the Rocket City Women's study began. The holistic intervention offered to the Rocket City women was multifaceted. The intervention plan included two psychoeducational group sessions and four individual sessions with homework. The Rocket City women's study was a longitudinal study consisting of one group held at the beginning of the six-week intervention and the other at the end of the study. At the first group session, the researcher provided a weekly lesson booklet (homework) that included assignments or activities in four domains: mental/emotional, spiritual, physical, and

social, and a weekly activity log for each participant.¹⁷² The intervention plan consisted of activities in all four domains.¹⁷³

Four Domains of Intervention Plan

Body-Physical	Soul-Mind, Will, and Emotions
Spirit- Connection to God	Social- Relationship with God and Other Women

Table 3.1

To provide a safe environment for Rocket City women who attended their two group sessions and individual sessions, the researcher planned to secure the use of the church building in Madison, Alabama. The senior pastor of Madison church had already allowed this therapist to use the Community Room and other rooms in the church to conduct individual and family group sessions. There was a verbal understanding that this researcher will use the church for this study.

Participants were recruited by advertising this study to the Madison church congregation and by reaching out to other local pastors in the Rocket City area. This researcher e-mailed pastors and requested assistance in informing their congregation by either word of mouth or advertising the study in their bulletin or on their overhead screen during announcements for three

¹⁷² Scripture teaches that the soul comprises the mind, will, and emotions. Although the mental and emotional aspects of the soul are distinct, for the purpose of this study, the term mental/emotional is utilized for activities that benefit the soul aspect of the being. Scriptures depicting the mind as part of the soul include but are not limited to Proverbs 19:21, 24:14, and Psalm 139:14. Scriptures that refer to ability of the soul to choose or express its will are Job 7:15, 6:7, and Joshua 24:15. The Bible is replete with Scriptures that demonstrate the various emotions of the soul. Some examples are Song of Songs 1:7, Psalm 42:1, 107:18, and 86:4.

¹⁷³ Graphs and Scales are color-coded to the four aspects of Body, Soul, Spirit, and Relationship and are consistent throughout the paper. Blue represents the physical (body), green represents the mental/emotional (soul), yellow represents the spiritual (spirit), purple represents social (relational), and orange is used for general information and coping skills.

consecutive weeks (see Appendix A). Included in the e-mail to various churches was a flyer that advertised the upcoming group (see Appendix B). This flyer could be used as a bulletin insert or posted around the church. The researcher also posted the criteria for the participants on the flyer. The flyer included the researcher's contact information for more clarification or questions. Criteria for possible participants were as follows:

- Women between the ages of 35-55
- Self-report anxiety
- Currently taking anxiety medication without a diagnosis
- Have a minimum of a bachelor's degree in a STEMs field
- Currently employed full or part-time in a STEMs related job
- Identifies as a Christian

Once contacted by an inquirer, a questionnaire was sent by e-mail to each inquirer to assess if she met the Rocket City anxiety group criteria (see Appendix C). The questionnaire asked various questions about the inquirer's level of anxiety, whether she had a DSM-5 diagnosis, medication use, co-occurring physical or mental health conditions, STEM qualification, Christian identification, and willingness to commit to full participation in the study. The researcher assessed the answers to the questionnaire to ascertain the eligibility for this study. If the inquirer met all the criteria, the researcher called her on the phone to verify her willingness to participate and availability dates. Data collected from this questionnaire was relevant and significant to ensure that the appropriate women were included or excluded from this research. The reason for this significance was that if the appropriate targeted group did not form, it will have been impossible to evaluate if the six-week study and workbook successfully met the needs of the sample, and the results would have been irrelevant to this study.

If accepted into the study, the participant was e-mailed a pre-inventory in the form of a Likert scale that asked specific questions about her level of anxiety, present work and home life, and coping skills. The researcher requested that participants bring the completed Likert Scale to

the first group session (see Appendix D). A consent form was also e-mailed with directions to bring the completed consent form to the first session (see Appendix E). A signature and date was needed before the participant was permitted into the study. Participants were required to be healthy enough to do thirty minutes of light to moderate exercise four times a week for the duration of the study. No gym membership or athletic equipment was needed. Exercise could be walking, swimming, biking, or other exercises the participant desires to partake. Once collected, the researcher kept the signed consent forms and any researcher/counselor notes in the personal office of this researcher behind two locked doors.

Weeks 1-3	IBR Approval. Advertise with Madison Church and other churches through bulletins and overhead screens. Utilize questionnaires to select participants. Email Pre-survey and consent forms.
Week 4	Week One of the study. Psychoeducation Group meets. Workbooks are distributed.
Week 5	Week Two of the study. Individual sessions.
Week 6	Week Three of the study. Individual sessions.
Week 7	Week Four of the study. Individual sessions.
Week 8	Week Five of the study. Individual sessions. Post-surveys are distributed.
Week 9	Week Six of study. Psychoeducation Group meets. Post-surveys are returned.
Week 10-12	Likert surveys are analyzed. Case notes and researcher notes are analyzed. Results and conclusions are written.

Table 3.2 Proposed Timeline of Study

The intervention began with a group psychoeducational session. This session included introductions to each participant, didactic information about general anxiety, and a coping skills discussion led by this researcher/counselor (see Appendix G). The didactic information included education on wholeness in the body, soul, and spirit and having a work-life balance and a social support system through healthy relationships. The researcher presented information on mindfulness and breathing exercises. This preliminary group took about ninety minutes to two hours and was planned to be held at Madison Church in the community room unless there were COVID concerns. If there are COVID concerns, the plan was for the group to meet by HIPPA compliant ZOOM. The goal was to have five to seven participants in this study. Workbooks would be distributed to each participant at the initial group session (see Appendix H). A weekly activity log would be part of the workbook (see Appendix I).

Each participant would attend an individual session that would last approximately fifty minutes for four consecutive weeks commencing the week after the initial group session. The individual sessions would process participants' anxiety, discuss personal coping skills, and review weekly activity logs and devotionals found in the workbooks. Workbooks included instruction for a minimum of thirty minutes of physical exercise four times a week. The exercise aimed to stimulate endorphins that would cause one to feel better by increasing stamina and energy. Physical exercise can help one with a healthy lifestyle and weight management. Each week, there would be a devotion with Scriptures for meditation and prayer purposes in the workbook. The theme of the Scriptures would focus on anxiety and trust in God. A social requirement included interacting socially in person, by phone, or computer with a female friend. All aspects of the four requirement domains were to be recorded on a weekly activity log in the workbook.

At the end of the four sessions, each client was be given a post inventory Likert scale to complete and bring to the second group session (see Appendix J). The second Likert scale would be the same inventory utilized before the first group session. The group would meet for the second group session to share coping skills and the benefits of utilizing those coping skills and process the holistic program. The group would turn in the post inventory at that session before the group began so other participants' comments would not sway the participants. Participants were to bring their workbooks to the second group session to assist with processing and final group activities.

Intervention Plan	
Week 1	Introduction. Holistic intervention model presented in psychoeducational group. Week One of workbook is completed. Weekly requirements and activity log completed.
Week 2	Spiritual domain week. Week Two of workbook is completed. Weekly requirements and activity log completed. Individual sessions completed.
Week 3	Mental/emotional domain week. Week Three of workbook is completed. Weekly requirements and activity log completed. Individual sessions completed.
Week 4	Physical domain week. Week Four of workbook is completed. Weekly requirements and activity log completed. Individual sessions completed.
Week 5	Relational domain week. Week Five of workbook is completed. Weekly requirements and activity log completed. Individual sessions completed.
Week 6	Wrap up. Psychoeducational group processes the study. Week Six of workbook is completed. Weekly requirements and activity log completed.

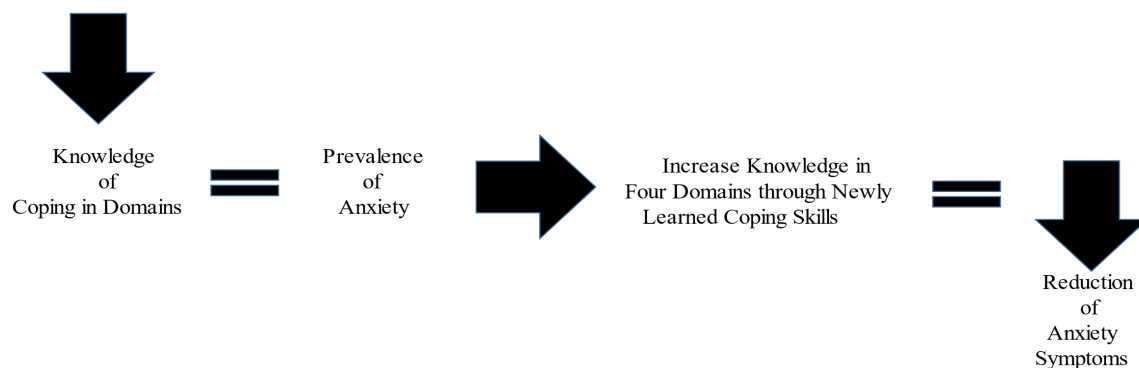
Table 3.3 Proposed Intervention Plan

The participants in this study would currently be using anxiety medication as a mechanism to cope with anxiety. Due to the participants using anxiolytics prescribed by their physician, the decision to decrease or discontinue use would be between the participants and their prescribing doctor. The participants were not required to cease their medications, as

titration or discontinuing use may be dangerous. The clinical piece of the intervention would be the utilization of Cognitive Behavioral Therapy strategies. Anxiety is a specific type of fear that begins with faulty thinking, therefore changing distorted thoughts using mental and spiritual techniques was essential. Second Corinthians 10:5 is clear about a believer casting down faulty imagination and taking control of every thought contrary to God's Word.¹⁷⁴

The holistic approach would implement a structured weekly Bible devotion, include thirty minutes of mild to moderate physical activity, encourage Mindful meditation, and require the participants to engage in a relational activity with a supportive female friend or family member. A successful outcome of the intervention was a decrease in self-reported anxiety levels. There would be specific questions about the status of physical symptoms of anxiety, mental/emotional symptoms of anxiety, the degree of trust in God, and connection to others through relationships. This four-fold holistic approach to intervention was to learn healthy coping skills that would reduce and /or alleviate anxiety and/or stress symptoms that may cause the Rocket City women to discontinue anxiolytic use. Below is a diagram presenting the process.

¹⁷⁴ We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.



3.4 Anxiety Symptoms Reduction Process Chart

Several tools were utilized to assess the outcome; thus, triangulation was used in this project. The first implemented tool was a questionnaire utilized to select the participant sample. Once the sample group was selected, a pre-survey on a Likert scale was used to assess for a baseline. The same Likert scale was used as a post-survey to measure changes to ascertain the effectiveness of the intervention on participants' anxiety status. The group utilized a weekly activity log to document their activity. The researcher planned to use the weekly activity log notes and document with session notes in a reflective journal. The journal was utilized to process individual sessions and bracket out any biases. The journal's goal was to document the researcher's thoughts and hold in abeyance any preconceived perceptions that may distort the data obtained from the participants during the study.

To get accurate results, full participation in all aspects of the study was required from all individuals. Due to the delimitations of the population, there was some concern if there would be an adequate sample size for the study. There were also valid concerns that participants might

drop out of the study as the Rocket City women are busy with many activities. The researcher would attempt to work with participants on their appointment schedules to accommodate their busy lifestyles. The study also required the participants to be emotionally vulnerable, which could have deterred some participants. The researcher would attempt to make all participants comfortable with the process and enjoy the group and individual sessions. If a participant still wished to drop out of the study, she would be thanked and released. The goal was to recruit enough women for the study that if a few participants dropped out, it would not significantly affect the study.

Implementation of the Intervention Design

On February 11, 2022, this researcher received an e-mail notice stating that the Liberty University Internal Review Board approved the Rocket City Women's Study (Appendix K). The researcher immediately notified her mentor and was given consent to begin advertising for the study. This researcher e-mailed the pastor of the Madison church and requested assistance with recruitment (Attachments A & B). These attachments were also sent to several other pastors in the Madison/Huntsville area who have previously supported this counselor at Madison Counseling. One particular church with a lay counseling ministry e-mailed back stating that they did not feel comfortable advertising the study. A couple of the churches responded that they would prefer to seek out congregants and provide them with the information as they thought they could identify possible candidates for the study.

The advertisement went well, pastoral support was positive, and there appeared to be interest in the study from various congregations. Nevertheless, there were issues with follow-through from possible candidates. One issue that was pointed out by several of the pastors was the specifics of the criterion for participants. These concerns were addressed in the delineations

section of chapter one and were expected. One stakeholder stated that he felt more comfortable telling congregants about a “group” rather than a “study” when approaching possible candidates.

Data Collection Instruments

Possible participants were given the study contact information. Seven women reached out through e-mail and were e-mailed Inquirer E-mail Questionnaire forms (Appendix C). One candidate contacted the counselor by phone. The Inquirer Verbal Questionnaire was recited, and she accepted to be in the study (Appendix D).

Questionnaires

The initial questionnaire was a simple survey to assess the appropriateness and willingness of possible candidates for the Rocket City Women's study. The tool consisted of thirteen questions requiring a yes or no dual response. The first seven questions sought information regarding the criteria that the candidates must meet to gain entrance into the study. The remaining six questions assessed the willingness of the participants to achieve the weekly required activities of the study. One "No" response to any question would disqualify the candidate from participation.

Time commitment appeared to be a problem for a few inquirers. One unanticipated issue was that the study would be held over Spring Break. With many families traveling over the break, some possible candidates would not be in town to participate in the weekly sessions. There were a few possible candidates with self-reported anxiety that did not currently work in STEMs fields; therefore, they were ineligible for the study.

The Madison pastor identified one candidate at Madison Church. She met the criteria and requested to meet in person before the study began. Although the meeting went well, she declined to join the study because of her elevated anxiety, and she was concerned about the two

group meetings. She was offered the option to zoom into the group meetings. Nevertheless, she still declined. This counselor/researcher recommended individual counseling with a full assessment to treat her severe anxiety. She was also provided the names of other licensed professionals as referral resources.

The group's formation required more time than predicted, resulting in postponing the anticipated start date. The group required more advertisement and recruitment. An adjustment of one additional week was needed to recruit and confirm committed participants. The group was formed with five participants. Because the participants were coming from various parts of Madison County, the Madison church pastor recommended the group utilize the more centrally located Huntsville Dream Center, which is affiliated with the church, for the initial and ending group meetings. Specifics of the initial group session were given either by e-mail or phone. These specifics included the location and time of the initial group session. This counselor/researcher also scheduled individual sessions with each participant for weeks two through five. Four of the five could commit to a weekly standing appointment; however, one participant required a week-by-week appointment scheduling due to her busy schedule.

Participants were sent by e-mail Participation Consent Forms (Appendix F) in PDF and asked to review, print, and sign if they felt comfortable. Participants were also e-mailed the Pre study survey, Likert scale in PDF (Appendix E) that would be implemented to establish a baseline for participant's cognitive, spiritual, physical, and relational profile. Table 3.4 outlines the project's actual timeline with dates for the Rocket City Women's study.

February 14-March 14, 2022.	IBR Approval. Advertise with Madison Church and other churches through bulletins and overhead screens. Utilize questionnaires to select participants. Email Pre-survey and consent forms.
March 15-19, 2022.	Week One of the study. Psychoeducation Group meets. Workbooks are distributed.
March 20-26, 2022.	Week Two of the study. Individual sessions.
March 27- April 2, 2022.	Week Three of the study. Individual sessions.
April 3- 9, 2022.	Week Four of the study. Individual sessions.
April 10-16, 2022.	Week Five of the study. Individual sessions. Post-surveys are distributed.
April 17-23, 2022.	Week Six of study. Psychoeducation Group meets. Post-surveys are returned.
April 24- May 8' 2022.	Likert surveys are analyzed. Case notes and researcher notes are analyzed. Results and conclusions are written.

