

An Exegetical and Therapeutic Reading of Proverbs 12:25 on Youth Anxiety in African Contexts

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Article History	Abstract
Original Research Article	<i>This paper investigates the phenomenon of youth anxiety in African contexts through an exegetical and therapeutic engagement with Proverbs 12:25. The study aims to bridge biblical wisdom and contemporary therapeutic approaches by integrating exegetical insights, cognitive-behavioral therapy (CBT), symbolic interactionism, African Indigenous healing traditions, and cinematic narratives such as Pixar's Inside Out 2. Methodologically, the research employs a multidisciplinary design. First, an exegetical analysis of the Hebrew text of Proverbs 12:25 is conducted to uncover its semantic, literary, and theological depth. Second, therapeutic correlations are drawn between the proverb's emphasis on verbal affirmation and cognitive-behavioral therapy's principles of cognitive reframing. Third, the study situates these insights within African cultural frameworks, examining communal values, verbal rituals, and symbolic healing practices. Finally, the research uses Inside Out 2 as a case illustration to visualize anxiety's internal dynamics and its social implications for youth. The findings reveal that Proverbs 12:25 encapsulates the dual reality of anxiety's psychological burden and the restorative capacity of affirming words, a principle mirrored in both cognitive-behavioral therapy and African oral traditions. Symbolic interactionism further highlights how social communication shapes self-perception, while cinematic representation enhances emotional literacy among young audiences. The paper recommends developing integrative therapeutic models that blend cognitive-behavioral therapy, biblical wisdom, and African healing practices; using media and storytelling to normalize anxiety discourse; training youth workers in emotional and symbolic literacy; fostering peer mentorship networks; and advancing localized research to strengthen culturally grounded interventions.</i>
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Introduction

Anxiety has emerged as one of the most prevalent psychological challenges among adolescents and young adults, manifesting in both subtle and debilitating forms. Globally, recent reports indicate a marked increase in anxiety-related disorders among youths, with social phobia characterized by excessive fear of social situations, being particularly common and impairing (World Health Organization, 2022; American Psychiatric Association,

2022). In many cases, such anxiety significantly hinders relationship building, identity formation, and public participation during formative years. Within African contexts, and particularly in Nigeria, these challenges are compounded by socio-economic instability, high unemployment rates, academic pressures, changing family structures, and peer influence (Atilola, 2017). These factors

not only heighten vulnerability to anxiety but also contribute to its persistence when left untreated.

The complexity of youth anxiety in Africa is further shaped by cultural and spiritual interpretations of mental distress. Emotional struggles are often spiritualized or stigmatized, leading to underreporting, misdiagnosis, or delayed treatment (Pederson et al., 2022). While cognitive-behavioral therapy remains an evidence-based clinical intervention for anxiety disorders (Beck, 2011), scholars and practitioners increasingly acknowledge the limitations of applying purely biomedical or Western psychological frameworks in culturally diverse contexts (Patel & Saxena, 2014). Effective interventions require a broader interpretive lens that integrates psychological patterns with social, cultural, spiritual, and symbolic dimensions of emotional well-being.

This paper proposes such an integrative approach by converging insights from symbolic interactionism, cognitive-behavioral therapy, African Indigenous healing traditions, biblical theology, and popular media representation. Each framework offers a distinct yet interconnected perspective on the formation, experience, and potential resolution of anxiety. At the theological core of this multidisciplinary exploration is Proverbs 12:25 which serves as both a scriptural anchor and a conceptual bridge between disciplines. From a biblical perspective, this verse emphasizes the transformative power of compassionate speech (Crabb, 2013), a principle mirrored in cognitive-behavioral therapy's cognitive reframing techniques and reinforced by African communal traditions where verbal affirmation, symbolic rituals, and collective support are central to healing (Mbiti, 1991).

The study also engages with contemporary cultural narratives, notably Pixar and Disney's *Inside Out 2*, which personifies the emotion "Anxiety" in a way that resonates with adolescent experiences. The film's portrayal, depicting anxiety as oscillating between protective caution and disruptive control provides a vivid metaphor for the internal conflicts faced by many youths. This cinematic case study not only humanizes the emotion but also offers an accessible platform for youth-centered discussions on mental health, bridging clinical concepts with popular culture.

