

In the face of fear

How fear and anxiety affect our health
and society, and what we can do about it

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Foreword

Fear has always been an aspect of human life. Early man would have feared attack by predators, famine, disease and disputes with other communities. Fear would have played a key part in human evolution as many biologists and anthropologists have attested.

The truth is fear still plays a key part in our lives. Individually we experience both rational and irrational fears that drive our behaviour and fear also drives communities and social policies. You only have to go to an airport or some inner city housing estates to see fear at work. Fear too is present in our economic crisis as both a driver and an outcome.

In the context of mental health our ability to master fear is a key part of resilience and being prey to irrational fears is one of the roots of as well as a result of mental illness. If fear levels in the general population are high more people will experience mental illness and particularly the most common mental illnesses such as anxiety and depression and anxiety disorders. Excessive fear poses an enormous burden on our society directly through anxiety related illness, which can be physical as well as mental, and indirectly through inappropriate behaviours such as excessive supervision of children or failure to invest. It also paralyses long term rational planning to deal with key future threats such as global warming by diverting attention to more immediate but less important fears.

We must learn to live with fear as individuals, communities and a society. It is not surprising that we cannot always do this – it is hard wired into our brains. But we have to factor it in, only then can we address the key challenges of the 21st century. This report aims to help individuals, communities, leaders and commentators to find ways to start doing this.

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Executive summary

Fear and what it can do

Fear is arguably our most powerful emotion. It is critically important in dictating how we think, feel and behave. Like all the basic emotions, it has evolved to ensure our survival and protects us from all sorts of harm. But it can also cause us harm. It can harm our health and wellbeing, relationships, capacity for learning, community involvement and life-chances. It can also lead us to act in ways that, although intended to be geared towards self-protection and survival, may harm our loved ones, neighbours, fellow citizens and perceived enemies.

New research carried out for this report suggests that we are becoming more fearful as a nation. Our survey emphatically indicates that people perceive our world as having become more frightening and frightened. The Government's Psychiatric Morbidity Surveys, published in February 2009, show significant increases in anxiety disorders between 1993 and 2007. The Mental Health Foundation believes these trends are linked. The more fearful people feel in the general population, the more people will be tipped over into diagnosable anxiety disorders. These findings deserve attention, not just because fear and the perception of fear have such wide-ranging costs and are factors in so much personal and collective suffering, but because there are concrete measures we can take to counter them. Much of our fear is not inevitable.

Fear is a feature of nearly all clinical mental health problems and is a root cause of some of the most common ones. As well as anxiety disorders themselves, fear is strongly associated with depression, psychosis, and attempting suicide in the past year. Fear is also strongly linked to poor physical health. People with generalised anxiety disorder have been found to be at higher risk of coronary heart disease, while anxiety has been linked to increased incidence of gastrointestinal problems, arthritis, migraine, allergies, thyroid disease and chronic respiratory disorders such as asthma. People with anxiety disorders are four times as likely as others to develop high blood pressure, and many studies have shown a relationship between anxiety and reduced white blood cell function, a sign of immune system weakness. There is also emerging evidence of a link between stress and Alzheimer's Disease. Anxiety is also associated with unhealthy lifestyle choices such as smoking, drinking too much alcohol, and poor diet.

Many authors writing about rising fear and anxiety have been quick to point out the relative safety in which the majority of the UK population has lived since the Second World War. Despite the evidence that most of us are prey to far fewer immediate threats to our health and safety in the form of disease, war, destitution and other forms of suffering than in many previous eras, our experience of fear, which evolved to alert us to such threats, is reported as growing (indeed, in our survey, 60% of people say there is increased fear because the world has become a more dangerous place). For example: fear of crime continues to rise, even though crime itself has fallen in the last decade. Many parents are nervous about allowing their children outside on their own, but they are more likely to be involved in a serious accident while at home, as well as being more prone to physical and mental ill-health through lack of exercise.

While our cultural environment is important, we would find things to fear whatever environment we were in. This is because fear is part of our genetic inheritance and we can't eliminate it. We need to be aware of it, live with it, manage it, and live in spite of it.

Why is understanding fear so important?

The psychological factors that affect our attitudes and behaviour are largely omitted from public debate. If we don't understand the connection between feelings, thought and behaviour, we have little ability to change the way we think, feel and act, and we can get locked into cycles where we are driven by circular thoughts and feelings. One example is the way that fear fuels the boom and bust economic cycle from which we are trying to escape. In a boom we are driven to acquire more possessions and improve our relative status. We are then fearful about losing what we have and fight to keep acquiring more possessions and hold onto our status. When we have overstretched ourselves and things go wrong, fear helps drive the bust. We are fearful and want to protect ourselves from the economic troubles that we are warned about so we stop spending, lending and investing, and create the very situation we wanted to prevent. Not only does the boom and bust cycle create fear, fear helps create the boom and bust cycle.

To escape from this pattern we need to understand the emotions that underpin our behaviour at an individual and society level. We need to understand our own fear and how it works, and we must understand institutionally-driven fear which affects our political, media, public and private sector organisations and the way they in turn affect our society. We need to manage our fear at an individual, organisational, community and society level and take reasonable risks as part of our everyday lives. Serious investment in mental health promotion and improving emotional literacy would enable us to turn the tide. One effect this should have is to enable us to emerge from future recessions more quickly and easily because people would be able to separate their fear from many of their economic activities, as well as recognise and take 'safe' risks. Perhaps more importantly it should protect our health and wellbeing and enable us to fulfil our potential.

Risk and how we try to control it

Experts in our literature review and interviews describe a pattern where we see ourselves and/or others as vulnerable, try to combat that sense of vulnerability by controlling and restricting risk rather than facing our fears, which in turn makes our fears seem bigger and more unmanageable. So we feel more vulnerable. We become victims of our fear and change our lives to avoid it, rather than seeing it as a useful guide to potential harm but something we have to confront and live with.