Table 3.5 Actual Timeline Implemented

Likert Scale

As mentioned, the distribution of the Likert Scale to participants was by e-mail. Participants were asked to print out the four paged document and complete it before attending the initial group session. Directions stated that participants check the box beside each question that best described where they currently assessed themselves in five categories. These categories included physical, mental/emotional, spiritual, social/relational, and general self-care. There were five questions in each category. Questions were constructed in clear and unambiguous terms, short and to the point, and formatted in positive rather than negative terms as suggested by Stringer in his book on research.¹⁷⁵ The participants were given the psychometric one to five scale ranging from always to never. The purpose of the scale was multifaceted; first, to collect the participants' responses to the four domains and general questions, and secondly, to assess each participant's opinions and abilities. The initial responses were used to establish a baseline to

¹⁷⁵ Ernst Stringer, *Action Research*. (Thousand Oaks, CA: SAGE Publications, Inc, 2014), 118.

analyze any improvement during the study. This pre-survey baseline would be compared to the post-survey assessment given at the end of the study. The responses would also highlight each woman's strengths and concerns to reduce the anxiety symptoms.

The Rocket City Women's study not only had a quantitative factor that included the results of the Likert scale surveys, but the study had a qualitative aspect that included the utilization of sessions and psychoeducation. Sessions included documentation to assess the participants' beliefs, attitudes, and anxiety improvement or lack thereof. The purpose of the sessions was to provide psychoeducational information and act as an intervention for anxiety symptoms. Improvements would be measured subjectively through self-reports and observations such as behavior during sessions, facial expressions, and body language. These self-reports and observations were documented in clinical notes known as Data-Assessment-Plan (DAP notes) and in a less clinical reflective journal. Using a questionnaire, a pre and post-survey in the form of Likert scales, and documentation in the reflective journal, in conjunction with the DAP and field notes, assured this researcher used triangulation. Effort was made to establish thick descriptions of the field notes to solidify implications for the study.

Instruments of Change

The Rocket City Women's Study Guide

The Rocket City Women's Study Guide is also known as the workbook. The pedagogical tool consisted of six lessons related to the four domains. Week One set the basis for the study by explaining anxiety related to body, soul, spirit, and relationships. Anxiety was defined, and the group explored symptoms of anxiety in each domain and began to learn about healthy coping

skills in each domain. The goal of this week was to understand anxiety and how the domains of the Rocket City women are interconnected.

Week Two in the workbook focused on Bible passages that pertain to taking captive negative thoughts through the use of scriptures. Important verses in Week Two were 2 Corinthians 10:5, which states, “We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.” This key verse was alluded to throughout the study. The goal of week two was for the participants to learn that they have a choice about what they think about and how to turn off negative thoughts and replace them with positive thoughts. This week highlighted the spiritual and mental aspects of a person.

Week Three again focused on negative thoughts known as Cognitive Distortions or negative thinking traps. This exercise aimed to help the participants identify their negative distortions by first making them aware of their individual negative distortions. The point of week three was learning how to put aside negative thinking and reset those thoughts by meditating on scripture. Important verses in week three were Proverbs 23:7, “As a man thinks in his heart, so is he.” Furthermore, the instruction is given by Paul in Romans 12:2a to “Do not conform to the pattern of this world but be transformed by the renewing of your mind.” This week again focused on the cognitive perspective and how to incorporate spiritual elements to combat anxiety.

Week Four shifted focus from the spiritual and cognitive domains to emphasize the physical domain and the role of implementing a healthy lifestyle. Content in this week’s chapter explained the effect that one’s body has on thoughts and emotions and how thoughts and emotions can impact one’s health. This week’s information provided empirically proven data to

help the Rocket City women understand the importance of taking care of their bodies and the correlation of the domains.

Week Five accentuated the importance of relationships for the Rocket City woman. As explained in chapter one of this thesis, STEMS women often do not have healthy relationships at work. Having healthy relationships with other women is vital for mental health. Week Five reviewed various scripture that promoted the friendship that would result in love and encouragement for one another. Several verses in Proverbs were explored. This week's assignments aimed to help the Rocket City woman understand the need for healthy friendships, hobbies, and community.

Week Six wrapped up the study by encouraging the participants to implement and incorporate the information they had learned in the Rocket City Women's Study Guide to alleviate the symptoms of anxiety that they had previously experienced. This week's study emphasized trusting Jesus and exchanging the anxiety for peace.

Weekly Activity Log

The Activity Log is located at the end of each chapter in the Rocket City Women's Study Guide (Appendix I). Participants were asked to put a check or star in the categories they participated in each day. The categories were in areas of the four domains: Physical, Mental/Emotional, Spiritual, and Relational. Participants were informed that they could put a check in more than one category if the activity encompassed two domains. An example of this would be if the Rocket City woman walked with a friend, she could place a check in both physical and relational since she accomplished both physical and relational activities.

Weekly Individual Sessions

Session One

There was a total of six sessions in the Rocket City Women's study. The first session was held at the Huntsville Dream Center in the conference room. All five participants arrived and checked in with this counselor/researcher. Each Rocket City woman turned in her signed consent form and pre-survey Likert scale. Additional paper copies of the consent form and Likert scale were available; however, they were not needed. Signed consent forms were placed in a manila envelope until they were transported back to the researcher's office where it could be stored behind two locked doors until they were scanned into a password locked computer. Session One followed the agenda for the first group (Appendix G), with the exception that the Rocket City Women's Study Guides were distributed prior to the psychoeducational portion of the evening so the participants could follow along in their workbooks (Appendix H). Covers for the workbooks were pink, blue, orange, and green. Participants could take whatever color they preferred due to their personal taste.

During Session One, the group rules were reviewed. This researcher requested that the group be kept confidential, and that any information shared during the first and last sessions not be communicated to others. Confidentiality did not appear to be an issue due to the participants not knowing each other. Participants were reassured of their anonymity from the research data and told that any information to appear in the thesis paper would be not include any personal identifying information.

After introductions and group rules, the group viewed the Week One material and processed the information from the psychoeducational portion. Stringer states, "the most successful and productive action research occurs where participants have the opportunity to talk

extensively about their experiences and perceptions.”¹⁷⁶ Participants were given the opportunity to discuss their anxiety and ask questions or state concerns about the study. One participant expressed some concern about the Weekly Activity Log that the log might cause her anxiety. The participants were reassured that there would be no repercussions for whether they completed the log; however, they should do their best to follow through with the commitment to the project. During the session, no notes were taken; however, field notes, including observations and impressions, were documented in the reflective journal immediately after the session. Due to this being a psychoeducational-counseling session, this session and all sessions had a brief DAP note documented in a locked computer.

Sessions Two-Five

Sessions two-five consisted of individual sessions between the counselor/researcher and each individual participant. Prior to the start of the study, times and locations were established for the sessions, with the exceptions noted earlier. Two of the Rocket City women preferred to meet at the Madison Church office, one participant preferred to meet in a quiet coffee shop closer to her end of town, one preferred to either meet in a study room at the library or virtually, and the last also met virtually for all individual sessions. At the end of week five’s individual session, each woman was handed a copy of the Likert Scale to complete and bring with her to the final session the following week.

Session Six

The last session met at the Huntsville Dream Center. All five of the participants were in attendance with their Rocket City Study Guides. Each participant also brought their completed Post-survey Likert scale to turn in. All completed surveys were placed in a manilla envelope until they were transported to this researcher’s office where they were assessed and calculated.

¹⁷⁶ Stringer, *Action Research*. 126.

Week six went according to the agenda (Appendix J). The session took approximately seventy minutes however, a few participants stayed a few minutes later to talk amongst themselves.

Participants

As already mentioned, there were five participants in the Rocket City Woman's Study. All five met the criteria for the group. Each participant was born female and was between the ages of thirty-seven and fifty-four. Each woman identified as a Christian; however, was affiliated with various denominations. There was one participant that attended a non-denominational church, two women that attended Baptist churches, one Methodist, and one Episcopalian with "deep roots in Catholicism." All five were currently on anxiolytics that were either prescribed by their primary care provider or gynecologist. All five participants worked in STEMS fields that included two in financial or accounting, two in space and missile fields, and one engineering field.

CHAPTER 4: RESULTS

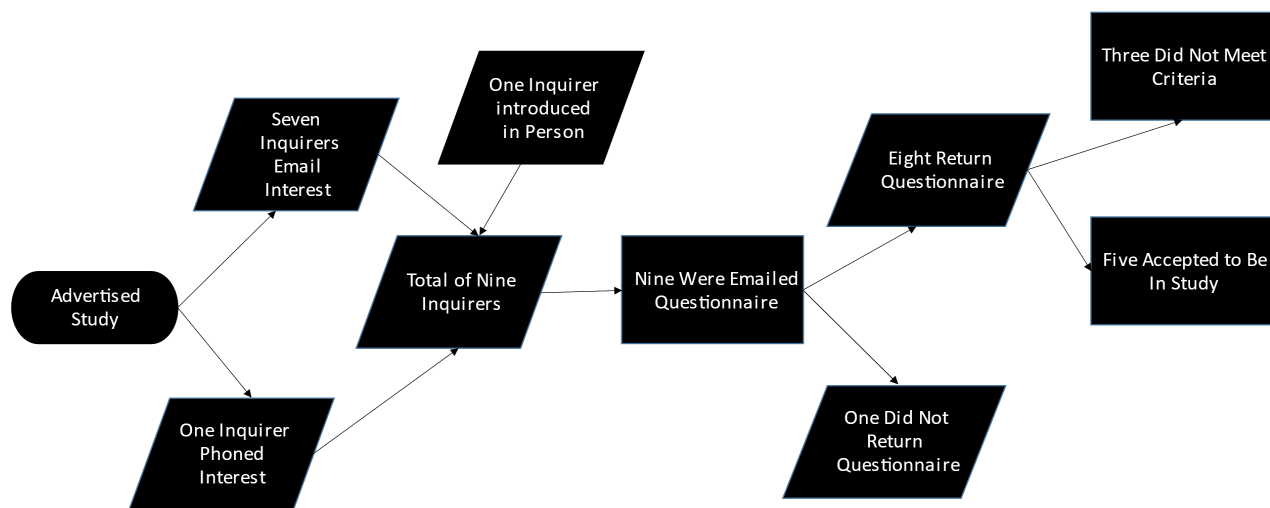
Introduction

This chapter aims to present the findings of how Rocket City women viewed and reported their anxiety. Rocket City women and other women living in the fast-paced culture of today's society have been taught that anxiety is a normal part of life and that it is perfectly acceptable to take a pill to help deal with the symptoms of anxiety. Pastors lack the knowledge to deal with women who experience this anxiety; therefore, they often refer them to a qualified clinician. Due to a high number of highly educated, STEMs trained women living in the Huntsville area, this therapist and pastor saw a need to educate the women of Huntsville on a possibly more appropriate way of dealing with their daily anxiety and stress. A six-week longitudinal study was launched through a questionnaire and two Likert scales to comprehend how the Rocket City women may be better equipped to handle anxiety instead of taking anxiolytics. Surveys, psychoeducation in group sessions, individual counseling, and workbooks revealed valuable quantitative and qualitative data. Questions that would need to be answered were if the Rocket City women would be willing to make personal changes and learn new coping skills. Another question would be if these coping skills would alleviate anxiety?

Advertisement and Recruitment for the Rocket City Women's study lasted four weeks. There was a total of nine women who inquired about the study. Seven out of the nine inquirers e-mailed this researcher requesting more information about the study. One inquirer contacted the researcher by phone; e-mail information was given for further communication. One inquirer asked the pastor to introduce her to this researcher at a Wednesday night church service; e-mail information was given for further contact. Each inquirer was e-mailed a questionnaire in PDF to

assess the appropriateness of the study (see Appendix E). Eight of the nine inquirers returned the e-mails.

The inquirer who had asked to meet the researcher declined possible participation as she stated she became too anxious thinking about meeting in a group. She was offered the option of zooming into all sessions; however, she declined. The other eight inquirer questionnaires were returned to this researcher and assessed. Three of the inquirers did not meet the criteria for the study and were therefore ineligible. Another possible candidate was not accepted into the study because she would be absent during one week of the study and would not be available for a teletherapy session. Five inquirers were eligible for the study. All five of these were accepted to be in the study. All five signed and dated consent forms.



Participation Acquisition Flowchart 4.1

Quantitative Data

This pretest questionnaire aimed to measure their self-reported attitudes in the areas of physical, mental/emotional, spiritual, and relational domains. Once an appropriate sample was formed, these women participated in a pretest, then six weeks later, a post-test using a Likert scale to see if the holistic intervention was helpful (see Appendix F). Questions on the pre-and post-test were designed to measure each participant's coping skills and attitude levels before and after this project. This quantitative data confirmed the internal validity of the project as it appeared to measure what the researcher intended to measure, which was the baseline and movement of understanding of each domain's skill set required to alleviate anxiety.

Pre-Survey Likert Scale Results

After the data collection process of the pre-test, results were scored for both individuals and as a group. The participants' scores were fairly standard among all selected categories. The most considerable variability between mean and median was .9 over all the individual categories. The overall score in the median and mean was .4, indicating that the participants in the study were in the same range across the spectrum of the categories.

Although the participants reported signs of anxiety, their responses were consistently in the mid to upper range in the pre-test survey. The scores beginning in the mid-range of scoring in the pre-test should indicate that the Rocket City women have some skills to manage their anxiety. The higher the response score, the greater should be the ability of the Rocket City women to handle symptoms of anxiety and know the skills to alleviate them.

Physical Domain

Overall scores in the physical category ranged between fourteen and twenty-three, with two participants scoring with the upper score. The score for this category was ninety-two out of a

possible one hundred and twenty-five. Not surprisingly, two of the five participants marked the never category under “I can sleep when I am anxious.” According to the literature review, this is a common ailment; therefore, this result was not surprising. Of the five questions in the physical category, this question was the one with the lowest total score. One participant scored never on the question of utilizing breathing exercises. The other four participants all scored in the range of sometimes to often. These scores were expected as many people have learned the skill of breathing to reduce stress and anxiety. The question of knowing physical activities that help participants relax was rated relatively high. This question, coupled with the following question, “I live a healthy lifestyle to keep my mind healthy,” indicated that the participants were aware of the mind-body connection. Notice the question did not ask if the participants engaged in any particular activities, just if they were aware of any actions. In conjunction with the first question of the Rocket City women being aware of when their bodies begin to feel signs of anxiety, these results indicate that either these women have an inherent knowledge of their bodies and souls or have learned about the phenomenon. Most interesting was that Participant D scored in the always range in three of the five physical categories, and Participant A scored always in four out of five.

The second category addressed in the Pre-test Likert scale evaluated the cognitive abilities of the Rocket City women. Surprisingly, this domain received the lowest overall score of the five areas of concentration. This section assessed the mental and emotional capacity to identify exaggerated or irrational thought patterns that are often involved in the onset or perpetuation of anxiety. In particular, participants were asked about negative and distorted thoughts. The score for this category was seventy-nine out of a possible one hundred and twenty-five; this result was not unexpected as the researcher anticipated this be a difficult category because anxiety often begins in the cognitive domain of the self.