The research undertakes an exegetical reading of Proverbs 12:25, unpacking its original Hebrew nuances and theological depth, while also situating its insights within therapeutic frameworks such as cognitive-behavioral therapy and symbolic interactionism and indigenous African healing practices. The aim is not merely to interpret an ancient text, but to translate its principles into culturally relevant, spiritually grounded, and therapeutically effective strategies for addressing youth anxiety in African contexts.

By weaving together scriptural wisdom, psychological science, sociological theory, indigenous traditions, and cinematic storytelling, this study seeks to chart a holistic pathway from anxiety to emotional restoration affirming both enduring truths and contemporary tools for mental health.

Conceptualization of Anxiety

Anxiety is a multifaceted emotional and physiological response to perceived threats or uncertain outcomes, distinct from fear, which arises from specific and identifiable dangers. The American Psychological Association (APA, 2020) defines it as a long-acting emotional state marked by tension, worried thoughts, and physiological changes such as elevated heart rate and blood pressure. Globally, anxiety becomes a disorder when excessive, persistent, and disruptive to daily functioning, with conditions such as generalized anxiety disorder, social anxiety disorder, panic disorder, and specific phobias sharing features like avoidance behavior, negative cognitive appraisal, and heightened autonomic arousal (Smith, Brown, & Lee, 2023; Johnson & Lee, 2022).

In African contexts, anxiety is interpreted through cultural, educational, and socio-spiritual lenses. Shuaibu (2021) describes it as a vague, unpleasant emotional state tied to an impending sense of danger, often arising from academic pressure, societal expectations, and limited coping mechanisms. While Horney (2010, as cited in Shuaibu, 2021) viewed anxiety as a potential motivator for creative adaptation, excessive anxiety leads to cognitive dissonance and emotional paralysis. Howard's (2021) study on African American students parallels African experiences, linking anxiety to identity transitions and cultural shifts.

Cultural beliefs significantly shape the meaning of anxiety in Africa. The concept of "Occident Anxiety" (GGA, 2019) highlights collective unease about Western influence and postcolonial identity. In many African societies, anxiety is often attributed to spiritual or supernatural causes, prompting individuals to seek help from traditional healers or religious leaders rather than clinical professionals (Shuaibu, 2021).

Biologically, anxiety is linked to dysregulation in brain regions such as the amygdala and hippocampus (Parker, 2019), with genetic predispositions, stressful life events, and personality traits like shyness increasing vulnerability (Smith et al., 2023). In Nigeria, anxiety is fueled by educational stress, societal pressures, and stigma, compounded by limited mental health services and the misconception that mental illness reflects spiritual weakness (Gureje et al., 2015).

An integrated understanding of anxiety must bridge psychological, biological, cultural, and spiritual

perspectives. While global frameworks offer standardized diagnostic criteria and treatments such as cognitive-behavioral therapy and pharmacotherapy, African approaches emphasize communal values, verbal affirmation, and culturally grounded healing. A multidimensional model that respects cultural nuances while applying clinical rigor is essential for addressing youth anxiety effectively.

Overview of Types of Anxiety

This paper focuses on two primary forms of anxiety: Generalized Anxiety Disorder (GAD) and Social Anxiety Disorder (SAD), also known as social phobia.

Generalized Anxiety Disorder (GAD) is a chronic condition marked by excessive, uncontrollable worry across various life domains for at least six months, accompanied by symptoms such as restlessness, fatigue, poor concentration, irritability, muscle tension, and sleep disturbances (American Psychiatric Association, 2022). Unlike phobic disorders tied to specific triggers, Generalized Anxiety Disorder presents as free-floating anxiety and often emerges during life transitions (Kessler et al., 2015). Lifetime prevalence ranges from 3%–6%, with higher rates among women (Remes et al., 2016). Risk factors include genetic predisposition, early adversity, chronic stress, and maladaptive cognitions (Behar et al., 2009). In Africa, underdiagnosis is common due to stigma and reliance on traditional healers (Gureje et al., 2015). Neurobiologically, Generalized Anxiety Disorder is associated with hyperactivity in the amygdala and prefrontal cortex (Etkin et al., 2009), while cognitive theories link it to intolerance of uncertainty and excessive verbal worry (Dugas et al., 1998). It significantly impairs functioning, affecting academic performance, relationships, and physical health (Hofmann et al., 2012; Howard, 2021). Effective interventions include cognitive-behavioral therapy (CBT), mindfulness-based approaches, acceptance and commitment therapy (ACT), and pharmacological treatments such as SSRIs and SNRIs (Roemer et al., 2009; Baldwin et al., 2011).