Many social commentators have tackled the way that risk aversion threatens our social bonds, for example the way that informal childcare and voluntary groups are disappearing because of the expense and bureaucracy caused by the need for police checks.

Social policy aimed at controlling risk and quelling fear often seems to increase it. The UK government has recently focused on tackling 'fear of crime', but measures based on installing visible signs of 'security' such as CCTV cameras (the UK now has 4.2 million, more than in the rest of Europe put together) appear to be counter-productive – they don't lead to people feeling safer. Creating visible signs of security may make some people more fearful, as they sense high security must mean high risk.

Why are we so fearful?

The automatic fear response occurs faster than conscious thought. This makes evolutionary sense – if we face an immediate threat, we are more likely to survive if we react quickly. This is often problematic in the 21st century because we live in a radically different environment from that for which we have evolved. For most of our history, human beings have been nomadic hunter-gatherers, and the fear response partly evolved to deal with the threats of that lifestyle, such as dangerous predators like lions or snakes. But relatively quickly, we have come to exist in a 21st century world of mostly urban living, huge technological development, and global communication – a complex culture that has developed at a far faster rate than our brains and how we use them.

Our fears today may make sense in evolutionary terms – our bodies are not equipped to fly so we fear flying, and children are our means of species survival so we fear harm to them. The ‘feeling’ is not commensurate with the risk, but it is how we feel the risk that drives us. Also, many of the threats which appear to jeopardise our survival – for example, the possibility of terrorist attack – are more abstract, less predictable, and there is less likely to be anything we can do about them than those for which the automatic fear response evolved. This can mean we continue to feel the fear associated with the threat and seek ways to recoil from it, even though neither the fear nor any action on our part is likely to make much difference. We may only become aware of the actual risk when we are presented with statistics, which have to be processed by the slower, more rational, thinking part of the brain. And this, being less emotionally powerful, may not extinguish the feeling, even when we know it is irrational. For example, long after the evidence to refute the MMR scare was well publicised and understood, we still see fewer parents giving their children the jab.

Are we becoming more fearful?

The Mental Health Foundation survey found that 37% of people (equivalent to 18 million UK adults) say they get frightened or anxious more often than they used to, compared to 28% who disagree (33% neither agree nor disagree). The survey also found that 77% of us believe that people in general are more frightened and anxious than they used to be (only 3% disagree), while the same percentage (77%) say that the world has become a more frightening place in the last ten years (only 7% disagree).

These results demonstrate that fear and anxiety is present in most of our lives and problematic for many. They also suggest that we are becoming more fearful as a society. The Government’s Psychiatric Morbidity survey released in early 2009 indicates a significant rise in anxiety disorders – its figures suggest that 1.7% more of the population of England (15.0%, compared to 13.3%) was experiencing an anxiety-related common mental health disorder in 2007, compared to 1993. This is a considerable percentage rise – 12.8% over 14 years. Extrapolating this rise to the whole of the UK, we can estimate that 800,000 more adults would have qualified for the diagnosis of an anxiety disorder in 2007 than in 1993.

There is also evidence that the current financial crisis is beginning to have an adverse effect on levels of fear – in our survey, finances come top of the list of what we are fearful or anxious about (49% get anxious about money, with 66% experiencing some degree of fear or anxiety about the current financial situation). Anxiety UK, the country’s largest anxiety disorders charity, has reported a doubling of calls to its telephone helpline during the period January/February 2009.

Why are we becoming more fearful?

A number of factors may be contributing to the rises in reported experience of fear that we have identified:

Our cultural environment fuels fear and there is institutionally-driven fear

Some experts report relatively recent changes in the way fear is experienced and managed at a societal level. Many commentators have noted that fearful language (words like 'epidemic', 'plague', 'terror', 'crisis' or 'syndrome') are often employed by advocacy groups such as health activists and environmental campaigners. We need to couch our appeals in vivid terms to have a chance of getting our message across, but this may be at the cost of adding to a general sense of anxiety. There is a tendency for events to be covered in politics, media and general culture in ways that give prominence to the most calamitous scenarios – examples in the 1990's include predictions that the millennium bug would paralyse the world's computer systems overnight.

'Catastrophising' is a well-known thought process that has been identified by psychologists as one of the triggers for common mental health problems such as anxiety and depression. We daily see and hear patterns of catastrophic thinking in public debate. Our survey suggests that many people are aware of the fear-producing impact of these cultural influences – 60% of people who believe fear is increasing believe news coverage contributes to it, and 54% think an increase in the availability of information about threats to safety is a factor. But we can't dismiss the culture we have created by blaming the media, advocacy groups and political parties. After all, they are made up of individuals as human as the rest of us, and so vulnerable to the same emotions and misperceptions, and they respond to demands that come from the society of which they are a part.

Unfortunately, this can become a spiral. We feel fear. Groups of us operating as powerful social agencies connect with and exaggerate that fear. We become even more fearful. This heightens our sensitivity to risks and we are prone to seek out information about them, encouraging those agencies to provide more of it. Meanwhile, our perceptions become more and more divorced from the reality of the actual risk.

Social and economic factors

Those with anxiety-related disorders are more likely to be single, divorced or separated, and be earning less money, as well as living on their own or as a lone parent, be poorly educated, economically inactive, to have moved house three or more times in the last two years, and live in urban areas. Our social bonds need to be strong if we are to tackle fear. The proportion of us living in situations without strong social support is growing – four times as many of us live on our own as 50 years ago. 'Absence of community' may mean we are forced to cope with social problems at an individual level, rather than confronting them collectively, and our power to overcome them alone may be limited.

We have greater material wealth than previous generations, but there is evidence that this may lead to greater fear, even for those who are comparatively wealthy. By placing a high value on possessions and appearances, we may be responsible for creating higher levels of anxiety on either side of the wealth divide.