Mental/Emotional Domain

Unlike the physical category, the Cognitive category not only investigated awareness but explored the depth in which the Rocket City women practiced the techniques to alleviate symptoms of anxiety. A goal of the study would be to increase the metacognition of the participants, but first would be to establish the baseline for where their awareness and understanding of their thought processes were currently. Question one in this category asked the participants if they had the ability to shut down negative thoughts. Answers ranged from rarely to often. Subsequent to question one was question two, inquirers were queried regarding the utilization of the skill of positive self-talk to obstruct negative thinking. Results from question two were most diverse, as responses ranged from never to always.

Question three asked if participants understood the difference between processing and rumination. The purpose of this question was to assess the ability to recognize that these activities are quite different cognitively. Two of the five participants reported they rarely knew the difference, which deduced that they would benefit from the psychoeducational aspects of the intervention. Question four of the mental/emotional category crossed into the spiritual domain by inquiring about the awareness of utilizing the spiritual coping mechanism of God's Word. Sixty percent of the women reported that they sometimes refuse to think distorted thoughts inconsistent with God's Word. This result would make the case that these participants knew the Word of God. The researcher will give more time to this topic in the qualitative portion of this chapter. Question five circled back to question one by again collecting data about the ability to challenge self-critical thoughts. Two participants indicated that they did not have the capability. These responses were much lower than the responses to question one about shutting down negative thoughts. The perceived difference is that this question specifically inquired about

critical self-thoughts, thus signifying those participants are harder on themselves. This response bordered on self-care and was inconsistent with the discoveries introduced under the fifth category of the survey, self-care.

Spiritual Domain

The third category focused on the Rocket City women's spiritual intuitiveness. This category rated second to last with eighty-seven out of one hundred and twenty-five. The majority of the responses from all five participants were in the sometimes to often range. Questions in this section dealt with actions as the Bible states that one must be a doer as instructed in James 1:22. Results of this section did not necessarily reveal anything especially significant as there is an assumption that these actions are a fundamental part of the Christian walk. Subject matter in this section included

- using Scripture to combat anxiety and stress,
- meditation on God's Word,
- the ability to hand over concerns to God,
- trust in God, and
- experiencing peace through God.

Question one of the spiritual domain category asked if participants could bring to mind scriptures that can combat anxiety and stress. This question is tricky as many Christians cannot recite the chapter and verse of Scripture; however, they know the meaning of the Scripture and can recapitulate it in their own words. Surprisingly, the responses were in the sometimes to often range without further clarity on the question. This response aids in the establishment of the project's baseline as an intricate part of the Rocket City Women's pedagogical guide that introduced and reinforced the use of Scripture in various capacities.

Question number two in the spiritual domain required a response as to what extent the participant daily meditated on God's Word. This question was also another tricky statement as meditation often has an Eastern connotation, as mentioned in the literature review. Many conservative denominations have distanced themselves from Eastern-based religious practices. Unfortunately, many have distanced themselves from the term meditation and do not understand the biblical practice of the exercise; be that as it may, responses to the meditation question were in the mid-range.

The responses to the following three questions in the spiritual domain depicted the level of stability in the Rocket City woman. Question three ascertained the ability to give concerns to God and was the basis of the concept of 1 Peter 5:7, which states that one should cast all their cares on God. The idea continued to develop as question four inquired about the level of ability the participant can trust in God. This question lies at the heart of the study because the point of the study was whether the Rocket City woman experiencing anxiety symptoms could trust God more than medication. Question five continued to demonstrate the capability to live in peace which is a manifestation of trusting God daily and leaving one's concerns at the altar.

Social/Relational Domain

The domain that had the most inconstancy between the quantification of the pretest survey and the qualitative data was the social/relational domain. Studies report that STEMs women often experience difficulty maintaining an optimal level of relational support; however, from the responses given in this section, one would think differently. Responses from this section scored higher than the cognitive and spiritual domains but scored lower than the physical and self-care sections. From the answers provided by the participants, one would gather that these

women participate in healthy same-sex friendships. Self-reports from individual sessions revealed differently than responses on the surveys.

Question one in this category asked if the Rocket City woman could be her authentic self with some of her girlfriends. Responses ranged from rarely to always. This question assessed the ability of the participant to become comfortable with who she is, aids in the establishment of healthy boundaries, and can increase self-esteem. Participants who are unable to be their authentic selves would find it challenging to be in healthy relationships, with this social conditioning leading to anxiety in relationships. A large part of feeling comfortable with other women would be not to feel judged. Feeling judged was the topic of the third question posed in the section. The participants scored this question the lowest in this category. These concerns could stem from the male-dominated workforce and carry over to personal relationships.

Backtracking to question two requested a response to the ability of the participants to assert themselves positively; responses were in the mid-range. The crux of this statement is whether the participant can exhibit healthy boundaries. Boundaries are an indication of whether one values themselves. Poor or unhealthy boundaries are emanated by perfectionism which many women with anxiety suffer from. Poor boundaries are often caused by people-pleasing. People-pleasing leads to anxiety because of overloading one's schedule due to the inability to say no. Letting a boss, co-worker, friend, or family member down would make one feel depressed and anxious.

Question four requested information about the ability to appreciate or accept constructive responses from friends, often known as criticism. Distorted thoughts are often the result of constructive criticism; therefore, the reactions from these Rocket City women were a bit surprising. Tethered to this question is number five, which wants to know if the participants feel

free to express their genuine emotions. Results from questions four and five were the same. Even though the participants stated they could sometime to always appreciate criticism and respond with authentic emotions, this does not mean that there is not an increase of anxiety involved with these interactions, as evidenced by self-reports of rumination and poor sleeping, to name a few.

Self-Care

The last domain of the survey focused on the Rocket City woman's perspective and self-care. The researcher did not anticipate the results in this section. The total score in this section was one-hundred three out of one hundred and twenty-five. Surprisingly, this score was eleven points over the next highest score. Question one scored the lowest; the participant was asked whether she was confident in who she was as a woman. Responses fell in the center of the range, with two women responding sometimes and three women responding often. This response contradicts the persona as the lone female working in her male-dominated office with feelings of inadequacies.

Question two in the self-care category requested a response to whether the participant treated herself to things that make her happy. This response jumped one point, with one participant stating she always treated herself. This response yielded an impressive score as the Rocket City woman is busy, and most often, her needs are placed behind the needs of her career and family responsibilities. The fact that she has responded that she has allocated time for herself shows that the Rocket City woman is attempting to do it all.

As in some of the previous sections, questions three, four, and five are built on each other to assess the level of autonomy of the Rocket City woman. Question three wanted to know the participants' level of responsibility for their thoughts and feelings. Responses were in the sometimes to always range. Again, the score jumped one point higher than the previous question.

Another way of interpreting this response would be that the participants understand that they have choices. This topic is touched on in the Rocket City workbook. Questions four and five had the highest scores of the entire survey. Question four elicits a response about the willingness to explore opportunities for personal improvement. Exploring opportunities appears to be consistent with participants' willingness to sign up for this study. Question five asked if the Rocket City women desired to live the best life possible. Both questions four and five received twenty-three out of twenty-five points.

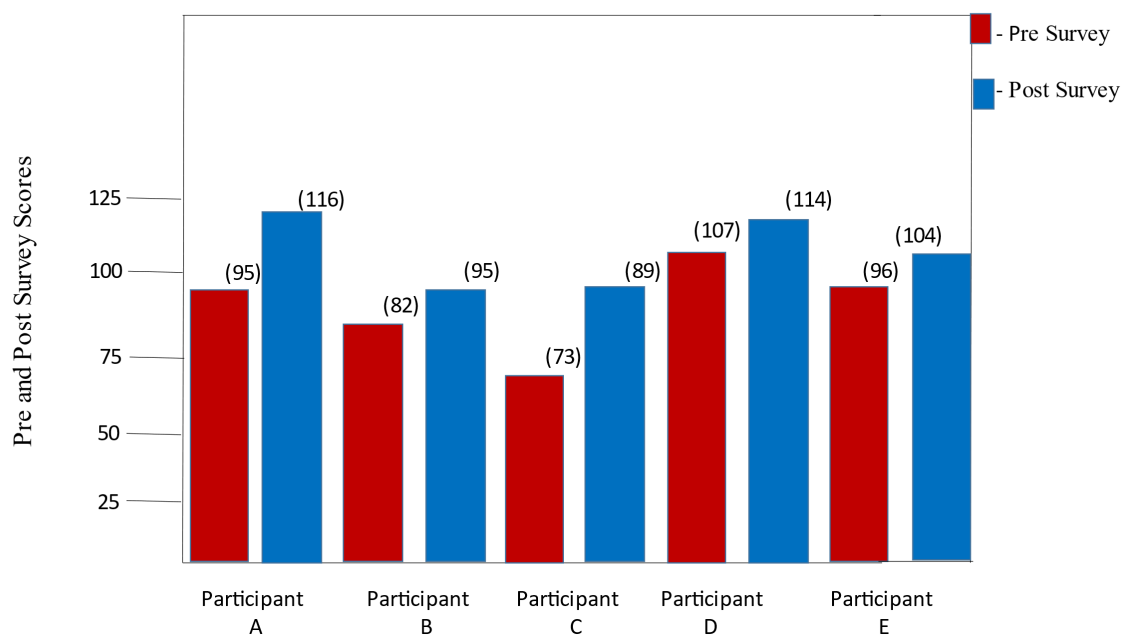
Below is the scale picturing the pre-survey Likert scale which captures the raw data from the above information.

CATEGORY TOTAL OF CHECKED BOXES	NUMBER TOTAL
PHYSICAL	18.4/25
MENTAL/EMOTIONAL	15.8/25
SPIRITUAL	17.4/25
RELATIONAL/SOCIAL	18.2/25
SELF CARE	20.6/25
TOTAL	90.4/125

Table 4.2 Pre-Survey Likert Scale- Mean Scores

Post-Survey Likert Scale Results

There was a more significant gap in the participant scores for the post-survey. The overall score in median and mean was 2.1, indicating that the participants in the study had a more comprehensive range of variability across the spectrum of the categories. The most considerable variability between mean and median was 2.4 overall in the individual categories. There was more disparity in the data indicating that some of the participants gained more understanding of how to decrease their personal anxiety than others. As a group, the Rocket City women increased their score from four hundred fifty-two out of six hundred and twenty-five to five hundred twenty out of six hundred twenty-five. This is an increase of sixty-eight points from the beginning of the study to the end of the fifth week. It is important to note that no question showed a decline in responses, only increases. This point is encouraging as it indicates improvement by all participants. Some participants did gain more improvement than others. No overall responses stayed the same from pre-test to post-test. The graph below indicates the pre- and post-survey scores.



4.3 Pre- and Post-Survey Scores

Mental/Emotional Domain

The area that showed the largest increase in score was the cognitive domain. There was a significant jump of twenty-seven points in the pre-survey from seventy-nine to one hundred and six in the post-survey. As mentioned earlier in the thesis, a majority of the information that the researcher would cover in the psychoeducational portion, through the study guide, and in individual sessions would be in the mental/emotional category. Two weeks in the Rocket Women's Study guide were given to dealing with the mind. These weeks focused on cognitive distortions or thinking traps and biblically based cognitive restructuring. Anxiety is a symptom that most often may manifest cognitively; therefore, a large portion of this study focused on this domain.

Rocket City women in the study reported an increase in the ability to shut down negative thoughts and the ability to refuse to think distorted thoughts that are inconsistent with God's Word. Along those lines was the ability to challenge self-critical thoughts. The result from this question was the most remarkable. In the pretest, thirteen points were scored from participant responses, which was the lowest score in the entire survey; in the post-survey, the score leaped to twenty-two. The ability to challenge critical self-thoughts was paramount to the success of this study. The ability to utilize the skill of positive self-talk and understanding the difference between processing and rumination jumped from a score of sixteen to twenty-one in both categories.

Physical Domain

The physical domain showed fourteen improvement points between the beginning and end of the study. As mentioned in the pre-test portion of the chapter, this scale measures awareness of physical activities, not necessarily that the participants were actively participating in the activities. One response that was seen as a win was question one's response that the participants were beginning to learn the physical signs when their bodies felt anxious. The response jumped from eighteen points in the pre-test to twenty-five in the post-test. These physical symptoms, such as fatigue, upset stomachs, muscular tension, which include backaches, neckaches, shoulder pain, and headaches, are often the first indication of anxiety in the Rocket City woman. Awareness of these symptoms can lead the participants to change their thinking while relaxing their bodies quickly. One exercise that the researcher/therapist taught during the study was breathing. Unfortunately, the response to this question in the post-survey only jumped three points; however, the response was pretty high on the pre-test. Participant A did increase from never to sometimes.

The ability to sleep when anxious increased by four points which is slight but significant due to the importance that sleep has on the body. This topic was classified as a work in progress and is partially dependent on the cognitive aspects and, more significantly, the spiritual aspect which included meditation on Scripture and the ability to give concerns to God. The ability to sleep is truly influenced by the domains of the body, soul, and spirit.

Another area of little movement of only one point in the physical domain was question number four, which stated that physical activities help the participants relax. Hypothetically, any physical activity should help the participant relax due to the body's release of neurotransmitters such as endorphins and serotonin. As self-reported in sessions, participants found little time for exercise. The fifth question in the physical domain also moved only one point. This minute movement was to the question that the participants live a healthy lifestyle to keep their minds healthy.

Spiritual Domain

The other category that moved fourteen points was the spiritual category, jumping from eighty-seven to one hundred and one. Response scores only jumped a few points for each question in this domain. Although responses moved only slightly, it is worth noting that these points moved for all participants. The study guide introduced the participants to Scriptures that they could bring to memory to aid in combating anxiety and stress. These participants reported a three-point jump moving out of the sometimes response to the often response. Although having room for improvement, participants moved three points to better meditating on God's Word daily. Mindful scripture meditation was a vital component of the study, aligning with David's prayer of Psalm 19:14, "May the words of my mouth and the meditation of my heart be pleasing in your sight, Lord, my Rock, and my Redeemer."

As mentioned during the pre-test section of this chapter, the last three questions progressed towards ultimate dependence on God. The first of this trifecta was question three, which stated the participants could give their concerns to God. Responses for this question increased by five points, the highest in this section. Sixty percent of the answers were in the always category; however, none were in the always category in the pre-test. This response is significant and sets a precedent for the following two questions. The next question asked the participants to rate their ability to trust God daily. This response moved three points. Trust in God is another vital ability for the Rocket City woman to have the capacity to do. The last question in this section stated that the participants can live in peace through God. This response appeared to be the most difficult as it only moved one point from pre- to post-survey; however, scores were pretty high to begin.

Self-Care

Self-care scores increased nine points between the surveys. Scores in this category only budged one or two points for each question. As mentioned in this chapter, the responses were higher in the pre-test than anticipated; therefore, the researcher expected a slight bump. Three of the five participant responses did not move in question one in this category. Two increased by one point. This response means that all five women expressed that they were often confident in who they are as women. These results were encouraging; however, they are somewhat inconsistent with responses from previous research.

Question two's response moved two points. This statement requested a participant's response of treating herself to things that made her happy. Treating oneself came up in many individual sessions, and the researcher encouraged the Rocket City women to focus on self-enjoyment at times. Conversations included finding non-food ways of treating oneself; however,

coffee treats appeared to be a treat most participants enjoyed. The therapist/researcher cautioned participants that this was not necessarily meant to be a coping mechanism.

Question three in this category only moved one point. This was a difficult question and centered on the ability of the participants to take responsibility for their thoughts and feelings. Of course, this question tied into the responses of the cognitive domain. The mental/emotional (cognitive) responses were much better than this response. This indicated that the participants did not see the connection of their learning to control their thoughts; however, personal responsibility is a strong connection.