Social Anxiety Disorder (SAD) is defined as a persistent fear of social or performance situations where negative evaluation may occur (APA, 2013). Symptoms include intense social fear, physical arousal (e.g., sweating, trembling), cognitive distortions, avoidance behaviors, and low self-esteem. Social Anxiety Disorder is particularly impactful during adolescence, a period of identity formation and peer integration (La Greca & Lopez, 1998). In Nigeria, collectivist family norms, performance-driven education, and mental health stigma intensify its effects and hinder early intervention (Gureje et al., 2015).

Both disorders illustrate the need for integrative approaches that address biological, cognitive, and cultural dimensions in order to improve early detection and culturally relevant treatment.

Concept of Youth Anxiety

Defining Youth

The concept of "youth" is dynamic and context-dependent, reflecting transitional stages between childhood and full adulthood. The Online Etymology Dictionary, see youth from old English word *geogud* meaning youth; young people, junior warriors; young of cattle, related to *geong* meaning young, from Proto-Germanic *jugunthi*- source also of Old Saxon *juguth*, Old Frisian *jogethe*" (Harper, 2018). Globally, the United Nations Population Fund, World Health Organization and United Nations Children's Fund defined a youth as one between the ages of 15-24 years (United Nations Department of Economic and Social Affairs, 2014), while the African Youth Charter (2006) considers people within the ages of 15-35 years as a youth recognizing the diverse cultural and socio-political realities across the continent.

However, for the purpose of this study, especially in light of developmental psychology and popular cultural representations such as Pixar's *Inside Out 2*, the age range of youth will be narrowed to adolescence and late adolescence (ages 12–19). This developmental stage is characterized by rapid physical growth, cognitive development, identity formation, and increased emotional sensitivity (Steinberg, 2014). These changes place adolescents at a heightened risk for emotional disorders, particularly anxiety-related conditions.

Youth and Anxiety

Youth anxiety is the persistent and excessive experience of worry, fear, or tension during adolescence, often triggered by academic pressures, social expectations, identity struggles, and life transitions (Costello et al., 2011). Neurologically, the ongoing maturation of the prefrontal cortex and amygdala during adolescence increases susceptibility to emotional dysregulation (Paus et al., 2008). In Africa, cultural factors such as intergenerational conflicts, academic and marital expectations, mental health stigma, and spiritual interpretations often exacerbate anxiety and delay intervention (Adeosun, 2016; Shuaibu, 2021). Common manifestations include Generalized Anxiety Disorder (GAD) marked by uncontrollable worry and Social Anxiety Disorder (SAD) characterized by fear of social scrutiny both of which can impair academics, relationships, and spiritual growth (APA, 2020; Howard, 2021). *Inside Out 2* dramatizes these dynamics through Riley, a teen navigating identity, belonging, and performance pressures, reflecting symptoms of GAD and

SAD in a relatable framework. Defining youth as ages 12–19 situates anxiety within a critical phase of emotional and cognitive transformation, underscoring the need for integrated clinical and community responses.

Overview of Symbolic Interactionism

Symbolic Interactionism, developed by Mead and Cooley, examines how meanings formed through social interactions shape behavior, identity, and self-concept (Blumer, 1969). Cooley's "looking-glass self" explains how youths form self-perceptions based on how they believe others view them, making them highly vulnerable to social anxiety when anticipating judgment or rejection (Cooley, 1902). In contexts like Nigeria, where expressive public behavior is culturally valued, introverted or socially anxious youths may be labeled as "timid" or "proud," leading to internalized self-doubt and withdrawal (Okonkwo & Obi, 2016). Social media intensifies this by fostering comparisons with idealized portrayals of success and popularity, heightening fears of failure or exclusion (Boyd, 2014). Cultural scripts, such as expectations for firstborn leadership or gendered expressions like "men don't cry," impose symbolic roles that may conflict with personal traits, creating role strain and anxiety. Religious communities, though supportive, can reinforce pressure when youth who avoid public participation are perceived as "not spiritual enough" (Afolayan, 2020). Goffman's concept of the self as a social performance highlights how managing impressions in public settings becomes a source of anxiety, especially for those with social phobia, whose withdrawal from "front stage" roles can reinforce isolation and worsen symptoms (Goffman, 1959).