We don't seek help when our fear becomes a problem

According to the latest household psychiatric morbidity survey, only a quarter of those who experience common mental health problems receive treatment for them. Our research confirms that there are around 5 million adults in the UK whose fear and anxiety has a debilitating effect on their lives. It is well understood that only 25% of people with mental health problems are in treatment compared to 90% of people with physical health problems. Only 15% of those with mixed anxiety and depression (the most common anxiety-related diagnosis) are currently receiving treatment. People with anxiety disorders are especially unlikely to seek help from their GP. Much work has been done to ensure that people recognise and seek help for depression in recent years. While there is still a long way to go on depression, anxiety disorders, which are highly treatable, have had relatively little attention to date. Given their considerable personal, social and economic impact, greater attention could be focused on ensuring that people who are suffering are reached, informed that effective help is available and encouraged to seek that help, and that the help is effective.

What can individuals do about fear?

Understanding how fear works can help us cope with it. If we realise that the degree to which we experience fear is not always in proportion to the apparent threats that trigger it, we increase our potential for reacting appropriately. By realising that the feeling of fear may not always require an immediate reaction, we create space in which we might be able to make a more considered and rational response. A wide variety of self-help literature is available to people who want to learn more about how they can cope better with fear. Organisations like the Mental Health Foundation provide self-help information on fear and anxiety and also signpost to more specialist organisations such as Anxiety UK where helplines and further self-help information and advice are available.

GPs are able to refer someone with an anxiety problem for helpful interventions such as Cognitive Behavioural Therapy. Computerised Cognitive Behavioural Therapy, an online version of the treatment, is also effective and becoming more widespread.

But no matter how much we inform ourselves we will not stop experiencing fear. Being aware of it and being able to manage it are skills we can work on using techniques such as relaxation, deep-breathing and meditation. Exercising regularly, drinking in moderation, stopping smoking, and paying attention to diet (eg. reducing caffeine) can also help reduce anxiety levels.

What can we do about fear at a societal level?

Because information, knowledge and learning are key to building resilience and coping skills, well-orchestrated mental health promotion campaigns that focus on fear as well as other problematic emotional responses including anger, sadness and grief should be more commonplace in our society. We are starting to see a number of prevention campaigns about heart disease, cancer, stroke and other physical health problems, but few mental health organisations have anything like the necessary resources to mount similar exercises. Information campaigns about diagnoses such as depression are in evidence at a local and national level, but not about managing emotions such as anger, fear, sadness and grief. These are instrumental in depression and other mental health problems, and are some of the routes to prevention.

More widely-available public information about managing emotions and life changes can build resilience (the whole population inevitably goes through life-transitions such as bereavement, childbirth, retirement) and help them to recover more quickly when they are experiencing clinical-level problems. Were we better informed, we would be better placed as people, families, communities and as a society for tackling the uncertainties and challenges that lie ahead.

What and how we fear is influenced by our social situation. None of us has full control over this – we have varying degrees of power over, for example, our educational opportunities, housing, employment and family connections. Those of us with less power tend also to be more socially excluded, and more likely to experience high levels of fear (which is why societal interventions are likely to be needed in order to help reduce the impact of fear among these groups).

Policy-making is not just an issue for national Government – there are plenty of steps that can be taken by local health, social care, education, criminal justice and voluntary organisations as well as employers and schools to try to promote a less fearful culture. This may involve taking some risks but being explicit about the need to face fears and take some risks as a healthy part of our learning is a practical first step. At the same time, those in positions of particular influence (such as politicians, newspaper editors, and business leaders) have a special responsibility to take a lead in acting to reduce unnecessary fear. Our survey suggests that there is wide agreement that social, economic and cultural factors exacerbate fear, which we hope means that people will be receptive to measures designed to address it.

Key findings

- Fear is a feature of nearly all mental health problems. It is also strongly linked to poor physical health and unhealthy lifestyle choices such as smoking and poor diet.
- 37% of people in our survey (equivalent to 18 million UK adults) say they get frightened or anxious more often than they used to, compared to 28% who disagree (33% neither agree nor disagree).
- 77% of people believe people in general are more frightened and anxious than they used to be.
- 77% say that the world has become a more frightening place in the last 10 years.
- 29% say that fear and anxiety have stopped them from doing things they wish they had done.
- 1.7% more of the population of England (15.0%, compared to 13.3%) were experiencing an anxiety-related common mental health disorder in 2007, compared to 1993. This is a percentage rise of 12.8% over 14 years. 800,000 more UK adults would have qualified for the diagnosis of an anxiety disorder in 2007 than in 1993.
- 49% of people get anxious about money, with 66% experiencing some degree of fear or anxiety about the current financial situation.
- In the Mental Health Foundation survey women consistently report experiencing more fear and anxiety than men. They are more than twice as likely as men to say they feel frightened or anxious a lot of the time (11%, compared to 5% of men). They are also more likely to report increasing fear (43% compared to 30% of men). 20% of women compared with 14% of men say they wish they could be less fearful or anxious in their everyday life.
- The Government's surveys (Household Psychiatric Morbidity Surveys) have found that women experience more symptoms of anxiety than men – the 2000 survey found that they are more likely to experience sleep problems, worry, obsessions, phobias, and compulsions, and the 2007 survey found that women are considerably more likely to experience anxiety disorders than men and that women's mental health in general may be deteriorating. There has been an increase in common mental disorders from 19.1% of women in 1993 to 21.5% in 2007, with a 20% increase in women aged 45-64.