Questions four and five are noteworthy because they are the only two questions with all five participants stating the always category. Question four states that participants are willing to explore opportunities for personal improvement, and question five states that participants desire to live the best life possible. These two statements with always responses denoted the intense desire to live a life of peace free of anxiety. Question five was paramount as the participants have become aware that they cannot continue a life of anxiety while trying to pursue their best life ever.

Social/Relational Domain

The social/relational domain category only increased a minimum of four points from ninety-one in the pre-test to ninety-five in the post-test. The social/relational category was the most difficult category not only by the Likert scale results but also by self-report in the individual sessions. Only one participant moved a point forward stating that she was able to be her authentic self with girlfriends. In conjunction with research, this group of participants indicated that STEM women struggle in the area of relationships.

Question two asked the participants ability to assert herself. Assertiveness was not a topic that was covered in the workbook and was only briefly discussed in the individual sessions. As already mentioned, this topic has to do with establishing healthy boundaries. Question three focused on the participants' thoughts on whether they feel judged by friends. The fourth question stated the level at which the participant appreciated constructive responses from their friends. Responses did not increase in this area, nor did they increase in the next question, which stated that the Rocket City women feel free to express their true emotions. It appears that the Rocket City women do not feel comfortable with the expression of much emotion as self-reported. This bottling up of emotion could cause symptoms of stress and anxiety, which are often alleviated by medication.

Below is the scale picturing the post-survey Likert scale which captures the raw data from the above information.

CATEGORY TOTAL OF CHECKED BOXES	NUMBER TOTAL
PHYSICAL	20.2/25
MENTAL/EMOTIONAL	21/25
SPIRITUAL	20.2/25
RELATIONAL/SOCIAL	19.2/25
SELF CARE	23/25
TOTAL	103.6/125

Table 4.4 Post Survey Likert Scale-Mean Scores

Qualitative Data

The Rocket City Women's study consisted of quantitative data from the Likert scales and incorporated qualitative data. Data composed of the participants' beliefs, experiences, attitudes, and behaviors were collected in DAP and field notes and recorded in the researcher's reflective journal. Due to the researcher being the primary instrument, rigorous care was taken to ensure proper handling of the narrative descriptions consistent with the project design and implementation.¹⁷⁷ Negative biases were kept in check.

This epistemological information was beneficial for gaining a more profound understanding of the Rocket City women's responses to the pre-and post-surveys. Activities recorded in the Weekly Activity log were also reviewed and aided in developing the results recorded in the individual domains. Interestingly, two of the participants reported that keeping the Weekly Activity log caused them anxiety even though there was no repercussion for not filling it out. One possibility is that keeping the weekly log felt like a work requirement. It has already been established that these women are in fields driven by success and task accomplishments. Tasks and accomplishing them on a deadline is part of what creates feelings of anxiety in them, although they could not express this. Due to the self-report of anxiety by the two participants, this instrument is not recommended in future studies.

The qualitative data collected by direct observation and during individual sessions indicated some disconfirming evidence. Slippage occurred between the confidence of the self-assessed Likert scales and the self-reports made during sessions. This was not a significant

¹⁷⁷ Tim Sensing. *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Thesis*. (Eugene, OR: Wipf & Stock, 2011), 224.

divergent; however, it should be noted that the participants were less confident and exhibited fewer skills as they indicated on the Likert scales. This divergence in the data demonstrates the incongruencies between giving the appearance of confidence yet experiencing underlying anxiety. Below is the epistemic data from observations and verbal responses.

One aspect that became apparent during the study was that even though the participants were all Rocket City women with STEM backgrounds, were between the ages of thirty-eight and fifty-four, and claimed Christian; they and their anxiety were all very different. Each woman brought her strengths and weaknesses, perspectives, and backgrounds to the study. It became evident that each Rocket City woman should be individually treated within the parameters of the body, soul, spirit, and relational model.

Physical Domain

Over the six weeks, the Rocket City women learned the importance of a healthy body and its impact on the mind. This is known as the mind-body connection. Beginning in Week One, the participants learned about the body and were taught physical symptoms and coping skills to counter anxiety. One important skill that was taught during the initial group session was breathing. Rocket City women were instructed in a breathing exercise, and all participated. This exercise was purposely planned for week one to be utilized throughout the study. Physical activities were paramount for stress reduction and the increase of endorphins. Participants reported walking, going to the gym, and hot yoga classes as their exercises of choice. Most of the participants reported difficulty sleeping at times. One area of concentration was on biblical meditation while lying in bed.

Mental/Emotional Domain

As mentioned previously, scores from the post-test Likert Scale indicated that this was the area of most significant increase. A large portion of the individual sessions was spent working in the area of cognition. Topics included learning to control and replace negative thoughts. With the majority of the sessions spent on thinking exercises, it was not a surprise that this was the area of most improvement. Most participants reported wanting to shut down negative thoughts and replace them with positive thoughts and Scripture but reported weekly the difficulty of the exercise. This practice was discussed weekly and practiced in sessions.

Spiritual Domain

The Rocket City women presented with a wide range of spiritual acuity. A few women had a deeper understanding of biblical principles and Scripture, while others appeared to lack biblical knowledge and a personal relationship with God. Although all attended church, the church experience was very different for each participant.

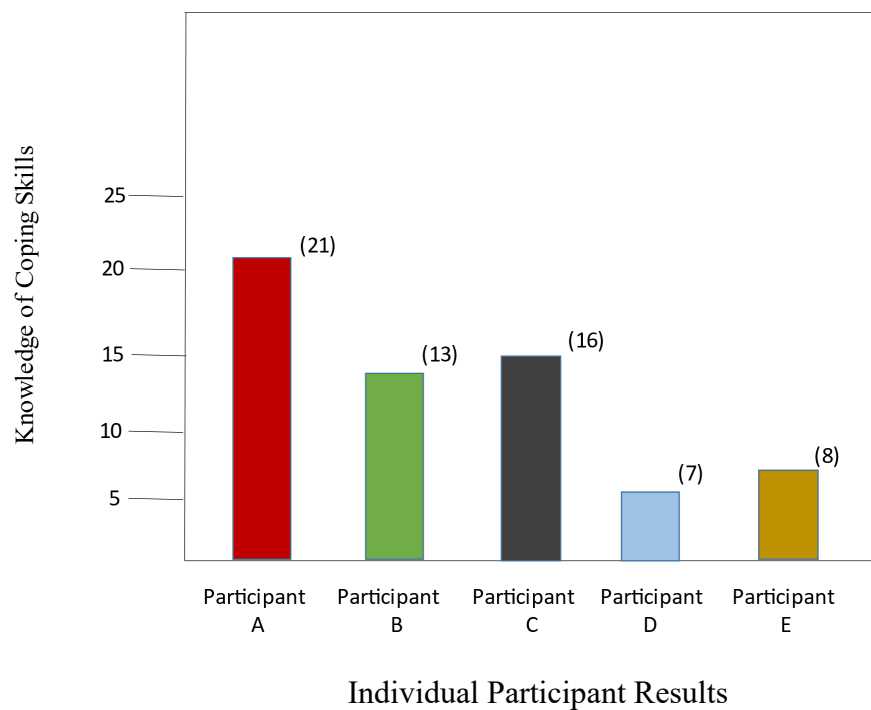
Social/Relational Domain

Of all the domains, social/relational appeared to be the most challenging area. The majority of the participants reported not having any girlfriends to complete the required social activity. Time was spent brainstorming possible friends, places where participants might want to develop a relationship with a friend, or group activities where they might encounter women of like-minded interests. Participants reported spending their weekly required friend activity with their mothers or daughters however stated there was often conflict within the conversation. A couple of the women could not complete the required connection with a female friend. Self-reports in sessions contradicted responses in this section of the Likert scales. They revealed that

the Rocket City women were not comfortable being authentic and allowing others to see their identity and emotions.

Self-Care

The area of self-care scored the highest on both pre-and post-tests. Wanting to make personal improvements and desire to live the best life possible were goals of the participants; however, a few appeared to be stuck in their current states. Below is a graph representing each participants' knowledge of coping skills.



4.5 Graph of Participants Coping Skills

Individual Participants

Participant A

Participant A was the oldest participant in the group, fifty-four years of age. Her pre-survey Likert scale responses were mid-range. She was highly motivated to be in the study and reported wanting to make changes to reduce her anxiety level. She reported having a prescription for anxiolytics however stated she only took them during times of high anxiety. She made efforts to complete weekly studies before coming to sessions. As evident by the increase of twenty-one points in her post-survey score, she made strides in her efforts. She stated that she felt that she had learned skills, especially in the mental/emotional category, to assist her in controlling negative thoughts.

Participant A struggled with her high-stress work environment and stated being ill-treated by her boss. She made attempts to overachieve, which increased her workload and stress level. She reported feeling isolated at work. She also experienced familial stressors during the time of the study. Participant A increased by ten points in the mental/emotional category. A large portion of the individual sessions focused on the cognitive domain. Almost weekly, the participant told a childhood story about a homework incident where she did not understand a complex math problem. The result of the assignment was misdirected anger from her parent and punishment. This fear of not being flawless caused worry that her projects would be less than perfect, leading to embarrassment and adverse consequences for her or her work team.

Rocket City participant A had a solid spiritual and prayer life and attempted to learn the Scriptures presented in the workbook; however, she stated poor memory recall due to her age. Although she scored high in the social/relational domain scales, she had difficulty finding a friend to meet up with for her weekly friend connection assignment. She attempted to make a

new friend; however, the relationship did not form; therefore, she relied on previously established friendships which she found unfulfilling. See below for her pre-and post-survey scores.

CATEGORY TOTAL OF CHECKED BOXES	PRE-SURVEY	POST SURVEY
PHYSICAL	21	23
MENTAL/EMOTIONAL	13	23
SPIRITUAL	19	23
RELATIONAL/SOCIAL	23	23
SELF CARE	19	23
TOTAL	95	116

Table 4.6 Participant A Pre-and Post-Survey Results

Participant B

Participant B was in her mid-forties. She was the only Rocket City participant that was divorced and a single parent. She experienced many self-inflicted stressors such as over committal of activities and overspending financially. Much like participant A, Participant B had a prescription for anxiety medication that she took when she was overextended and stressed out. Her anxiety stemmed from a significant emotional event that ended her marriage, and she was now trying to co-parent with her ex-husband.

Although she stated that she wanted to work on the physical aspects, she was often too busy to complete the physical exercise. She also ate unhealthy foods by either eating out or picking up something quickly in the drive-through. She also overindulged in candy even though she was aware of the sugar's damage to her body, including weight gain.

Participant B had a strong awareness of what a healthy lifestyle looked like in all domains; however, she stated that she did not always pay attention to the awareness piece as she was too busy and lacked time to focus on such things. This participant was caught in a vicious cycle of overextending, consequenced by making and sticking to schedules intended to help with time management issues, when in reality, they led to more anxiety. The participant's schematic overspending behaviors appear tied to her disorganized cognitive errors. Organizational skills would be beneficial for this participant and would decrease anxiety levels.

Her lowest scores were in the physical domain because she ignored this part of her life. She also scored low in the social/relational domain, stating that she had recently relocated to Rocket City due to work in a technical field. This participant reports not yet finding any close friends or a church she felt that she fit in yet. Participant B was quite insightful; however, she did not follow the insight. Although Participant B attended all sessions, scheduling was difficult due to her busy schedule and responsibilities with her children. She also wrote notes on her survey. Below are her survey scores.

CATEGORY TOTAL OF CHECKED BOXES	PRE-SURVEY	POST SURVEY
PHYSICAL	12	17
MENTAL/EMOTIONAL	14	19
SPIRITUAL	17	19
RELATIONAL/SOCIAL	15	16
SELF CARE	24	24
TOTAL	82	95

Table 4.7 Participant B Pre-and Post-Survey Results

Participant C

Participant C had the lowest overall scores on her pre-and post-surveys; however, she did have considerable movement of thirteen points between the two tests. The domain with the most movement was in the mental/emotional category. Her spiritual score stayed the same, and her self-care score only increased by two points.

Participant C was active-duty military and was the only female in her male-dominated MOS (Military Occupational Specialty) at her rank. She reported that she had not been able to be her authentic self since military enlistment. She stated that due to being the only female in her work environment, she had to be hard-nosed and mean, or she would not get the respect she deserved or needed to perform her duties. She reported feelings of loneliness and stated her anxiety stemmed from the contradiction of her genuine and outward selves.

The researcher and participant brainstormed activities where she might be able to find a same-sex friend. Participant C stated that she had no female friends and had to rely on phone

calls with her mother or grown daughter for her friendship connection assignments. These conversations often ended in disagreements. Regardless of her lack of social support, she did not attempt any activities where she might find a girlfriend. She went through the motions of what was expected to seek out friends, but everything remained on a superficial level, going nowhere.

Participant C lacked a deep level of spirituality. She attended church, although she stated that she seldom missed. The attendance of church and the church she attended was ritualistic. She appeared to lack a living relationship with God. She did not know the Scriptures and did not see much value in memorizing Scripture. Participant C experienced a discorded and disconnected relationship with God reflective of symptomatic disconnection with herself and others. Robert J. Wicks in his book on spiritual resilience explained it perfectly when he stated, “the interplay between personal identity and the living Word is missing, this sense of an ongoing formation of biblical identity is lost as well.”¹⁷⁸

Participant C stated that her anxiety levels were recently increased for a few reasons. Her spouse was returning from an overseas deployment, and she was concerned about how the relationship would affect her independent status. She described her husband in co-dependent terms and sought guidance on establishing healthy boundaries and maintaining her strong sense of self. She was also preparing for retirement and was experiencing anxiety about her future identity and next steps. She reported not knowing her true self and was searching for this authentic identity.

¹⁷⁸ Robert J. Wicks. *Spiritual Resilience: Thirty Days to Refresh Your Soul* (Cincinnati: Franciscan Media, 2015), 40.

CATEGORY TOTAL OF CHECKED BOXES	PRE-SURVEY	POST SURVEY
PHYSICAL	14	18
MENTAL/EMOTIONAL	9	16
SPIRITUAL	13	16
RELATIONAL/SOCIAL	17	17
SELF CARE	20	22
TOTAL	73	89

Table 4.8 Participant C Pre-and Post-Survey Results

Participant D

Participant D had the highest pre-survey score of ninety-five. Her post-survey scores only increased by seven points, with only one or two points per section, resulting in a one hundred and sixteen. Participant D was employed as an engineer who worked in the space and rocket industry. She appeared to be the most confident and intellectual of all the participants. She was physically attractive. She seemed to thrive on attention and became anxious when she did not receive it, as evidenced by a self-report of her feelings when coworkers ignored her efforts to be the center of attention. With the highest pretest survey scores, it may appear that her self-appraisal was congruent with her need to excel. Her interpersonal appraisal scores may have covered her fears of incompetence.

Her issues were that she was insecure and ruminated over negative thoughts. In particular, she catastrophized over possible unlikely scenarios. She experienced anxiety due to thinking that at any minute, she would receive a phone call telling her that her husband or

children had been killed. Her mental/emotional score was very high. She had the ability to control negative thoughts most of the time; however, when she allowed herself to give in to negative thinking, she spiraled quickly and was overtaken by anxiety. Nevertheless, she did not let her phobia interfere with daily functioning. She did not divulge any childhood trauma; however, her home life during adolescence was turbulent and led to insecurity.