Overview of Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy (CBT) is a structured, time-limited, and goal-oriented psychotherapy effective for treating anxiety disorders such as GAD and SAD, particularly among adolescents, including in Nigeria (Beck, 2011; Hofmann et al., 2012). It is based on the premise that maladaptive thought patterns, such as "I must not make mistakes in public," fuel emotional distress and avoidance behaviors (Clark & Wells, 1995). Through cognitive restructuring, exposure therapy, skills training, and self-monitoring, CBT helps individuals reframe distorted thoughts, interpret social cues more accurately, and build coping mechanisms (Rapee & Heimberg, 1997; Hofmann & Otto, 2008). Adaptations such as group and computerized CBT make it suitable for low-resource contexts (Khanna & Kendall, 2010; Essau, Olotu, & Ebigo, 2021). However, critics note that CBT's emphasis on rational thought and individual responsibility may overlook socio-cultural, spiritual, and communal dimensions of mental health (Kirmayer, 2007; Gureje et al., 2015). In Nigeria, where collectivist values and spiritual

interpretations of anxiety are common, unadapted CBT may feel impersonal or irrelevant, especially for individuals with lower literacy or fears tied to spiritual beliefs (Ayonrinde, 2020). Faith-sensitive models integrating biblical principles, such as Proverbs 12:25, can enhance cultural relevance by aligning reframing techniques with spiritual values. Overall, while CBT is empirically supported and empowering, its effectiveness in Nigeria depends on contextual adaptation to cultural and spiritual realities.

African Indigenous Perspectives on Anxiety

In African Indigenous thought systems, anxiety is not compartmentalized as a purely psychological or biomedical issue but rather approached as a spiritual, relational, and communal imbalance (Mbiti, 1969; Awolalu and Dopamu, 1979). Emotional distress is often seen as the consequence of disharmony between individuals and their environment, which includes the living, the dead (ancestors), and the spiritual realm (Gyekye, 1995). As such, healing anxiety in traditional African religion and culture is rooted in restoring balance and reaffirming the individual's place within the community and cosmos.

Diagnosis Through Divination

Anxiety or emotional disquiet is often diagnosed through divination systems, such as Ifá in Yoruba culture or Afa among the Ewe people. Traditional healers (Babalawo, Dibia, or Nganga) act as spiritual intermediaries who identify the metaphysical causes of distress, often tracing it to ancestral displeasure, broken taboos, or moral transgressions (Abimbola, 1977; Idowu, 1991). This spiritual diagnosis reflects the African worldview where illness (including mental unrest) is deeply intertwined with morality, cosmology, and collective identity. The researcher asserts that persons with generalized anxiety disorder can be tagged either oppressed or possessed with witchcraft thereby seeking spiritual cleansing.

Rituals, Herbal Therapy, and Incantations

Healing rituals are designed not just to relieve symptoms but to restore moral and cosmic order. Sacrifices, libations, and purification rites are performed to reconcile the individual with offended spiritual forces. Anxiety is addressed through both spiritual interventions and physical remedies, such as herbal concoctions known to have calming properties (Olupona, 2004). For instance, the use of *agbo* (herbal brew) is common among the Yoruba to manage restlessness, sleeplessness, and psychological fatigue. Incantations, drumming, and songs often accompany rituals, inducing a therapeutic rhythm that fosters emotional release (Sogolo, 1993).

While African Traditional Religion practices provide invaluable communal and symbolic resources for healing anxiety, they must be critically examined, particularly where they intersect with oppressive practices, gender bias, or fear-based systems. However, their theological, therapeutic, and cultural relevance can no longer be ignored in the discourse on African youth mental health (Bediako, 1995; Martey, 1993).

Theological Reflection and Exegetical Analysis of Proverbs 12:25

Anxiety, while commonly addressed within the domains of psychology and social science, is also deeply embedded in the spiritual consciousness of humanity. The Old Testament scriptures does not dismiss emotional burdens; instead, it recognizes their existential weight and offers both acknowledgment and remedy. Proverbs 12:25 stands out as a theologically rich and psychologically insightful verse that engages the emotional and spiritual realities or experience of anxiety with pastoral and practical relevance.