- Younger people also consistently report greater fear than older people. 77% of 18-34 year-olds say they feel frightened or anxious at least some of the time, compared to 65% of over 55s, and more than twice as many in the younger age group would describe themselves as a 'generally anxious or fearful person' (13% compared to 6%). We need to find discrete and targeted ways to address the fear experienced by both these women and young people.
- Anxiety UK, the country's largest anxiety disorders charity, has reported a doubling of calls to its telephone helpline during the period January/February 2009.
- 63% of those who say people are more frightened or anxious than they used to be say it is because of the current economic situation, 61% say because of a loss of solidarity and community, 60% say because the media makes people frightened, 60% say because the world has become a more dangerous place, 60% say because of fear of terrorism, 59% say because of the risk of crime, 54% say because of a loss of certainty and security, and 54% say because of an increase in the availability of information about threats to safety.
- Londoners are more likely to feel anxious a lot of the time - 14%, compared to 8% nationally.
- Those with anxiety-related disorders are more likely to be single, divorced or separated, and be earning less money, as well as living on their own or as a lone parent, be poorly educated, economically inactive, to have moved house three or more times in the last two years, and live in urban areas.
- Just 25% of those with a common mental health problem are currently receiving treatment for it. This falls to just 15% of people with mixed anxiety and depression – the most common anxiety-related diagnosis. While people with mental health problems in general often do not seek help, this is especially the true for those with an anxiety disorder.

Recommendations

There are a number of steps we can take to develop a less fearful society and deal with fear and anxiety as it arises. The Mental Health Foundation recommends:

1. A mental health promotion strategy that addresses fear and anxiety. We need to target the whole population with education and awareness-raising to improve people's ability to recognise and manage feelings and thoughts and how they affect behaviour. The Social and Emotional Aspects of Learning strategy is an important vehicle for educating older children, but it will not work if they are to grow up in homes and enter workplaces that are fear-driven and not emotionally literate.
2. Parents transmit fear and anxiety to their children and can learn how to ensure their children understand fear, have a useful and proportionate relationship with fear, and can manage it in difficult situations. We need more roll-out of parenting programmes that take emotional literacy into account.
3. Free provision of information about fear in the form of self-help books, leaflets, webcasts, video and bibliotherapy. This should include tools for relaxation methods and mindfulness-based techniques.
4. All NICE-recommended therapies for anxiety disorders including CBT, and Computerised CBT including Fearfighter should be available in all Primary Care Trusts.
5. More research is needed to keep improving evidence-based approaches to treating anxiety disorders.
6. Reducing institutionally-driven fear. Policy-making is not just an issue for national Government. We must identify steps that can be taken by local health, social care, education, criminal justice and voluntary organisations, as well as employers and schools, to promote a less fearful culture and ensure these are taken. However, there needs to be recognition within Government of the importance of fear. Governments should take account of the harmful effects of fear induced by the policies they make and promote. Perhaps most importantly they should stop unnecessarily using the language of fear as an instrument to promote their own policies and approaches.
7. A commitment to investment in Improving Access to Psychological Therapies beyond 2011, to ensure that every Primary Care Trust is equipped to deliver evidence-based therapies to all those who need them.
8. Exploring the causes of proportionately higher levels of reported fear among women and young people, and investigating steps to target these groups specifically.

1. Introduction

On March 4th 1933, in the midst of economic crisis, new American president Franklin D Roosevelt famously used his inaugural address to declare that: "The only thing we have to fear is fear itself". Sixty-six years later, we are in similar circumstances. This is not a report about the economy - it is a report about the way that we manage our emotions as individuals and as a society. But it is timely because the global recession in the UK will test our emotional resilience to its limits.

Resilience can be built using mental health promotion by central and local governments, health, education and social care organisations, voluntary organisations, communities, workplaces, families and individuals. Judicious use of policies and services that build resilience can prevent people and communities from harming themselves or others when their emotions are tested. The Mental Health Foundation works from a public mental health perspective. We believe that building resilience in the population, and helping people to understand their own and other people's feelings, thoughts and behaviour are critical to the improved health and wellbeing of all. Last year we launched a campaign about anger. This year we have chosen fear, another basic emotion - perhaps our most powerful emotion. We have chosen it because how we manage fear has a dramatic impact on our life, relationships, health, work, learning and behaviour of all kinds.

A survey commissioned by the Mental Health Foundation for this report has found that not only are we becoming more fearful as individuals, but we think that our society in general is becoming both more frightened and frightening. This ties in with evidence from other research, such as the psychiatric morbidity surveys carried out in England between 1993 and 2007, which indicate an increase in the incidence of anxiety disorders. The Mental Health Foundation believes that increased fear and perception of fear in the general population is reflected in a greater number of people being tipped into experiencing clinically diagnosable anxiety disorders. This is particularly important as we undergo a time of economic upheaval that evidence¹ suggests is proving a catalyst for increased fear and anxiety among many people. The Government has begun the process of planning for rises in depression and anxiety as a result of the recession.²

However, times of crisis are also opportunities for change and growth. The message of this report is that, in the face of fear, we can build a new, robust approach to managing our emotions, both individually and as a society. We can help people cope with fear more effectively and look forward to the future with renewed confidence. But we need to work together to understand our fear and develop the capacity to manage it more skilfully.

¹ See 'Massive Increase In Calls To Anxiety Charity Helpline – Is The Credit Crunch Kicking In?', Mental Health Foundation News, 3 March 2009, at <http://www.mentalhealth.org.uk/information/news/?EntryId17=68423>

² Alan Johnson and James Purnell announce further action to target credit crunch stress, DoH, news release, 8 March 2009, at <http://www.iapt.nhs.uk/2009/03/alan-johnson-and-james-purnell-announce-further-action-to-target-credit-crunch-stress/>

Understanding our emotions

Currently, the psychological factors that drive our attitudes and behaviour are largely omitted from public debate. Whether it's the development of public policy, news coverage and debate, or discussions among colleagues, friends and family, we usually discuss events, formulate ideas, offer opinions and take actions without considering the processes of emotions and cognition – the feeling and thinking that underpin our ways of looking at the world.