Participant D was active in her church and was well versed in Scripture. The therapist/researcher worked with the participant on the identification of Scriptures to replace her destructive thoughts. After establishing healthy coping skills in all domains, the focus shifted to exploring worst-case scenarios known as what ifs. The participant was able to let go of some anxious thoughts of doom once she was able to think through situations while utilizing her coping skills.

CATEGORY TOTAL OF CHECKED BOXES	PRE-SURVEY	POST SURVEY
PHYSICAL	23	23
MENTAL/EMOTIONAL	23	25
SPIRITUAL	20	23
RELATIONAL/SOCIAL	18	19
SELF CARE	23	24
TOTAL	107	114

Table 4.9 Participant D Pre-and Post-Survey Results

Participant E

Participant E initially scored a ninety-six on her pre-test. She experienced a little movement of eight points and finished the post-test with one hundred four points, which is high overall compared to the other participants. Participant E was also knowledgeable and worked in the space and rocket industry. She reported a recent prescription of an SSRI to help alleviate distress from current marital issues. Participant E reported a failed marriage early in her adult life. She then remarried her current husband, who works in the same workforce. Although they have been married for many years, the marriage has been stressful. She reported that her spouse has his issues, which teeter on narcissistic traits making him difficult to live with most times.

The marriage has been difficult at home, but she often feels embarrassed about his behavior because they work in the same field. She also has had concerns that he is unfaithful in the marriage. Most of her anxiety stems from trying to protect herself and her young teenage child emotionally. She does not want to be seen as a fool in her work environment. A large portion of individual sessions with this participant was in processing feelings and strengthening overall coping skills and self-care. Although she appeared healthy in most categories, she had been functioning in survival mode.

Participant E scored the lowest in the spiritual domain. She was grasping for something to bring her solace from her anxieties. She went through the motions at church by showing up and doing what was "expected" but lacked a connection with God. This inconsistent behavior was reflective of her lack of connection with herself, her husband, and others. Like many other participants, there was little movement in the relationship domain. She reported few female friends.

CATEGORY TOTAL OF CHECKED BOXES	PRE-SURVEY	POST SURVEY
PHYSICAL	18	20
MENTAL/EMOTIONAL	20	22
SPIRITUAL	18	20
RELATIONAL/SOCIAL	19	20
SELF CARE	21	22
TOTAL	96	104

Table 4.10 Participant E Pre-and Post-Survey Results

Results

Upon synthesizing and analyzing the research data presented in both the quantitative and qualitative aspects of this study, it is evident that participants in the Rocket City Women's study did achieve the researcher's goals. The data yielded that these five Rocket City participants as a whole and individually gained knowledge in the four domains of physical, mental, spiritual, and relational. They learned the value of self-care for these anxious women, as evidenced by the increase in scores between their pre-and post-surveys and their self-reports during individual sessions. The study indicates that each woman had areas of strengths and weaknesses in the domains. Some participants made more significant strides than others; therefore, the dependability rests on the participants' use of the methods. The utilization of charts and graphs depicted movement by the participants. The presentation of their personal stories provided insight and clarity into their anxious states.

CHAPTER 5: CONCLUSION

The Rocket City Women's Study on Anxiety

The Rocket City Women's research project on anxiety focused on the introduction of a holistic approach to reducing the symptoms of anxiety. Many Rocket City women are taking prescribed anxiolytics, although they have not been formally assessed or received a diagnosis of an anxiety disorder. Often there has been no formal assessment at all. However, she has received a prescription from a family care practitioner or another doctor who may not be aware of or ignore the Diagnostic and Statistical Manual criteria for anxiety. The goal of the study was to provide participants with physical, mental/emotional, spiritual, and relational tools that aided the participants in the reduction or alleviation of anxiety and stress.

The DMIN action research project aimed to implement a counseling model to equip clients experiencing anxiety with a holistic health approach. The thesis of this project was if Madison Counseling adopted and implemented a holistic health approach to countering anxiety, fewer women clients would be dependent on anxiolytics. The holistic health approach encompassed treating all aspects of the person, including the body, spirit, and soul. The proposed model incorporated empirically proven techniques that attempted to balance the women's self to reduce symptomology by providing a healthy alternative to dealing with daily anxiety and stressors, thus reducing the need for women to think they need anxiety medication. Cognitive Behavioral techniques were implemented to counter distorted and irrational thinking. Positive affirmations and Scriptures were utilized to replace thoughts of fear and doom. This holistic model included an in-depth yet balanced presentation of the spiritual aspects of anxiety often overlooked by the Western church.

The readers of this paper were presented with a carefully constructed description of the Rocket City and the STEMs women who seek counseling for anxiety at Madison Counseling. The latter reside and work in the Huntsville/Madison area of Alabama, known as the Rocket City. Due to the high amount of employment in the space and missile industry, a larger than average proportion of people living in the area have STEMs degrees and work in STEM-related fields.¹⁷⁹ As the report has explained, many women working in the male-dominated STEMs field experience feelings of lack of confidence, disconnection, and isolation.¹⁸⁰ Many report that they cannot portray their more feminine side in fear of being seen as emotional and unprofessional.¹⁸¹ Evidenced by the Likert scale responses beginning in the mid-range of scoring indicates that these bright and intelligent Rocket City women have some skills to manage their anxiety. Unfortunately, these women often turn to medication because they either do not realize that they own the skills to combat anxiety, do not have the time and energy, or choose to take the medication route to allow them to manage their anxiety. These women do have some skills to implement as alternatives to medication use. The study also showed that they benefitted by learning the psychoeducational material and from individual sessions.

Because Madison County has deep roots in Christianity, many Rocket City women turn to the Church for support and counseling. Nevertheless, many pastors may not be able to provide the mental and emotional support for these anxious women and turn to clinicians to meet the needs of their parishioners. One concern is that many pastors do not have enough referral

¹⁷⁹ Niall McCarthy, <https://www.forbes.com/sites/niallmccarthy/2019/04/17/the-u-s-cities-with-the-most-stem-jobs-infographic/?sh=631e11854d19>.

¹⁸⁰ Kay Broadbent, Glenda Strachan, and Healy, Geraldine. *Gender and the Professions: International and Contemporary Perspectives* (New York: Routledge, 2017), 171, 177.

¹⁸¹ Broadbent, Stachen, and Healy, *Gender and the Professions: International and Contemporary Perspectives*, 171.

resources to give their parishioners. Pastors want to feel confident that the mental health providers will provide counseling that aligns with the fundamentals of the Church.

Study Conclusions for the Church

Like Madison Church, many churches are beginning to form relationships with counselors who are Christians and adhere to biblical principles; some churches are choosing to employ biblical counselors on their staff. Campbell and Littleton, in their report, stated that there is an increased partnership between churches and mental health providers that creates and expands services; these services are on-site and church-based, which may positively impact the number of people seeking services and the appropriateness of the services provided.¹⁸² The understanding of the need for faith-based therapy is of great theological significance. Religious structures and opinions must be discarded if mental health is going to be appropriately addresses.

The theological significance of this intervention is that it encompasses all aspects of the person. The Church understands that their congregations have people who are emotionally hurting sitting in their pews. Ministers are beginning to understand that their parishioners need help which is often more than saying a prayer for someone and encouraging them. Spirituality and the incorporation of Biblically-based techniques are becoming more and more critical. Hawkins and Clinton reiterate this ideology by stating that the Judeo-Christian faith offers the best foundational principle and practices for a healthy lifestyle.¹⁸³ The Church is now cognizant that She needs help with confronting the mental health problem and anxiety. The concept of providing mental health services on-site is beginning to emerge and is taking on momentum.

¹⁸² Rosalyn Denise Campbell and Tenesha Littleton, "Mental Health Counseling in the Black American Church: Reflections and Recommendations from Counselors Serving in a Counseling Ministry." *Mental Health, Religion & Culture* Vol 21, no. 4 (2018): 351.

¹⁸³ Hawkins and Clinton, *The Popular Encyclopedia of Christian Counseling*, 561.

Although this study stemmed from a non-denominational counseling service, participants in the Rocket City Women's study were from various doctrinal backgrounds, thus uniting ministers from several denominations as stakeholders in the project. Although some more evangelical and Pentecostal denominations encourage faith as the answer for all illnesses and ailments, denominations understand the need to include empirically proven methods to aid in the fight against anxiety. Having bi-vocational ministers as counselors is a valuable and viable option to implement the interventions proposed and utilized in this study. Having a minister who is supportive of their parishioner seeking mental health services aids in the legitimacy of the work and reduces the stigma associated with counseling.¹⁸⁴

Implications for the Church

The implication for the Church is that there is a profound need for the congregation to receive spiritual and psychological care. There is a myriad of mental health issues that require attention. Now is the appropriate time for the Church to step up and provide a safe environment where their parishioners can receive faith-based counseling. There is no better care setting than the haven of the church.

The Church's concern for the body of Christ is not a new thing. The apostle Paul expressed concern for the churches in the cities he visited and the lack of guidance that the parishioners experienced. In Second Corinthians 11:28-29, Paul states that he is daily worried about the churches and is concerned that false teachers do not mislead them. Today, many churches lack the proper understanding of how one can renew their mind, shake off the curse of sin and live physically, mentally, emotionally, and spiritually healthy lives. The implication is

¹⁸⁴ Campbell and Littleton, "Mental Health Counseling in the Black American Church: Reflections and Recommendations from Counselors Serving in a Counseling Ministry," 351.

that the church should provide a safe environment where their parishioners can receive faith-based counseling that renders them free of anxiety and spiritual and mental health issues.

One issue that requires addressing is whether or not the Church can provide the necessary resources to support counseling at their church. The church must be a safe and confidential place where counselors can quietly meet congregants without interruptions. The church will need to offer space for a counselor or counselors to use to meet with their clients. It is also essential for counseling to be a ministry to the congregation and the community. The Church must have a heart for this type of ministry.

The compensation of the counselor regarding how the congregants will pay for the services is an issue. Whether this position will be a full-time assigned duty of the pastoral staff or a compensated position utilizing insurance companies as the primary source should be assessed.

Implications for the Counselor

The implications that arose in the area of counseling are that there are not enough pastoral or Christian Counselors for pastors to refer their congregants that require deep spiritual or mental health care. Because there is a diverse and myriad type of clinicians, such as Christian or Biblically-based counselors, doctorate-level pastors, marriage and family therapists, and social workers, pastors are unsure of whom to refer their congregants to see. There is also an intersecting of identities between those that practice in the spiritual and mental/emotional domains. There is a difference between those that offer pastoral care and those that offer pastoral counseling with ethical and clinical standards. This multicultural counseling has left many churches and even more pastors confused about whom to refer their congregants to see. The field of counseling those in the Church continues to evolve. The implication for the counselor in this situation is that now is the time for him or her to advocate for the cultural aspects of the Church

and require the clinician, regardless of their license or title, to live up to the standards of meeting the spiritual and emotional needs of the congregants.

Another implication of significance is that many congregants need a counselor who has a more clinically based education and is thoroughly trained in the mental aspects of the person. One class of counseling at a seminary is no longer adequate to be able to treat those with deep-seated issues. There needs to be more specialized training for those who will practice their skills on congregants with serious psychological issues. Now is the time for pastors and counselors to advocate for mental health services in the church.

Implications for Madison Counseling

The implication for Madison Counseling is the profound need for services through Madison Church. It became apparent that many Christians living in the Rocket City area struggle with anxiety symptoms and other mental/emotional issues. The participants in the study ended up not coming exclusively from the Madison campus but other satellite church campuses and other churches and denominations. The diverseness indicates that the need is great in the area and not only at the Madison church.

With the tremendous and diverse need, this Christian counselor must have a skill set based not only on pastoral and spiritual aspects but also on mental health. A solid clinical skill set is not to forgo the seriousness of identifying that some issues result from sin and poor choices that have resulted in consequences that manifest in the cognitive and emotional domains of the person. A pastoral counselor should never dilute the seriousness of sin in the person, and the issue must be addressed lovingly. Nevertheless, because many of these issues, such as anxiety, manifest in the cognitive domain, this counselor had to be aware of appropriate methodologies such as CBT that are efficacious in treating anxiety, depression, and other mental/emotional

complaints. A bona fide understanding of the DSM-5 and its disorders should undergird the counselor's diagnostics and treatment.

Although many different types of people and personalities come to Madison counseling, it is apparent that there is a higher-than-normal amount of people who work in the STEMS profession that seek counseling at Madison. The implication is for this counselor to understand how the analytical brain functions so the best treatment course can be established.

Implications for the Model

Not denying that some women who have actual chemical imbalances or meet the DSM-5 diagnosis for an anxiety or mood disorder may benefit from prescribed medications, there is a host of women who would benefit from implementing alternatives to medication for their mental health. The holistic model implemented in this study incorporated the four domains consisting of the physical, cognitive, spiritual, and social components. All aspects of a person are intertwined, making it difficult at times to differentiate between the domains. Several tools or mechanisms used in this model could fall into two or even three categories and work synergistically to reduce stress and anxiety. Nevertheless, of the four domains in the holistic model, interventions that focus on the cognitive domain are the crux of the model, while the other three aspects support or strengthen.

Although anxiety symptoms may manifest in the body, soul, or spirit, it became apparent through the literature review and participants' self-report that the battle against anxiety resides in the cognitive domain of the self. Focus on the cognitive domain was key to the holistic model used in this study. Because anxiety and other fear-based responses are initiated in the mind, interventions to combat fear must primarily focus on this category. One, if not the premier, empirically proven method of combating negative thinking such as anxiety is Cognitive

Behavioral Therapy. CBT was utilized as the primary treatment in this study. Refuting cognitive distortions and ruminations was achieved by restructuring negative thoughts with positive, biblically based thoughts. Clinical work done in the cognitive domain led to the success of the six-week intervention. Due to the concentration of intervention in this area, participants' awareness and skills to combat anxiety increased significantly and the greatest of all the domains.

Since it has been established that anxiety is often a cognitive issue, it is essential to use spiritual tools to treat the mind. As important as attention to the cognitive aspects is the incorporation of Spirituality. Spirituality is comprised of prayer, biblical meditation, and Scripture. Learning the above spiritual techniques combats and replaces negative thoughts, facilitates the reduction of anxious symptoms, and ministers to the spiritual causes of anxiety. Because this holistic model focuses on Christians and is applicable in Biblically based counseling centers and churches, the utilization of Biblically based interventions is paramount. Counselors cannot assume that because a client states Christianity and sits in a pew every Sunday, they understand the spiritual domain's skills to refute anxiety.

The physical domain's importance is ensuring that the body is healthy and fit. The physical health of one's body affects the health of one's emotional and mental health. Following a healthy diet, drinking plenty of water, adequate sleep, and exercise have been empirically proven to contribute to the individual's overall health. Participants reported feeling better about themselves and their ability to combat anxiety when maintaining a healthy lifestyle.

The social domain, although not paramount, was a significant component of the intervention. God created women as social beings; therefore, healthy relationships are an essential factor in the wholeness of women. Focusing on the pursuit of healthy same-sex

relationships contributed to the well-being of the participants. Growing literature has exemplified the link between social support and health behaviors. This exemplification has promoted healthy relationships where women can be their authentic selves and feel supported.

All four domains played a significant role in the holistic model. The amalgamation of the tools derived from each domain strengthened the model's efficacy. Although the fundamental work was established in the cognitive domain and closely supported by the essential tools from the Spiritual domain, all four domains created a beneficial and influential foundation for the study's progress.

Template for Study Enactment

Integrating a Christian counselor who had the time to meet with clients or parishioners on a weekly basis for individual sessions was paramount to the success of this study. It must be implemented in any such study that follows the Rocket City Women's study template. Most pastors do not have enough time allocated to meet with their parishioners due to sermon preparations and other program responsibilities. Because quantifiable behavioral strategies begin with the cognitive process, this minister or Biblical counselor must have the time to meet with the parishioners and be knowledgeable of Christian-based techniques such as Christian Cognitive Behavioral Therapy and biblical meditation.