Exegetical Analysis of Proverbs 12:25

Text: “Anxiety in a man's heart weighs him down, but a good word makes him glad” (The Holy Bible, Revised Standard Version, Prov. 12:25)

In Hebrew:

"יִשְׁמַחְנָהּ וְדָבָר טוֹב יִשְׁחַחֶנָּה בְּלִב־אִישׁ דְּאָגָהּ"

(De'agah belev ish yashchennah, u'davar-tov yesammechenah)

The Hebrew text of Proverbs 12:25 reads: “Də’āgāh bəlēb-’iš yašhennāh, wədābār tōb yaśammehennāh.” The noun *də’āgāh* (anxiety, worry) directly refers to psychological distress or emotional apprehension (BDB, 2000). The Hebrew term *də’āgāh*, also means “fear, worry, or sorrow” (Holladay, 2000). It denotes a condition of inward restlessness that hinders joy and spiritual vitality. The construct *bəlēb-’iš* (“in a man’s heart”) emphasizes the internal, concealed nature of anxiety (Walke, 2004). The phrase “weighs down the heart” reflects a physical and emotional heaviness a metaphor that resonates with contemporary descriptions of depression and anxiety disorders. This suggests that even in ancient Israelite wisdom literature, emotional and psychological distress was recognized as a real and debilitating human experience.

The verb *יִשְׁחַחֶנָּה* (*yašhennāh*) from the root *שָׁחַח* (*shachah*), meaning “to depress, weigh down, or bow low” (BDB, 2000). *shachah* also means “cause to sink,” evoking the image of emotional heaviness or even immobilization (Walke, 2004). It captures the emotional and even physiological burden of anxiety, aligning with how both psychology and African traditions describe it.

In contrast, the second clause offers a counterbalance: “but a good word gladdens it.” The verb *יִשְׁמַחְנָהּ* (*yesammehenah*) from *סָמַח* (*samah*), means “to rejoice, to gladden” (BDB, 2000). Waltke (2004) puts the verb *yaśammehennāh*, is derived from *sāmāh*, meaning “to rejoice, cheer up, bring gladness.” The subject, *dābār tōb* (“a good word”), implies verbal intervention, encouragement, or affirming speech. This linguistic structure highlights a dual dynamic: the internal burden of anxiety, and the external healing power of words whether therapeutic, pastoral, or communal. Ellis and Dryden (2007) employ that the Hebrew term *tov dabar*, meaning “a pleasant” or “kind word” implies that speech when timely, gracious, and empathetic has the power to lift the burden of worry. This parallels modern psychological insights that positive reinforcement and affirming communication can mitigate symptoms of anxiety and restore emotional balance.

Relevance of Exegetical Study in Contemporary Era

This biblical verse does more than reflect ancient wisdom. It functions as a theological conduit through which various disciplines meet. It reinforces the idea that healing occurs through verbal interaction, whether in the form of therapy, dialogue, encouragement, prayer, or even artistic expression. Thus, Proverbs 12:25 does not merely present parallel clauses, it offers a diagnosis (emotional weight) and a prescription (spoken healing).

The exegesis of Proverbs 12:25 reflects the transformative effect of external verbal input which is a key overlap with Cognitive Behavioural Therapy’s cognitive restructuring, symbolic interactionism’s verbal reinforcement, and African healing’s communal affirmation. It offers a valuable hermeneutic for pastoral theology and youth ministry. A theological approach rooted in Proverbs 12:25 reframes anxiety not as moral weakness but as a common burden, alleviated through kind, spirit-filled words and support. It suggests that addressing anxiety requires both recognition of its inner weight and intentional acts of verbal encouragement. Counselors, and educators must therefore become “speakers of good words” and truth-tellers who provide hope, reframing, and blessing to youth. Whether through scripture, music, or simple affirmation, words have the power to lift what anxiety pushes down.

This verse reflects a profound theological anthropology: that human beings are emotionally responsive, communicative creatures who suffer internally but are healed relationally. Proverbs 12:25 suggests that emotional healing occurs not in isolation but through compassionate, intentional speech. In theological terms, it affirms the incarnational logic of care, where healing is mediated through presence, speech, and community.

For youth especially, whose identities are still forming and whose social environments can be volatile, the "good word" may come in the form of mentoring, counseling, peer affirmation, or scriptural encouragement. Parental, religious mentors, counselors, and educators, therefore, becomes not only a site of spiritual growth but also a community of emotional restoration. This positions the families, religious mentors as important contexts for anxiety care not just through prayer, but also through emotionally intelligent discipleship and guided conversations.

This understanding challenges family institution and religious institution to reconsider their discipleship models. Rather than demanding perfection or boldness from youths, mentors must embody "a good word" which is being sensitive, affirming, and patient, especially with those who are emotionally withdrawn. When youth feel safe spiritually, healing can occur emotionally.