Our emotional responses are conditioned by forces that are shaped by our ancestry, personality, individual histories and current circumstances. We all respond to events in ways that are determined by a combination of these causes and conditions. Unfortunately, because so many of us are mostly unconscious of how these forces operate, we have limited ability to change the way we think, feel and act. This has major consequences for us as individuals and as a society.

Nothing illustrates this better than fear. Fear is a powerful emotion. It has developed to alert us to perceived dangers that could threaten our existence. But as we will demonstrate in this report, its power also makes it problematic. What fear tells us is not always an accurate reflection of what is happening, and this influences us in ways that can be unhelpful. If we receive inaccurate information we respond irrationally and in ways that create suffering for others and ourselves.

This happens on an individual level – leading to health problems, damaged relationships, and a limiting of our potential for living life to the full. It also happens at a societal level where fear leads to large-scale conflicts, unnecessary institutional restrictions and over-reactions, economic and social systems that create unhappiness and cultural forces that are emotionally charged but poorly understood. Ironically, the measures we often take to deal with fear can perpetuate it, entrenching us in an increasingly vicious cycle of fear. But there are ways we can learn to interrupt this cycle.

Understanding how fear works, and how we can better relate to it could make an enormous difference to health and well-being in our society, not to mention enlarging individuals' potential for living, learning and growing. This report aims to open up a debate about how we can relate to fear more effectively, and promote a more explicit understanding of the relationship between feeling, thought and action.

Section One discusses what fear is and explains why it is important. Section Two reveals and discusses the results of the public poll commissioned by the Mental Health Foundation to find out more about people's experience of, and attitudes and responses to fear. In the light of these results, Section Three analyses some of the most important factors that drive our fear and the impact this has on us. Section Four outlines measures we can take to deal with fear.

2. What is fear and why is it important?

i) The nature of fear

Fear is one of the basic human emotions. While there are hundreds of emotional states, researchers have described a few universal 'basic' emotions that have helped humanity evolve and survive. According to one influential pair these emotions are happiness, anxiety, sadness, anger and disgust.³

Fear protects us from harm by alerting us to perceived dangers in our environment.⁴ The fear response, which operates largely automatically, kicks in when we are in apparently dangerous situations similar to those faced previously – by either ourselves, those we have learned from, or our ancestors.⁵ Fear is closely linked to the 'fight, flight or freeze' toolbox that enables us to deal quickly with emergencies.⁶ It has a strong physical effect. Our bodies release chemicals such as adrenaline, that create a hyper-alert state - our heart-rate increases, we breathe faster and our muscles tense up, preparing us to act – either to confront danger, or run away from it. We sweat more, our pupils dilate, our blood pressure increases, the veins in our skin contract, and we might jump, start or freeze as our body primes us to react, or instinctively try to protect vulnerable areas, such as the head.⁷ Other body systems – such as the digestive and immune systems – function less effectively, as more energy is diverted to deal with the threat⁸ (hence we may lose our appetite and get butterflies in the stomach). We might feel sick, dizzy or start to shake⁹ and our chests may feel tight, our mouths dry and our bowels loose.

Certain areas of the brain are believed to play key roles in the operation of the fear response. Studies show that activity in the amygdala (thought to be involved in deciding whether incoming data is threatening, and storing memories to guide future emotional processing) – increases when people are faced with dangerous situations. Rats with damaged amygdalas have been known to lose their fear of cats, sometimes leading to them being eaten.¹⁰ Other areas involved in the processing of fear are the thalamus (regulates where to send incoming sensory data) and the hypothalamus (triggers the 'flight or flight' response in the sympathetic nervous system, a part of the autonomic nervous system that becomes more active when we experience stress).¹¹ Fear is possibly the most powerful of all the emotions¹² - researchers have found that fear creates more bodily sensations than any other emotion,¹³ and the brain affords it the most space and energy.¹⁴

³ Oatley, K. & Johnson-Laird, P.N. (1987). Towards a cognitive theory of emotions. *Cognition and Emotion*, 1, 29–50.

⁴ 'Fear' Wikipedia, at <http://en.wikipedia.org/wiki/Fear>

⁵ Schaffhausen J, 'Fear Conditioning: How The Brain Learns About Danger', at <http://www.brainconnection.com/topics/?main=fa/fear-conditioning>

⁶ Layton J, 'How Fear Works' at <http://health.howstuffworks.com/fear/html>

⁷ Wikipedia, 'Fear' at <http://en.wikipedia.org/wiki/Fear>

⁸ Schmidt B, Winters J (2002) 'Anxiety After 9/11' *Psychology Today*, at www.psychologytoday.com/articles/pto-2031.html

⁹ Schmidt B, Winters J 'Anxiety After 911', at <http://www.psychologytoday.com/articles/pto-20020101-000032.html>

¹⁰ Wikipedia, 'Fear'; at <http://en.wikipedia.org/wiki/Fear>

¹¹ Layton J, 'How Fear Works' at <http://health.howstuffworks.com/fear/html>

¹² Wikipedia, 'Fear' at <http://en.wikipedia.org/wiki/Fear>

¹³ See Di Giuseppe and Tafra, (2007), *Understanding Anger Disorders*, (Oxford)

¹⁴ Schaffhausen J, 'Fear Conditioning: How The Brain Learns About Danger', at <http://www.brainconnection.com/topics/?main=fa/fear-conditioning>

Although the emotion of fear is physiologically powerful, and largely automatic, it can be influenced by thought. Our reasoning and deduction can cause fear to increase or dissipate¹⁵, and this gives us a degree of control over how we relate to it. Conscious thought happens more slowly than the automatic fear response, and so it takes more time to emerge in the face of an oncoming threat¹⁶. As well as the thalamus, amygdala and hypothalamus, conscious thought involves the sensory cortex and the hippocampus (which help us give meaning to and establish context for incoming data, so we can decide if it really is a threat).