The theoretical foundations for this DMIN action research project closely interacted with its theological foundations, as this project was faith-based. Incorporating Scriptures into the theoretical aspect of the Cognitive Behavioral techniques offered the most appropriate and efficacious treatment plan for the Rocket City participants and any subsequent ministry intervention studies. These practices promote a healthy bio-psycho-social-spiritual lifestyle

capable of utilizing the skills to alleviate anxiety. The generalizability of CBT applies to most populations, as mentioned in the theoretical portion of this paper.

Although this intervention plan focused on subjects with highly specified criteria and demographics, such as STEMs women in the Rocket City, the holistic approach of body, soul, spirit, and relational exercises can be applied to any adult demographic. The Rocket City Study guide is written for women; however, there is no material in the guide that does not pertain to males. The only non-negotiable aspect of who may participate and benefit from the results is that the participants must be Christian. One must be Christian because the study and workbook are based on biblical principles that include the utilization of Scripture. Non-Christians would not hold the same value for trusting God and using His Word in the activities presented. Even in this study, it has been noted that not all participants had equal Christian principles and backgrounds. Even though the participants claimed to be Christian, they had a varying level of the importance and implementation of Scripture in their involvement in the study.

One potential drawback would be for those individuals with physical impairments. These impairments may impede them from partaking in the physical activity required. As indicated in the literature review, exercise leads to the secretion of beta-endorphins in the brain.¹⁸⁵ The endorphins released include norepinephrine and serotonin, replenish diminished brain transmitters, and lead the participant to feel better, decreasing anxiety. The intervention plan is replicable as a person with partial impairment could still get the needed physical activity by working the body part capable of exercising.

The results analyzed from the quantitative data obtained through the pre-and post-survey Likert scales and qualitative data abstracted during the group and individual sessions were generally consistent. They supported the information presented in the literature review section of

¹⁸⁵ Grassman et al., "Can Physical Activity Prevent Mental Illness?" 492.

this thesis paper. One basic assumption was that if the Rocket City Women learned various coping skills of the four domains, she would have the ability to improve her mental health by decreasing anxiety symptoms and discard the need for the inveterate medication.

Numerous studies presented in the literature review section of this thesis supported and correlated with the findings that this researcher discovered. The research project results were consistent for those who prescribe medication for women with anxiety symptoms. Three of the five women received their prescriptions for anxiolytics from their primary care providers. One received a prescription during a one-time behavioral health appointment, although she stated she had not been adequately assessed or diagnosed. The fifth woman stated that she received her prescription from her gynecologist because the doctor noticed she was not herself. Once she told the doctor about her present marital issue, the doctor wrote her a prescription that she has had for over three years. This information was consistent with the data reviewed in the literature. The question is how to address the issue of prescribing anxiolytics to those without a DSM-5 diagnosis and coordinate mental health care to find alternatives to modulate from medications to holistic approaches. It would behoove the patients if medical practitioners were willing to collaborate with mental health professionals.

The premise was that if Madison Counseling adopts and implements a holistic health approach to countering anxiety, the woman who seek counseling at this center may see the need for medication titration or abstention. Through the holistic health model, she learned the importance of caring for all three aspects of her being: her body, soul, and spirit, plus fulfilling her relational needs. The Rocket City women who participated in this intervention plan do have a

better understanding of the role of coping skills for treating anxiety. As Clinton and Hawkins explain, anxiety can be defused by knowledge of alternate resources.¹⁸⁶

The mind-body connection presented in the literature review was a helpful alternative to medication. The Rocket City women reported taking better care of themselves through exercise, eating better, drinking water, and working on improving their sleeping habits. They practiced breathing exercises. The incorporation of spirituality set this study apart from many others as the significance has already been established. The relational aspect of the study was the most unique aspect of this study. Many books and articles that were researched and were presented in this study did not include the relational component. This researcher emphasized healthy same-sex relationships due to the literature about STEMs women and self-report that women lacked healthy relationships with other women. The participants learned how biological, behavioral, psychological, and social factors influence mental and emotional health, wellness, and illness.

As previously stated, the incorporation of spirituality was significant to this study. One consistent theme that emerged was whether, in times of difficulty, the Rocket City participants would employ what they had learned about trusting God or would they succumb to the anxiety and fears they were experiencing during beleaguered circumstances. Results of the study indicated that although the participants wanted to stay strong and use their coping skills, they sometimes gave in to the desire for medication. One participant texted the researcher, "Sandra, I am at the urgent care with Rachel. She has a fever. We sat in the lobby for forty-five minutes, and now we have been sitting in the back for half an hour. I don't have anything planned for dinner, and I have to pick up Mrs. Baker for an event in less than an hour. This is why women

¹⁸⁶Clinton and Hawkins, *The Quick Reference Guide to Biblical Counseling, Personal and Emotional Issues*, 134.

take prescriptions!”¹⁸⁷ As one may deduce from the above text message, women are taking anxiolytics when they may be dealing with stress and not actual anxiety. Although stress can trigger anxiety, it appears that women may be using medications to alleviate the stress. This research probes whether this is true anxiety.

Constricting the sample to the specified criterion as noted in chapter one, was imperative to gain beneficial results for behavior correction, emphasizing the decrease or potential abstinence of anxiolytics. The reason for admission restriction into this study was to focus on a particular type of client that this counselor often sees in the counseling practice at Madison. Gaining insight into the specifics of this population will help this counselor and perhaps other pastoral counselors with a better understanding of treatment options for the Rocket City women.

As established, the Rocket City Women have learned the skills needed for alternatives to medication to treat their anxiety. The purpose of the study was to see if the skills could be incorporated in hopes that these women without a diagnosis would be able to discontinue their anxiolytics for a more holistic approach. This researcher was adamant about not influencing the Rocket City participants to decrease or stop taking their medications without consulting their physicians. The researcher's position was not to play the role of the medical doctor but to advocate for a (better) and more appropriate way to handle their anxiety. The researcher was an advocate for affecting change, but the decision was up to each participant.

Recommendations for Future Study

Several areas of interest were presented during the study that could impact how anxiety is treated. One potential area of interest could be a study focusing on the impact of anger and unforgiveness. Forgiveness therapy may be a beneficial tool to decrease anxiety symptoms

¹⁸⁷ All communications were confidential; the names of the participants were changed by mutual agreement.

however it was not mentioned in the literature review. There is not much information regarding the correlation between unforgiveness and anxiety through a quick research assessment. One book that touched on this connection was a book by Enright and Fitzgibbons. The authors discussed unconscious anger resulting from emotional pain and unresolved family conflicts. This anger is often manifested by anxiety and panic with irritability. The benefits of incorporating forgiveness therapy into treating symptoms of anxiety and panic with scientifically tested interventions such as Cognitive Behavioral Therapy can significantly reduce levels of anxiety.¹⁸⁸ The chapter states that excessive anger can trigger anxiety and interfere with the recovery process.¹⁸⁹ Information derived from the source would have been instrumental in treating several of the participants in the Rocket City Women's study. Topics of unforgiveness came up in concern with marital and family of origin issues. The authors assert that the benefits of utilizing Forgiveness therapy include diminished levels of anxiety and fear, less irritability, increased self-esteem, the ability to trust, and the ability to lead a more balanced life.¹⁹⁰ These goals for treating the anxious person were explored in the pre-and post-survey Likert scale. The impact that Forgiveness Therapy may have on reducing anxiety is worth researching and possibly incorporating into future studies.

Another topic worth more exploration is the topic of music to alleviate symptoms of anxiety. This concept of music as a form of relaxation is based on the Biblical premise of David playing his harp for the distressed King Saul. The story can be found in 1 Samuel 16:14-23. King Saul suffered from anxiety because God had departed from him, and an evil spirit was

¹⁸⁸ Robert D. Enright and Richard P. Fitzgibbons, "Empirical Validation of the Process Model of Unforgiveness." *Forgiveness Therapy: An Empirical Guide for Resolving Anger and Restoring Hope*. (Washington, DC: American Psychological Association, 2015), 91.

¹⁸⁹ Enright and Fitzgibbons, "Forgiveness Therapy in Anxiety Disorders."137.

¹⁹⁰ Enright and Fitzgibbons, "Forgiveness Therapy in Anxiety Disorders." 139.

tormenting him. King Saul suffered from insomnia. David was solicited to play his harp for the king; the harp was the only thing that soothed his anxious mind. Music therapy is becoming a popular form of therapy. In a systematic review, Wang and his colleagues discussed the impact of music on anxiety and pain control.¹⁹¹ In the Rocket City Women's Study guide, this researcher mentioned music as a means of anxiety reduction and spotlighted a song titled, Weightless by Marconi Union, as it is said to reduce stress and anxiety by sixty-five percent.¹⁹² At least one participant reported using worship music as a coping skill to aid in relaxation. This researcher recommends that future studies focus on music's impact on the anxious mind.

As previously mentioned in this chapter, this intervention plan was created explicitly for the Rocket City women with a specific criterion. This study was based on the STEMs women who have sought counseling at Madison Counseling for anxiety. More in-depth research into the qualities that STEM women share, such as people who work in science and technology tend to be more quantitative and analytical. They pay attention to details and are ruled by logic. People driven by logic are different from those who process first through emotion. For a counselor to better meet the clients' needs, he or she would be aware of how best to interact and communicate with this population. Even though all five participants were unique and had issues that were specific to their situation, the way that more logical people process information is essential to comprehend. An intervention plan should consider the characteristics of this population. A study focusing on these aspects would be beneficial to determine its impact on coping skills for treating anxiety.

¹⁹¹ Zhenghao Wang, Dechae Feng, and Wuren Mei. "Impact of Music on Anxiety and Pain Control During Extracorporeal Shockwave Lithotripsy: A Protocol for Systematic Review and Meta-Analysis." *Medicine* Vol. 100, no. 4 (2021), 5.

¹⁹² <https://hipsociety.org/ever-heard-of/weightless-by-marconi-union/>

Final Project Thoughts

This thesis project came about due to this counselor/minister providing counseling services at Madison Counseling at Madison church. Madison Counseling and church are located in the Huntsville area of Alabama and is known for its work in the space and rocket industry. For more than seven years, this counselor saw men and women with various issues. However, during this time, it became evident that a particular type of client emerged in sessions. This type of client fit the profile of the Rocket City woman and was easily identified. This client was female, worked in a STEMs field, and stated anxiety. These women also stated that they had received a prescription for an Anxiolytic; however, they did not have a diagnosis. This led to the Rocket City Women's study.

The Rocket City Women's study consisted of five participants that underwent a six-week psycho-educational and individual counseling program. The program provided a holistic approach to treating the participants for anxiety. Anxiety has been described as a constant, fearful state accompanied by a feeling of unrest, dread, and worry.¹⁹³ The holistic approach offers coping skills to alleviate anxiety symptoms in the domains of body, soul, spirit, and relational.

The Rocket City participants completed the study with excellent results. These results were consistent with the information provided in the literature review. The intervention plan was successful as evident through the results of the Likert scales and data provided in individual sessions. The participants were able to gain the skills needed to combat anxiety. The use of cognitive-behavioral techniques infused with Scripture was the most critical aspect of the study.

¹⁹³ Clinton and Hawkins, *The Quick Reference Guide to Biblical Counseling, Personal and Emotional Issues*, 133.

Participants learned to combat cognitive distortions by shutting down negative thoughts and replacing them with God's word. The question for the study is whether or not the participants will continue to use the skills that have been introduced to them or will they decide to continue their anxiolytics.

The Rocket City Women's study template may be used to provide intervention in various settings. This researcher will continue to utilize the components of the study, to include the information in the Rocket City Study guide. More research into the dimensions of anxiety will be explored while adding other valuable skills to enhance the ministry process.

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APPENDIX A: REQUEST FOR CHURCH ADVERTISEMENT

Sandra Bruno, LMFT, AADC

XXXXXXX@XXXXX.com, XXX-XXX-XXXX

Dear Pastor,

My name is Sandra Bruno, and I am a Licensed Marriage and Family Therapist and a Licensed Minister. For the past seven years, I have been providing counseling, seeing clients for various mental health issues.

I am a doctoral candidate at Liberty University pursuing a Doctor of Ministry in Pastoral Counseling, and I am conducting research in support of my doctrinal thesis project. The project's focus is anxiety, and the study aims to assess the efficacy of a holistic approach to treating anxiety in a specified population. Below are the criteria for candidates I am currently seeking to be part of my study:

- Women between the ages of 35-55
- Self-report anxiety
- Currently taking anxiety medication
- Have a minimum of a bachelor's degree in a STEMs field
- Currently employed full or part-time in a STEMs related job
- Identifies as a Christian

The study will take six weeks, and the participants will receive psychoeducation and counseling at no cost by me. If you know any of your congregants that meet the above criteria, I request that she please get in touch with me either by phone or email. My contact information is listed above.

I have also included an advertisement/brochure. I would like to request that you include my advertisement in your bulletin or your video announcement. I will be happy to bring printed brochures for your bulletins if you would prefer.

Anxiety and other mental health issues are prevalent in the Church. Would you please help me with this request as there is a great need? Feel free to contact me either by phone or email if you have any questions.

Many thanks for considering my request.

Sandra Bruno

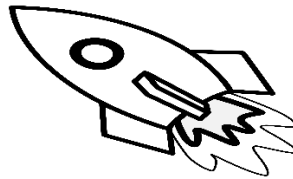
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APPENDIX B: STUDY ADVERTISEMENT/FLYER

Sandra Bruno, LMFT, AADC

XXXXXX@XXXXXX.edu, XXX-XXX-XXXX

ROCKET CITY WOMEN'S GROUP



Anxiety and other mental health issues are prevalent in the Church. Many women here in the Huntsville/Madison area are struggle with anxiety symptoms.

My name is Sandra Bruno, and I am a Licensed Marriage and Family Therapist and a Licensed Minister. I am a doctoral candidate at Liberty University pursuing a Doctor of Ministry degree, and I am conducting research in support of my doctrinal thesis project. The project's focus is anxiety, and the study aims to take a holistic approach to treating anxiety in a specified population. Below are the criteria for candidates I am currently seeking to be part of my study:

- Women between the ages of 35-55
- Self-report anxiety
- Currently taking anxiety medication without a diagnosis
- Have a minimum of a bachelor's degree in a STEMs field
- Currently employed full or part-time in a STEMs related job
- Identifies as a Christian

The study will take six weeks, and the participants will receive psychoeducation, counseling, and a workbook at no cost. Participants will be asked to attend two group sessions and four individual sessions. You will be asked to do thirty minutes of mild to moderate exercise four times a week, complete a weekly fifteen-minute devotional, and interact with a female friend once a week. All information will be confidential. If you meet the requirements listed above and would like to participate in an interactive study, please call or email.

This research project will run from TBA to TBA. Participation sessions can be either at a location in Madison City or virtual. Hope to hear from you soon.

If you would be interested in participating in this study or would like more information, please contact Sandra Bruno, LMFT, AADC

APPENDIX C: INQUIERER EMAIL QUESTIONNAIRE

Dear [Recipient]:

As a doctorate student in the School of Ministry at Liberty University, I am conducting research as part of the requirements for a Doctorate degree. Last week you received a flyer inviting you to participate in a research study. This follow-up email is being sent to ask you to complete a questionnaire if you would like to participate. The deadline for participation is [Date].