Proverbs 12:25 invites counselors and youth mentors to embrace an integrative model that combines theological wisdom with psychological insight. While therapy may offer techniques for cognitive restructuring, Scripture provides spiritual language for healing. Theological reflection suggests that emotional restoration is possible through:

- Scriptural meditation and memorization (e.g., Psalms & Proverbs)
- Testimonial sharing and vulnerability in small groups;
- Prayer as a dialogue that unloads the burden of the anxious heart; and
- The "ministry of presence" which is listening as healing

When combined with psychological methods and sociological awareness, biblical wisdom can provide a redemptive framework for understanding and addressing anxiety. Encouragement is not just a therapeutic strategy, it is a divine command and spiritual gift that lightens the anxious heart and affirms the dignity of the one who suffers.

Therapeutic Reading of Proverbs 12:25 on Youth Anxiety in African Contexts

Proverbs 12:25 and Cognitive-Behavioral Therapy: The Power of Cognitive Reframing

CBT operates on the principle that maladaptive thoughts contribute to anxiety, and that replacing these thoughts can lead to emotional relief (Beck, 2011). CBT emphasizes the role of cognition in emotional regulation. Techniques such as cognitive restructuring, thought records, and behavioral activation all aim to transform the internal narratives that fuel anxiety (Hofmann et al., 2012). The "good word" in

Proverbs 12:25 functions analogously to cognitive reframing. A therapeutic strategy where negative self-talk is replaced by affirming, rational thoughts. In biblical terms, this reflects the transformative power of speech as seen in *davar-tov*, a phrase implying not only kindness but truth, wisdom, and divine alignment. The Scripture anticipates CBT's emphasis on how internal distress can be restructured through external, meaningful affirmation (Ellis & Dryden, 2007).

Proverbs 12:25 and Symbolic Interactionism: The Social Weight of Words and Identity Reconstruction

Symbolic interactionism explores how the self is constructed and reconstructed through social interaction. From a symbolic interactionist standpoint, the proverb also aligns with the concept of the "looking-glass self" (Cooley, 1902). Just as one's identity and self-esteem are shaped by how others affirm or perceive them, so too can a "good word" from another reshape emotional states. This reinforces the social construction of anxiety and the potential for social relationships to also mediate healing. Proverbs 12:25 suggests that interpersonal words have the power to shape or reshape the emotional life. The Hebrew verb *yesammechenah* shows that this uplifting is relationally initiated. Symbolic interactionism supports the view that human interaction and especially verbal feedback can either intensify or relieve psychological strain. This explains why youths are especially vulnerable to social phobia in environments marked by critical feedback and shame (Gecas, 1982).

Proverbs 12:25 and African Indigenous Healing: Proverbs, Community, and Ritual Speech

In African Indigenous traditions, spoken words (blessings, chants, incantations) are believed to carry both spiritual and psychological power (Mbiti, 1991; Dopamu, 1986). Proverbs 12:25 resonates strongly with this worldview, affirming that healing is not just biomedical but also communal, spiritual, and oral. This invites a synthesis between biblical theology and African traditional spirituality, where words uttered in love, faith, or ritual carry transformative power. The verb *yesammechenah* speaks not just to individual joy, but to social restoration, validating the holistic focus of African Traditional Religion.

Proverbs 12:25 and Pixar's Inside Out 2: From Emotional Weight to Verbal Healing.

Pixar's *Inside Out 2* (2024) offers a vivid metaphor for adolescent anxiety, introducing "Anxiety" as a hyper-vigilant, controlling emotion that emerges during Riley's puberty. While intended to protect her, Anxiety amplifies fears and drives pervasive worry across multiple life domains, aligning more with Generalized Anxiety Disorder

(GAD) than Social Anxiety Disorder. The film dramatizes Cooley's "looking-glass self" and Mead's "I and Me" (Blumer, 1969), showing how Riley's self-concept becomes shaped by perceived judgments from peers, coaches, and parents, creating tension between Joy's optimism and Anxiety's over-preparedness. Healing begins when other emotions, especially Joy and Sadness, affirm her worth, mirroring Proverbs 12:25's teaching that a "good word" can lift anxiety and echoing African traditions where communal affirmation fosters resilience (Mbiti, 1991; Owomoyela, 2002). By personifying emotions, *Inside Out 2* normalizes anxiety, framing it as part of a balanced emotional ecosystem and offering educators and counselors a culturally resonant way to discuss mental health.