Because this process is slower, we tend to experience the emotion of fear first, before we have any conscious thoughts about it. Therefore we may feel frightened and respond with instinctive defensive measures before our conscious thought processes engage with what is happening. So, for example, when watching a horror film, we might experience fear as the emotional brain reacts to images of danger, even though our conscious mind may be able to tell us that the frightening situation is merely a picture. Or we might experience panic before making a speech, even though we can use our conscious mind to reassure ourselves that the exposure it requires is unlikely to be harmful.

Of course our emotions influence our thoughts too. It is not as if thinking kicks in and automatically enables us to manage our feelings. Our thoughts and feelings work together and this is why we can get locked into negative cycles of fear.

ii) Variations in the experience of fear

We each have our own, continually evolving experience of fear. It depends on our cultural environment (what we learn to fear by the example of others) our genes and personality (inherited tendencies), our previous life experience (which may have conditioned us to be more afraid of some situations than others) and our current circumstances (such as the security of our social and economic situation). We all experience fear, and we tend to fear the same types of things, but exactly what we fear, when, how, and to what degree is unique to each of us.

So, for example, many of us would experience fear if we were confronted with a snake, and some of us might even feel fear watching a film featuring snakes. This is partly a result of our cultural conditioning, through which we have seen and learned from the fearful responses to snakes, representations of snakes or the idea of snakes exhibited by those around us. If those around us never showed any fear of snakes, we would probably not be afraid of them. This has been demonstrated in studies of laboratory-reared monkeys, who are not afraid when confronted with images of snakes until those images are linked with fear reactions shown by other, wild-reared monkeys¹⁷.

However, the fear response is influenced by genetic hard-wiring, stemming from our evolutionary past. Laboratory-reared monkeys are more easily trained to fear images of snakes than other potentially threatening but equally unfamiliar phenomena with which our and their ancestors did not have to contend¹⁸.

¹⁵ Mental Health Foundation (2007) Boiling Point: Problem Anger and What We Can Do About It. London p14

¹⁶ Gardner, D (2008) Risk: The Science And Politics Of Fear (Virgin) p16

¹⁷ Science Week 2007: National Fear Survey, 'Fear In The Brain', at http://nationalfearsurvey.net.au/feature_fearinthebrain.aspx

¹⁸ Science Week 2007: National Fear Survey, 'Fear In The Brain', at http://nationalfearsurvey.net.au/feature_fearinthebrain.aspx

Finally, our experience of fear is influenced by our own personal history and current circumstances. If we were bitten by a snake – and survived – that memory will be stored and we are certainly likely to experience fear if we encounter snakes (or even when we encounter things which remind us of snakes) at a later time.

“Some people are innately fearful - for example, people born on the autistic spectrum find the world incredibly stressful, and unless they can control the environment they suffer a lot of anxiety. Then there is trauma-related fear - people’s brains pattern-match to something terrible that happened to them. If someone has learned that particular circumstances nearly killed them or made them feel as if they were going to die – such as intense bullying or a heart attack or being at war - that creates a new learned pattern, and anything similar to the events that traumatised them can trigger a panic attack or nightmares or hyper-vigilance. Some people are also conditioned by their family to be fearful and afraid to take risks. And then if you’re constantly feeling insecure in your environment, you can become fearful. So there’s anxiety caused by the real immediate fear of being attacked, there is anxiety caused by trauma, there’s anxiety caused by your personality type and there’s anxiety that comes from working or living in a toxic environment – a toxic family or organisation.”

Ivan Tyrrell, psychologist and author of How To Master Anxiety (2007)

iii) The relationship between fear, anxiety, anxiety disorders and other related terms

Distinctions are often made between ‘fear’ and related terms such as ‘anxiety’, ‘paranoia’, ‘worry’ or ‘panic’. For example, it is sometimes argued that fear tends to be attributable to an external stimulus, but anxiety describes an experience with a more ‘free-floating’ character, perhaps being without an obvious, identifiable or justifiable cause¹⁹. While these distinctions might be valuable as nuances of language, enabling us to distinguish between differences of degree, style and stimulus, they are all expressions of the basic emotion of fear. While using such terms can help to describe an experience precisely within its personal, social and cultural context, they can also be considered aspects of fear.

In describing different manifestations of fear, mental health professionals have tended to use anxiety and other terms, probably in an attempt to differentiate the basic emotion of fear, which is usually seen as a healthy response, from what are often viewed as unhealthy manifestations of it. The term ‘anxiety disorders’ is a blanket term that tends to encompass a spectrum of clinically-defined conditions related to the experience of fear, including but not limited to generalised anxiety disorder (GAD), panic disorder, panic attacks, specific phobias, obsessive-compulsive disorder, post-traumatic stress disorder, social anxiety disorder, acute stress disorder, and agoraphobia.²⁰

¹⁹ ‘Anxiety’, Wikipedia, at <http://en.wikipedia.org/wiki/Anxiety>

²⁰ see for example, the various guidelines issued for anxiety-related disorders by the National Institute For Clinical Excellence, available at <http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7281&set=true>

Each of these conditions is clinically defined for diagnosis and treatment reasons, and the impression is sometimes given that they are separate entities. But they frequently overlap – in their characteristics, in terms of those who might qualify for the diagnosis, and in the way they are treated. While attempting to isolate them makes sense in order to describe, study and develop targeted treatments for them, it can also create false distinctions, and obscure what they may have in common not only with each other, but also with experiences of fear in the ‘non-clinical’ population, to which they are actually only different by degree of severity and symptom endurance. By implying a very definite split between ‘anxiety disorders’ and ‘normal healthy fear’ (which, as we shall see, is not always very healthy), we may contribute to the misunderstanding, stigma and avoidance of people who experience significant emotional distress. Helping everyone understand fear and how it gets out of control is a job worth doing for people who have no experience of clinical mental health problems, as well as those who do.