Criteria for participants

- _____ Women between the ages of 35-55
- _____ Self-report anxiety
- _____ Currently taking anxiety medication WITHOUT a diagnosis
- _____ Have a minimum of a bachelor's degree in a STEMs field
- _____ Currently employed full or part-time in a STEMs related job
- _____ Identifies as a Christian
- _____ No existing diagnosed physical or mental health issues

Participants, if willing, will be asked to

- _____ Attend two 90-minute psychoeducational groups (In person or virtual)
- _____ Attend four 50-minute individual sessions (In person or virtual)
- _____ Complete a weekly fifteen-minute devotional
- _____ Do thirty-minutes of mild to moderate exercise four times a week
- _____ Connect with a female friend once a week
- _____ Document activities in a weekly activity log

You must be able to answer yes to all above bullets. If you choose to participate, names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please initial by all bullets and return by email or call me for a short discussion. If you choose to participate, you will need to sign a consent document and return it to me at the time of the group.

Sincerely,

Sandra Bruno, LMFT, AADC

APPENDIX D: INQUIERER VERBAL QUESTIONNAIRE

Hello Participant's Name,

Thank you for taking my call. As a doctorate student in the School of Ministry at Liberty University, I am conducting research as part of the requirements for a Doctorate degree. Last week you received a flyer inviting you to participate in a research study. This call is a follow-up call is to ask you to complete a questionnaire if you would like to participate.

Do you have time for me to ask you some questions to see if you meet the criteria for my study?

Please say yes or no to the following questions:

- _____ Women between the ages of 35-55
- _____ Self-report anxiety
- _____ Currently taking anxiety medication WITHOUT a diagnosis
- _____ Have a minimum of a bachelor's degree in a STEMs field
- _____ Currently employed full or part-time in a STEMs related job
- _____ Identifies as a Christian
- _____ No existing diagnosed physical or mental health issues

Would you be willing to do the following?

- _____ Attend two 90-minute psychoeducational groups (In person or virtual)
- _____ Attend four 50-minute individual sessions (In person or virtual)
- _____ Complete a weekly fifteen-minute devotional
- _____ Do thirty-minutes of mild to moderate exercise four times a week
- _____ Connect with a female friend once a week
- _____ Document activities in a weekly activity log

I am sorry but you do not meet the criteria for this study. I appreciate you taking the time to speak with me and answer my questions. OR

Name, you meet the requirements for this study. Would you like to participate? Do you have any questions?

The deadline for participation is Monday, March 7th, 2022. Please let me know by that date.

APPENDIX E: LIKERT SCALE (PRE & POST SURVEY)

Check the box that best describes where you are currently:

PHYSICAL	ALWAYS 5	OFTEN 4	SOMETIMES 3	RARELY 2	NEVER 1
I am aware when my body begins to feel signs of anxiety.					
I use breathing exercises to calm me.					
I can sleep when I am anxious.					
There are physical activities that help me relax.					
I live a healthy lifestyle to keep my mind healthy.					
TOTAL OF CHECKED BOXES					

MENTAL/EMOTIONAL	ALWAYS 5	OFTEN 4	SOMETIMES 3	RARELY 2	NEVER 1
I can shut down negative thoughts.					
I use positive self-talk to fight depressed and dooming thoughts.					
I understand the difference between processing and rumination.					

I refuse to think distorted thoughts that are inconsistent to God's Word.					
I challenge self-critical thoughts.					
TOTAL OF CHECKED BOXES					

SPIRITUAL	ALWAYS 5	OFTEN 4	SOMETIMES 3	RARELY 2	NEVER 1
I can bring to memory Scriptures that combat anxiety and stress.					
I meditate on God's Word daily.					
I can give my concerns to God.					
I trust God daily.					
Through God I can live in peace.					
TOTAL OF CHECKED BOXES					

SOCIAL/RELATIONAL	ALWAYS 5	OFTEN 4	SOMETIMES 3	RARELY 2	NEVER 1
I can be my authentic self with some of my girlfriends.					
I choose to assert myself in a positive way.					
My friends do not judge me.					
I appreciate constructive responses from friends.					
I feel free to express my true emotions.					
TOTAL OF CHECKED BOXES					

LONGTERM SELF CARE	ALWAYS 5	OFTEN 4	SOMETIMES 3	RARELY 2	NEVER 1
I am confident in who I am as a woman.					
I treat myself to things that make me happy.					
I take responsibility for my thoughts and feelings.					
I am willing to explore opportunities for personal improvement.					
I desire to live the best life possible.					
TOTAL OF CHECKED BOXES					

CATEGORY TOTAL OF CHECKED BOXES	NUMBER TOTAL
PHYSICAL	
MENTAL/EMOTIONAL	
SPIRITUAL	
RELATIONAL/SOCIAL	
SELF CARE	
TOTAL	

APPENDIX F: PARTICIPANT CONSENT FORM

Consent

Title of the Project: Rocket City Women's study on Anxiety

Principal Investigator: Sandra Bruno, LMFT, AADC

Invitation to be Part of a Research Study
--

You are invited to participate in a research study. To participate, you must be female, between the ages of 35-55, have a minimum of a bachelor's degree in a STEM field, be employed full or part time in a STEM job, self-report anxiety, take anxiety medication however have no formal DSM-5 diagnosis, and identify as a Christian. Participant must be healthy enough to perform mild to moderate exercise in thirty-minute increments. Taking part in this research project is voluntary. The researcher of the study being conducted is a licensed marriage and family therapist in the state of Alabama.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?
--

The purpose of the study is to learn healthy coping skills that reduce and /or alleviate anxiety and/or stress symptoms that may cause the Rocket City women to discontinue anxiolytic use. Often women have prescribed anxiety medications; however, the reason she is anxious is not a chemical imbalance. Learning coping skills may help reduce symptoms without the need for medication.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete two Likert Scale surveys-each will take approximately 15 minutes. One survey will be at the beginning of the study (week one), and the second will be at the end of the study (week six).
2. Attend two group sessions. The first session will be during week one and will last one and a half to two hours. The other group will be during week six and last approximately one hour.
3. Attend four fifty-minute individual counseling sessions during weeks two-five.
4. Do 30-minutes of mild to moderate exercise four times a week for five weeks.
5. Reading an approximately fifteen-minute weekly devotional for five weeks.
6. Connecting socially with a female friend weekly, by phone, or in person.
7. Documenting activities in a weekly activity log by placing checkmarks or stars.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are a significant reduction of anxiety and/or stress, a deeper trust in God, increased coping skills for

managing anxiety and stress in daily life, education of cognitive skills to help with negative or distorted thoughts, and possible better health.

Benefits to society include other women and men having the opportunity to learn the skills provided in this study.

What risks might you experience from being in this study?

The risks involved in this study are minimal but may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness, because the process of psychotherapy often requires discussing the unpleasant aspects of your life.

As a mandatory reporter, I am required by law to report child abuse, child neglect, elder abuse, or intent to harm self or others.

Liberty University will not provide medical treatment or financial compensation if you are injured or become ill because of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely behind two locked doors, and only the researcher will have access to the records. Data collected from you will not be shared with others outside of this study. Data collected from you will be used for this study, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential using pseudonyms.
- Sessions will be conducted privately at a counseling office or at an alternate location where others will not easily overhear the conversation.
- Paper documents (consent forms and inventories) will be stored in a filing cabinet behind two locked doors until being scanned into a password-locked computer. After being scanned into the computer, the paper documents will be shredded. Data in the form of notes will be stored on the same password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.
- Confidentiality cannot be guaranteed in group settings. While discouraged, other members of the group may share what was discussed with persons outside of the group.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

What are the costs to you to be part of the study?

There will be no cost to participate in this research study.

Does the researcher have any conflicts of interest?

The researcher has no conflict of interests for this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Madison Counseling, or your pastor/church from which you were referred. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from group data notes, will be destroyed immediately and will not be included in this study. Group data will not be destroyed, but your contributions to the group will not be included in the study if you choose to withdraw

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Sandra Bruno, LMFT, AADC. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at XXX-XXX-XXXX XXX@XXXX.edu. You may also contact the researcher's faculty sponsor, Dr. Charity Williams at xxx@XXXXXX.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Printed Subject Name

Signature & Date

APPENDIX G: AGENDA FOR FIRST GROUP (1.5 to 2 HOURS)

(This session will be held in a reserved room at the Madison City Library, in case of COVID issues, the session may be offered through a HIPPA compliant Zoom)

Greet participants

Collect Consent forms/Collect Pre-Inventory Likert Scale Survey

Introductions

Myself & Participants

Review Group Rules & Confidentiality

Education

Body, Soul, Spirit, & Relationships

Symptoms of Anxiety

Relationships

Spiritual Dynamics

Coping Skills (Breathing Exercises & Mindfulness)

Pass Out Workbooks/Weekly Activity Logs/Review Scheduling and Requirements

Questions & Answers

*Researcher will provide cold water bottles

APPENDIX H: SIX WEEK STUDY BOOKLET

ROCKET CITY WOMEN'S STUDY GUIDE

Sandra Bruno, LMFT, AADC

INTRODUCTION:

Thank you so much for being a part of the Rocket City women's study on anxiety. Many women struggle with thinking that God wants them to live anxiety-free. Is this even possible? Do you want to live a life of wholeness?

Jesus says in John 10:10 that he came to give us abundant life. How does that look? Can you live an abundant life and still be anxious? Scripture also tells us that He, Jesus, came to free the captives (Luke 4:18). This means our minds are to be set free from negative thoughts that cause doom and despair and ruin our days, robbing us of living a life of trusting God and full of peace and joy.

Come on this spiritual journey as we soar high, taking our lives to a new level in Rocket city.

Blessings,

Sandra

WEEK 1 Body, Soul, Spirit,
Relational

WEEK 2 Casting down
imagination

WEEK 3 **Thoughts, thoughts, and more thoughts**

WEEK 4 healthy lifestyles

WEEK 5 a friend in need is a friend indeed

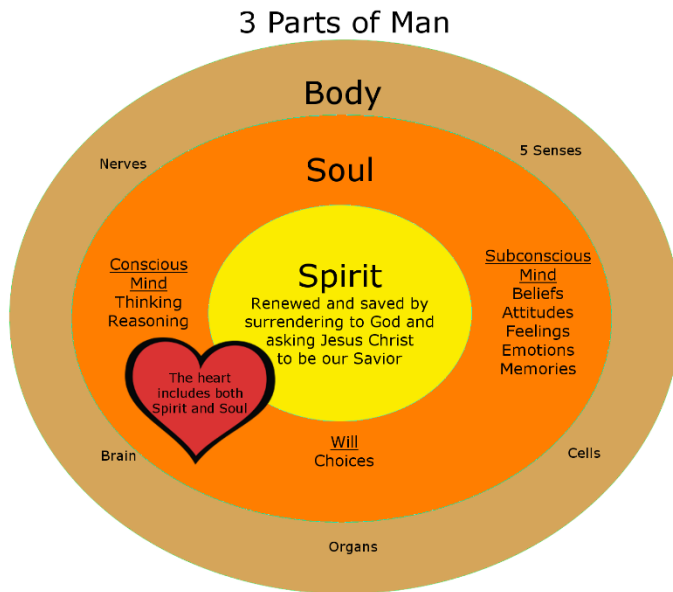
WEEK 6 **Stepping out**

WEEK ONE

Body, Soul, Spirit, Relational

1 Thessalonians 5:23 states, “May God himself, the God of peace, sanctify you through and through. May your whole spirit, soul and body be kept blameless at the coming of our Lord Jesus Christ. ²⁴ The one who calls you is faithful, and he will do it.

THE 3 PARTS TO A PERSON ARE: _____,
_____, AND
_____.



All aspects of one's being are intertwined. It is difficult to separate them. God wants us to be _____.

What are other words that mean wholeness?

_____,

_____, _____,

_____.

God also wants us to be in relationships. He created Adam to be in relationship with HIM (Genesis 1:26). Man was created in the image of God to be relational, not only with God but with other humans. God said that it was not good for man to be alone.

_____ IS ANOTHER ASPECT OF WHO WE ARE.

Let's talk about ANXIETY

What is ANXIETY? _____

What are your daily stressors?

Eustress _____ vs Distress _____

SYMPTOMS of Anxiety

Physical Symptoms:

Mental/ Emotional Symptoms:

Spiritual Symptoms:

Relational Symptoms

Place a P for Physical, M for Mental/Emotional, S for Spiritual, or R for Relational next to the type of symptom that is presented:

1. Crying a lot of the time _____
2. Headaches and stomachaches _____
3. Staying home instead of going out to do activities _____
4. Difficult time focusing on activities such as work or church _____
5. Insomnia _____
6. Feeling hopeless _____
7. Wondering how it is all going to work out _____
8. Muscle Tension _____
9. Not Forgiving Others _____
10. Negative Talk _____
11. Worrying about Health Issues _____
12. Talking Bad about Others _____
13. Feeling Inadequate about Myself _____
14. Stressed OUT _____
15. No one to talk to _____
16. Afraid something BAD is about to happen _____

How do you cope with anxiety?

Coping skills can either be healthy or unhealthy. It is important to use healthy coping skills to alleviate or decrease symptoms of anxiety.

BODY: Physical Coping Skills: reduces stress, provides feel good chemicals

Give me a B!

B-R-E-A-T-H-I-N-G is the ultimate way to relax.

SOUL: MIND, WILL, & EMOTIONS -Mental Coping Skills

Rumination vs Meditation?

Rumination is_____.

Meditation is_____.

We can choose what we think about: Is anxiety a choice?

SPIRIT: Spiritual Coping Skills

What are ways that we can let God into our thought life?

How can meditation become spiritual? **Mindfulness.**

RELATIONAL coping skills.

Two are better than one, because they have a good return for their labor: For if one falls down, his companion can lift him up; but pity the one who falls without another to help him up! Ecclesiastic 4: 9-10.

What does this passage mean regarding anxiety?

Question: Have you ever used unhealthy coping skills to help you relax? What are some ways that you have used or know that others use to help with anxiety or other mental health issues?

Prayer for Week One: Lord Jesus, I know that you came that I might have a full and abundant life. It is not your will that I am anxious. Bring to light those things that cause me anxiety and help me find a way out. Give the tools to fight my fear. I thank you in advance for the work you are doing in me. In Jesus' name I pray. Amen

WEEK TWO

Casting down imagination

Our SCRIPTURE PASSAGE FOR THIS WEEK IS 2 Corinthians 10:5 Here are 3 versions to help you get the full picture.

Casting down imaginations, and every high thing that exalteth itself against the knowledge of God, and bringing into captivity every thought to the obedience of Christ; (KJV)

We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ. (NIV)

We are destroying sophisticated arguments and every exalted *and* proud thing that sets itself up against the [true] knowledge of God, and *we are* taking every thought *and* purpose captive to the obedience of Christ, (AMP)

WHAT DOES IT MEAN TO CAST DOWN IMAGINATION AND BRING EVERY THOUGHT CAPTIVE?

Part of anxiety's trick is to get you to imagine the worst scenario and think negative and scary thoughts. Anxiety wants to steal your peace and causes you to ruminate on things contrary to God's Word.

SO...What are we to think about?

Read Philippians 4:8 to answer the question:

Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.

Circle such things we are supposed to fill our minds with:

Dread	righteousness	doom	stress	purity
appreciative	Beauteous	apprehension	worries	
Honorable	fretfulness	noble	agitation	praiseworthy
Excellence	fear	disrespect	mistrust	quietness

Angst wholesome thanksgiving trouble doubt joy

Some people act like they have no control over their thoughts. They say things like, “I can’t help but think that something bad is going to happen.”