Toward an Integrated Model: Biblical Wisdom as Bridge

Proverbs 12:25 serves as a theological and linguistic bridge between disciplines. It affirms the:

- Psychological reality of anxiety's burden (CBT);
- Social causality and healing power of language (Symbolic Interactionism);
- Communal, spiritual, and verbal healing traditions (African Indigenous Healing); and
- Narrative embodiment of healing through media (*Inside Out 2*).

By placing Scripture at the center and not as a substitute for science, but as a complementary wisdom tradition, we gain a holistic, culturally grounded model for supporting youth experiencing anxiety. For Nigerian youth, many of whom exist at the intersection of global media, African tradition, Christian faith, and postcolonial stress, the convergence of these frameworks offers a much-needed model. This holistic paradigm moves beyond diagnostic categories to embrace healing as a process involving the mind, community, story, and spirit. Parents, educators, counselors, and media creators must therefore collaborate to offer integrative interventions that affirm the humanity and hope of the anxious young person. This study proposes that a truly effective understanding of youth anxiety must draw from multiple knowledge systems such as psychological, sociological, theological, Indigenous, and artistic. Each framework contributes unique but overlapping insights that, when synthesized, offer a more holistic and culturally sensitive approach to mental health.

Recommendations

Multidisciplinary Integration: Combine CBT, Symbolic Interactionism, biblical insights (Proverbs 12:25), and media (e.g., *Inside Out 2*) to create holistic, youth-friendly mental health interventions.

Faith-Inclusive Therapy: Develop culturally relevant models that blend biblical wisdom with evidence-based methods like CBT, making therapy more acceptable in religious African contexts.

Media and Storytelling for Mental Health Education: Use films like *Inside Out 2* in family institution, educational institution, religious institution, and communities to foster emotional literacy and normalize conversations around anxiety.

Indigenous African Knowledge in Therapy: Incorporate traditional African understandings of wellness, identity, and community into diagnosis and treatment of anxiety for contextual relevance.

Emotional and Symbolic Literacy for Youth Workers: Train teachers, pastors, and youth mentors in emotional intelligence and social interpretation to better identify and respond to youth anxiety.

Peer Support and Mentorship: Encourage youth-led mentorship programs that combine peer modeling (CBT) and biblical discipleship to build resilience and reduce isolation.

Contextual Research Development: Invest in local, empirical studies on African youth mental health to inform culturally grounded, scalable interventions.

Conclusion

This paper has sought to decode anxiety among youths through a multidisciplinary lens. One that spans clinical psychology, sociological theory, biblical theology, Indigenous African wisdom, and cinematic representation. Beginning with the clinical insights of Cognitive-Behavioral Therapy (CBT), we examined anxiety as a distorted cognitive pattern that can be restructured for mental well-being. Symbolic interactionism expanded this view by illustrating how identity is socially constructed, emphasizing the role of social labels and interaction in shaping one's self-concept, particularly among vulnerable youth.

From a theological and exegetical standpoint, Proverbs 12:25 offered a powerful scriptural anchor. The verse does not merely describe anxiety but offers a redemptive solution through "a good word." This language of healing resonates deeply with both therapeutic affirmation in Cognitive-Behavioral Therapy and the communal speech acts found in African Indigenous healing systems. The biblical text thus serves as a theological hinge, enabling dialogue between psychological, cultural, and spiritual understandings of emotional distress.

Pixar's *Inside Out 2* provided a cultural narrative that visualized anxiety in an accessible and emotionally

engaging manner. The character “Anxiety” was shown as both protective and disruptive symbolizing the real tension faced by adolescents. The film further reinforced the idea that emotional healing is not about silencing distress but integrating it within a larger, balanced emotional ecosystem.

The convergence of these frameworks suggests that a singular approach is insufficient for addressing youth anxiety, especially in complex cultural contexts like Nigeria. Rather, a holistic model is needed, one that recognizes the intersection of mind, society, spirit, story, and community. This integrative perspective has far-reaching implications for educational systems, church-based youth ministries, counseling practices, and even media production in Africa and beyond.

Future research can build on this foundation by conducting empirical studies among Nigerian youths to test the effectiveness of such integrative models. Practitioners and scholars are encouraged to deepen collaboration across disciplines to ensure that young people are not only diagnosed but deeply understood and compassionately supported.

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