The same is true of the relationship between fear (or anxiety) and other clinically defined mental health problems – people with these conditions often report fear and anxiety to be a significant part of their experience. This is reflected in the high levels at which anxiety disorders and other mental health problems occur at the same time - depression and anxiety, for example, very frequently occur together.²¹ In the US national co-morbidity survey, 90 per cent of those with an enduring generalised anxiety disorder also had another mental health-related problem, most commonly depression, followed by alcohol abuse. Similarly, around 35-50% of those with depression were also found to have generalised anxiety disorder.²² The co-morbidity of anxiety disorders with other mental health problems is also apparent from the 2007 survey of psychiatric morbidity in England - Generalised Anxiety Disorder, for example, was found to be ‘strongly associated’ with depression, psychosis (eg schizophrenia), borderline personality disorder and attempting suicide in the past year, as well as with other anxiety disorders.²³ Therefore, even when a mental health problem is not clinically diagnosed as an anxiety disorder, it is likely that fear and anxiety forms part of the experience of the person suffering from it.

One result of the tendency to see clinically diagnosable anxiety disorders as distinct from fear in the general population is that mental health policy has tended to focus primarily on treating those who are presenting with a ‘mental health problem’, rather than taking a whole population approach. However, this approach is short-sighted – the greater the experience of fear in the general population, the greater the number of people who will be tipped over into what might be diagnosed as an ‘anxiety disorder’. This is borne out by comparing the findings of our survey, which indicates increasing levels of fear in the whole population, with the national surveys of psychiatric morbidity in England, which indicate an increase in the numbers of people experiencing a diagnosable anxiety disorder over the period 1993-2007 (both discussed in the next section). This is because the social, economic and cultural factors which increase fear levels among the whole population will also be those that lead to some people reaching a level of anxiety that qualifies them for a mental health diagnosis.

²¹ see, for example, Office for National Statistics (2002) Psychiatric morbidity among adults living in private households, 2000, The Stationary Office, at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4019414.

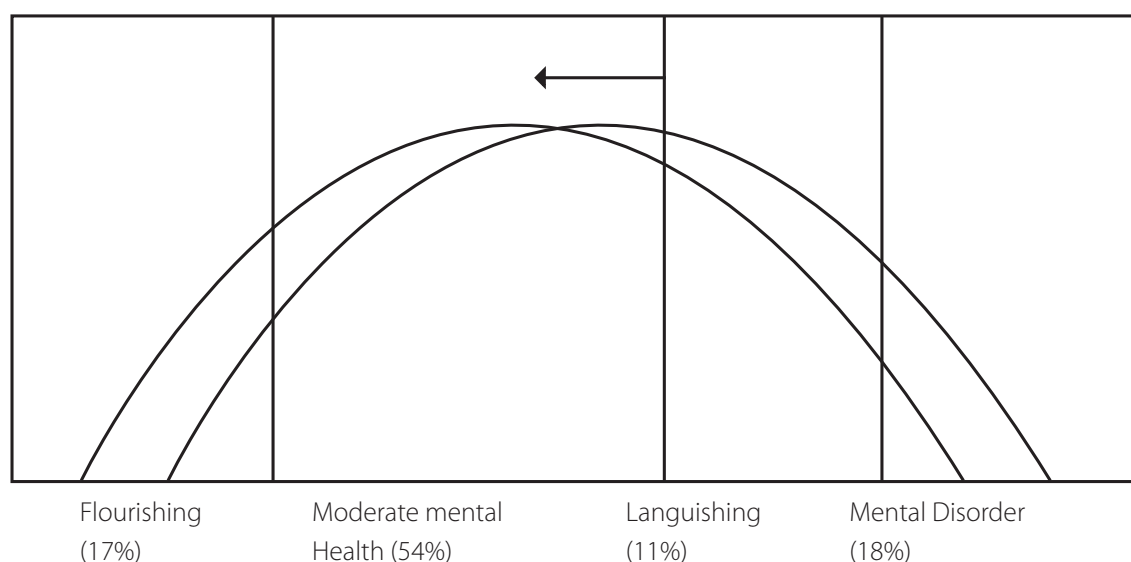
²² Stein D, Co-morbidity in Generalised Anxiety Disorder: Impact and Implications, *J Clin Psychiatry* 2001;62 (suppl 11) and The Natural History of Generalised Anxiety Disorder, at http://www.medscape.com/viewarticle/431268_6

²³ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

This report is partly about improving the mental health of the whole population, the benefits of which are based on a familiar public health model.²⁴ Just as we know that a small reduction in the overall consumption of alcohol among the whole population results in a reduction in alcohol-related harm, so a small improvement in population-wide levels of wellbeing will reduce the prevalence of mental illness, as well as bringing the benefits associated with good mental health:

- by reducing the mean number of psychological symptoms in the population, many more individuals would cross the threshold to become ‘flourishing’ (or mentally well);
- a small shift in the mean of symptoms or risk factors would result in a decrease in the number of people in both the languishing (or mentally unwell) and mental illness tail of the distribution.

Population distribution of mental health



Adapted from Huppert 2005; prevalence figures are from Keyes 2005, based on USA data

“Epidemiological analysis shows that there is a relationship between the prevalence of symptoms in the broader non-clinical population and the incidence of diagnosed disorders. More people are feeling anxious and therefore more people are reaching a pitch of anxiety, which if they come into contact with a health professional, will be diagnosable as an anxiety disorder. Just as we know that we can’t reduce alcohol-related harm by focusing solely on those who drink heavily - we need to promote sensible drinking in the whole population – the same model should be used for mental health. Mental health has tended to be seen as a problem for a small number of people, with the focus very much on illness. Instead we need to focus on promotion of mental health and prevention of mental illness as a public health issue -”

Dr Lynne Friedli, mental health promotion specialist and author of Mental Health, Resilience and Inequalities (2009), published by the World Health Organization

²⁴ Mental Health, Resilience and Inequalities. Friedli L, World Health Organization 2009

While it is of course important to provide adequate services to help people whose anxiety has become severe enough to come to the attention of clinicians, by taking a preventive public mental health approach and successfully attending to the social, cultural and economic factors which affect how every one of us experiences fear – factors that will be discussed in detail in this report – we would be bound to achieve a reduction in the number of people presenting to health services with an anxiety disorder in the first place, as well as reducing fear and anxiety in the non-clinical population. And yet at the moment, only £4 million of the £4.5 billion of NHS adult mental health investment is spent on promoting good mental health - less than 0.1 per cent.²⁵

iv) When does fear cause avoidable problems?