You must choose to tear down dangerous and unhealthy thoughts and replace them with those things listed in our verse above.

As soon as you become aware that you are anxious (use our symptoms list from last week), you must stop the anxious thoughts and replace them with thoughts on our list.

Isaiah 55:8 tells us that God’s thoughts are not the same as our thoughts. Our thoughts are influenced by emotion and present circumstances that we may not be able to control. Scriptures such as Philippians 4:8 point us to how we must conduct our thoughts. Failure to do so is contrary to God’s will and is a sin.

The BIG Switch

We have the option to choose to think about good things. God explains through his servant Moses in Deuteronomy chapter 30 that the Israelites have a choice to either life and prosperity or death and destruction, blessings or curses. (Deut 30:11-20)

I worry
about _____.

Instead of thinking the negative _____

Think something positive about the situation _____.

Try it again:

I worry
about _____.

Instead of thinking death and destruction _____.

Think life thoughts about the situation _____

Choose life: Think LIFE; Speak Life.

Prayer for week two: Heavenly Father, I know that I am to choose life in my actions and thoughts. Help me to take control of my anxious thoughts and bring in submission my imagination when I start to think scary thoughts and scenarios about the future. I choose to put my trust in you instead. Thank You Jesus for the work you the Holy Spirit is doing in me. In Jesus' name, Amen

WEEK THREE

Thoughts, thoughts, and more thoughts

Proverbs 23:7 states “As a man thinks in his heart, so is he.”

What does this verse mean to you?

As we learned in last week’s lesson, we are to take captive our thoughts and cast down or get rid of imagination that contradicts God’s thoughts and plans.

Below is a list of faulty thinking or cognitive distortions that presents struggles. Read the list of distortions and see if you recognize this faulty thinking.

1. **All-or-Nothing Thinking** Seeing things in black-and white categories.

- People are all good or all bad.
- Projects are perfect or failures.

2. **Overgeneralizing** Believing that something will always happen because it happened once.

- I am never going to get a date because I once got declined.
- I will never be able to speak in public because I once had a panic attack before giving a speech.

3. **Discounting the Positive** Believing that if a good thing happens, it must not be important or does not count.

- I passed the exam this time, but it was coincidence.
- I did not have a panic attack today, but it is only because I was too busy to be worried.

4. **Jumping to Conclusions** Responding to a situation without having all the information.

- He did not call me back because he thinks I am not qualified.
- That person cut me off in traffic because he does not care about other people.

5. **Mind Reading** Believing that you know how someone else is feeling or what they are thinking without any evidence.

- I know she hates me.
- That person thinks I'm a failure.

6. **Fortune telling** Believing that you can predict a future outcome, while ignoring other options.

- People will laugh at me when I present my ideas.
- I am not going to pass this test.

7. **Magnifying (Catastrophizing) or Minimizing** Distorting the importance of positive and negative events.

- My nose is so big that no one will ever find me attractive.
- It doesn't matter if I'm smart because I will never be, popular.
- I said the wrong thing so they will never hire me.

8. **Emotional Reasoning** Believing something to be true because it feels true.

- I feel so anxious, so something bad is going to happen.
- I am worthless because I feel worthless.
- I feel guilty, therefore I must have done something bad.

9. **Should Statements** Telling yourself you should, should not, or should have done something when it is more accurate to say that you would have preferred or wished you had or had not done something.

- I should not feel sad.
- I should have done something to help him.
- I should always be on time.

10. **Labelling and Mislabeling** Instead of describing behavior, you use a label.

- He is a liar (instead of "He lied.")
- I am stupid (instead of "I failed this test")

11. **Personalization** Taking blame for some negative event even though you were not primarily responsible.

- It is my fault my husband hits me.
- My son is unhappy because of me.

NOW YOU HAVE A BETTER UNDERSTANDING OF WHAT COGNITIVE DISTORTIONS ARE, IT IS TIME TO BECOME AWARE OF YOUR OWN.

My top three cognitive distortions are: 1 _____
2 _____ and 3 _____.

David prayed in Psalms 139:23 for God to search his heart and know his anxious thoughts. Ask God to reveal to you what your anxiety is about and how he wants you to fix it.

We must challenge our cognitive distortions. Do your thoughts match what the Bible says about you?

Read Isaiah 41:13, "For I am the LORD your God
who takes hold of your right hand

and says to you, Do not fear;
I will help you."

Just like a loving Father taking the hand of his child, God takes your hand and walks with you. He tells you not to fear and that He will help you.

Do a reset: When your thinking is faulty, and anxious-it is time for a reset.

Romans 12:2 says, "Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing, and perfect will.

When we think negative, worldly thoughts that don't align with God's word, we must renew our minds. How do we do this?

Find a Scripture that resets your thoughts, meditate on the scripture, and thank God for the reset.

Week Three Prayer: Dear Lord, thank you that you walk with me, and you help me with my concerns. I will protect my heart and my thoughts. I will not give in to distorted or anxious thoughts that threaten my peace and joy. Help me to reset the thoughts that do not please

you or are contrary to your will for my life. I trust in You.
In Jesus' name. Amen

WEEK FOUR

healthy lifestyles

As we learned in week one, we are a three part being: body, soul, and spirit. This week we will focus on our bodies.

Check out this verse from Psalms 139:14, “I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well.

The state of our physical health has a significant effect on our thoughts and our emotions.

Here are some important points we should know about our physical bodies.

Have you ever heard the term “hangry”? The word is a combination of hungry and angry. Hangry is a real word. It means a person gets irritable because they are hungry. Why is that? It is because your blood sugar drops. When your blood sugar falls, the hormones cortisol and epinephrine (adrenaline) are released in an attempt to raise it back to normal. But those hormones also happen to lead to irritability.

When these hormones are produced normally in the body, we don't even notice it — the body (and mind) functions as it should. But when levels become too high or too low, that's when our behavioral and physical functions are impacted

Besides cortisol and epinephrine, there are several hormones called neurotransmitters that secrete feel good chemicals.

One chemical called Endorphins is released when we exercise. This is why we are doing physical activities in this group.

Another neurotransmitter called serotonin helps us relax and sleep better. Serotonin and oxytocin are released when we hug a friend or pet our dog.

A woman's brain is 77-78% water. We must **drink water** to keep our brains and bodies hydrated. You should drink approximately 11 cups of water daily. Our brains need water to function properly.

Healthy foods lead to better cognitive ability. Be sure to eat a colorful array of fresh fruits and vegetables. There are many healthy diets out there. This is not a weight plan, but a diet of healthy food that will fuel your body and control your blood sugar and sustain you for the day's activities. We

cannot rely on sugar and caffeine to get us through the day.

Our bodies need rest. An average woman needs 7-9 hours of **sleep**. During the REM cycle, our body releases serotonin. We wake up feeling refreshed and ready to tackle another day. Lack of sleep affects our memory and cognition, weakens our immune system, and causes weight gain. Proverbs 3:24 states, "When you lie down, you will not be afraid; when you lie down, your sleep will be sweet." Meditate on this verse while waiting to fall asleep. This is a promise from God.

Cortisol and epinephrine (adrenaline) caused by excessive **stress** leads to body fat around the belly.

Deep breathing raises our levels of **blood oxygen**, promoting health in many ways - from stimulating our digestive processes to improving our fitness and mental performance.

Another Neurotransmitter known as Dopamine is responsible for several aspects of human behavior and brain function. It allows us to learn, move, sleep, and find pleasure.

Just as our bodies can affect our thoughts and emotions, our emotions can affect our bodies.

Crying isn't a bad thing...when we cry, our stress level is decreased, and immune function is increased. Improves mood and is more effective than an antidepressant.

Laughing is just as good...when we laugh, stress levels are decreased, promoting healing, and boosting the immune system producing disease fighting compounds.

Did you know that unforgiveness can lead to cancer and physical symptoms such as headaches and back pain?

la. la. la- Scientific research states music can affect depression and anxiety levels, improve memory and cognitive performance, help with pain management, and improve motivation.

(Weightless by Marconi Union is said to reduce stress and anxiety by 65%. Check it out for yourself.)

Let's check what we have learned in this week's lesson.

Fill in the blanks.

1. When we don't eat regularly, our _____ drops and we get "hangry".
2. A woman needs to drink approximately _____ cups of _____ daily.
3. We should eat a _____ array of fruits and vegetables.
4. _____ and _____ both decrease our stress level.
5. _____ can affect depression and anxiety levels, improve memory and cognitive performance.

Week Four Prayer: Dear Lord, my creator. Your word says you formed me in my mother's womb, and I am fearfully and wonderfully made. Thank you for my body. Please help me to be a good steward and to care for myself. Thank you for the delicious and healthy food that you provide to nourish me. Help me to make good choices. Thank you for your sweet sleep. In Jesus' name. Amen

WEEK FIVE

a friend in need is a friend indeed

Relationships are important to God.

As we mentioned in Week One, God is a relational God. He wants to have a relationship with us and wants you to be in healthy relationships with others. He wants to share our thoughts and our cares. Jesus calls those who follow his commands friends (John 15:14).

Having healthy relationships with other women is vital for your mental health. Read the following verses and see what a healthy relationship looks like:

Therefore encourage one another and build each other up....! Thessalonians 5:11

**Don't forsake gathering and encouraging one another.
Hebrews 10:25**

Bear each other's burdens, and so fulfill the law of Christ. Galatians 6:2

AS I HAVE LOVED YOU, SO YOU MUST LOVE ONE ANOTHER. JOHN 13:34

Healthy, biblical relationships encourage, build up, bear each other's burdens, and love one another.

FINDING FEMALE FRIENDS CAN BE CHALLENGING. YOU WANT A FRIEND WITH WHOM YOU CAN BE YOUR AUTHENTIC SELF, WHO WILL NOT JUDGE YOU, BUT RESPOND CONSTRUCTIVELY.

Psalms 27:9 Perfume and incense bring joy to the heart, and the pleasantness of a friend springs from their heartfelt advice.

Find a friend you can exercise with and give yourself two stars (physical and relational) for one activity!

Is there a healthy hobby or community organization you can do with a friend?

Proverbs has many things to say about friendships. Read the passages below.

Proverbs 17:17 A friend loves at all times, and a brother is born for a time of adversity.

Proverbs 12:26 – The godly give good advice to their friends; the wicked lead them astray.

Proverbs 27:17 – Iron sharpens iron, and one man sharpens another.

Proverbs 18:24 – A man of many companions may come to ruin, but there is a friend who sticks closer than a brother.

Proverbs 22:11 – He who loves purity of heart, and whose speech is gracious, will have the king as his friend.

Write what you have learned about being a friend:

Toxic relationships contribute to anxiety and stress. Although we must be kind and love all, maybe there are friendships you should back away from or use healthy boundaries.

Week Five Prayer: Heavenly Father, thank you for my friends. Thank you for being my friend. Please help me to be a friend to you by following your commands. I know that you have placed healthy girlfriends in my life to love and support me. Help me be a good friend to other women by loving and supporting them. Please help me to guard my heart and choose friends wisely. In Jesus' name. Amen

WEEK SIX

Stepping out

Well, here we are at week six. It has gone by quickly. Let's begin with a familiar verse from Jeremiah 29:11

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” (NIV)

If you have not yet memorized this verse, make it a goal, and give yourself a star under both mental and spiritual in your daily log at the end of the week.

Take the time to look up other versions to get acquainted with the different words used.

A few examples are the New Living Translation says, “plans of good and not disaster,” while the King James version says, “thoughts of peace and not evil.”

Looking at the other versions brings understanding and enriches the meaning of the text. For instance, in the NIV, prosperity is not necessarily money like we assume. Prosperity is a word that we looked at in Week One. Prosperity is another word for wholeness. The King James version calls it peace, the word Shalom, which means whole in Body, Spirit, and Soul.

The New Testament provides a unique real-life scenario of dealing with anxieties and fears. Matthew 8:23-27 tells the story.

Then he got into the boat, and his disciples followed him. Suddenly a furious storm came up on the lake, so that the waves swept over the boat. But Jesus was sleeping. The disciples went and woke him, saying, “lord, save us! We’re going to drown!” He replied, “You of little faith, why are you so afraid?” Then he got up and rebuked the winds and the waves, and it was completely calm. The men were

amazed and asked, “What kind of man is this? Even the winds and the waves obey him!”

Although this was a literal storm that Jesus spoke to, this is a relevant example of how we should deal with their anxieties. The wind and the waves swept over the boat, just as anxieties and cares sweep over the minds of many Christians. The disciples gave into the negative and spoke doom. They spoke negative words. Jesus, on the other hand, was asleep on the boat. In the Old Testament, sleep during a difficult time was symbolic of a deep trust in God. The calm of Jesus showed a deep contrast from the disciples’ anxiety. Once awake, Jesus spoke with authoritarian words leading to a positive outcome.

There is another story about when the followers of Christ were on that same lake. You may read about it in Matthew 24:22-33. Again, the disciples were in their boat on the lake. The winds and waves were blowing, just as anxieties blow and swirl in our minds. In this scenario, Jesus defied the earthly laws and walked on water. Jesus invited Peter to step out of the boat and walk also. Peter responded with trust in Jesus. It wasn’t long until Peter took his eyes off Jesus and focused on the wind and waves. Do you know what happened? He began to sink. We must keep our eyes on Jesus and not on the anxieties and fears that swirl in our current scenarios. Jesus calls us to step out and walk with him and experience his peace.

My prayer for you is that you have learned the importance of having a healthy body, soul, and spirit and having healthy, authentic relationships with God and women over the past weeks. My hope is that you will continue the daily activities that you have been logging weekly and that it will bring you peace and joy.

The question posed at the beginning of the study was can you live a life free of anxiety. The answer is that God wants you to live a life of abundance. We must continue to cast down imaginations and renew our minds. Distorted thoughts and emotions must be challenged and replaced with truth. When we care for our bodies by exercising, eating right, and getting plenty of sleep, our stress levels remain in the normal range.

I Peter 5:7 says that we are to cast all our anxieties on God. If we fail to do this, we choose to live contrary to God's word, which is a sin. Continue the plan that we began five weeks ago. You will be amazed by the spiritual growth as we continue to read and meditate on God's word.

Week Six prayer: Dear God, thank you for each woman who participated in this study. I pray that they cast all worries on you and place their trust in you. Give them peace. Meet their physical, mental, spiritual, and relational needs. Please help them step out of the boat and defy the anxieties and worries that swirl like the wind and waves as they go forward. In Jesus' name. Amen

APPENDIX I: WEEKLY ACTIVITY LOG (INCLUDED IN BOOKLET)

Place a star or check mark if you completed an activity in this section:

Please include

- Thirty-minutes of mild to moderate exercise four times a week
- Connect with a female friend once a week

You can get stars in different categories for one activity.

	PHYSICAL	MENTAL/ EMOTIONAL	SPIRITUAL	SOCIAL/ RELATIONAL
SUNDAY				

MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

APPENDIX J: AGENDA FOR SECOND GROUP (1 HOUR)

Welcome Back participants

Collect second Likert Scales from participants

Process the study/workbook

What activities did participants like/dislike?

What did they learn about themselves and their anxiety?

Questions and Answers

Thank Participants

*Researcher will provide cold water bottles

APPENDIX K: IRB APPROVAL LETTER

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 11, 2022

Sandra Bruno
Charity Williams

Re: IRB Application - IRB-FY21-22-699 Sky High Anxiolytics for Rocket City Women: A Holistic Health Approach Offered

Dear Sandra Bruno and Charity Williams,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug

Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

(2) Your project will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46. 102(l).

Please note that this decision only applies to your current application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office