The fear response has been essential to our survival as a species and continues to be useful to us in many circumstances. The automatic nature of the fear response makes evolutionary sense – when we face urgent threats to our existence we need to be able to respond instantly based on previous experience, rather than engaging in a conscious and reasoned thought process about the nature of the threat.²⁶

But fear also has a large and often problematic impact on us as individuals and as a society. As our most powerful emotion (from a physical perspective, at least) it is critically important in dictating how we feel, think and behave. It can negatively affect our health and well-being, as well as leading us to act in ways that, although intended to be geared towards self-protection and survival, may be counter-productive to ourselves and to others.

Fear creates suffering in the form of the persistence of unpleasant symptoms created by it. This can be anything from a nagging, low level sense of worry, to an extremely debilitating, acute and painful state of near-constant panic. The unpleasant symptoms – headaches, muscle tension, sweating, and so on – can lead to loss of concentration on other tasks, as we can become obsessively focused on attempting to resolve issues that are perceived to be the cause of the fear.

Fear is strongly linked to poor physical health. People with generalised anxiety disorder have been found to be at higher risk of coronary heart disease,²⁷ while anxiety has been linked to increased incidence of chronic respiratory disorders such as asthma, gastrointestinal conditions, such as irritable bowel syndrome,²⁸ as well as arthritis, migraine, allergies and thyroid disease.²⁹ People with anxiety disorders have been shown to be four times more likely than others to develop high blood pressure,³⁰ and many studies have shown a relationship between anxiety and reduced white blood cell function, a sign of immune system weakness.³¹

²⁵ See 'Latest Statistics Show Mental Health Must Be Made National Priority, Says The Foundation At 60', Mental Health Foundation, 3 Feb 2009, at <http://www.mentalhealth.org.uk/media/news-releases/news-releases-2009/3-february-2009/#9>

²⁶ Layton J, 'How Fear Works' at <http://health.howstuffworks.com/fear/htm>

²⁷ Barger S, Sydeman S (2005) 'Does Generalized Anxiety Disorder Predict Coronary Heart Disease Risk Factors Independently Of Major Depressive Disorder?' *Journal of Affective Disorders* 88, pp87-91)

²⁸ Harvard Medical School (2008) 'The Link Between Anxiety And Physical Illness', Harvard Health Publications, at http://www.health.harvard.edu/healthbeat/HEALTHbeat_080508.htm#art1

²⁹ JAMA/Archives journals (2006) 'Anxiety Disorders Tied To Physical Illness', at <http://yourtotalhealth.ivillage.com/anxiety-disorders-tied-physical-illness.html>

³⁰ Laurin C, et al (2008) 'The Impact of Mood and Anxiety Disorders on the Development of Hypertension' Presentation 0494-087, CCC Toronto, Canada, at http://www.anxietyinsights.info/anxiety_disorders_linked_to_high_blood_pressure.htm

³¹ 'Can Anxiety Attack Symptoms Cause Real Physical Illness' (2008) at <http://www.content4reprint.com/health/can-anxiety-attack-symptoms-cause-real-physical-illness.htm>

A link between anxiety and cancer has been suggested,³² as well as a link between experience of stress and Alzheimer's Disease.³³

The presence of anxiety also makes other health conditions more difficult to treat, their symptoms worse, and can lead to earlier mortality.³⁴ As described in section one, fear creates physiological stress, which has an impact on our bodies. In the light of our increasing awareness that 'physical' and 'mental' health are inseparably entwined, it is easy to see how problematic fear can be a part of a vicious circle of poor health, potentially helping to create a whole range of illness experiences – from fatigue and depression³⁵ to heart disease – while those experiences also tend to lead to greater fear. Anxiety is also associated with unhealthy lifestyle choices such as smoking, and poor diet.³⁶

So, fear has a profound impact on our health - mind and body. It can also have a dramatic effect on our behaviour and ability to experience life to the full. Fear can lead us to become preoccupied with our health and limited by that preoccupation – it is common for people who experience panic attacks to think that their symptoms are those of heart failure, creating a vicious circle which can prompt them to restrict their activities,³⁷ which aside from being life-limiting, might even increase their likelihood of experiencing the very illnesses they are afraid of.

Fear also becomes a problem when it is activated inappropriately, so that instead of alerting us to and preparing us to respond to genuine imminent danger, it causes us to perceive and react disproportionately to perceived threats.

Fear can lead to avoidance behaviours. It can encourage us to create walls of 'security' around us – gated housing, alarm systems, elaborate health and safety procedures, intense monitoring of children – that, because they restrict our behaviour and must be constantly maintained, are expensive in terms of freedom, money and well-being.³⁸ A previous Mental Health Foundation survey found that fear about world events is making 15% of people reluctant to have children and 27% less inclined to plan for the future.³⁹ It can create a cycle of encouraging us to overestimate dangers and ascribe catastrophic meanings to events and situations – 72% of us feel nervous, threatened or scared simply when we pass a group of young people on the street.⁴⁰ Many people with anxiety problems or phobias limit their interactions with the world, perhaps even to the extent of not going out, or shunning relationships with other people, potentially leading to poor self-care, economic hardship, depression and other causes and effects of decreased well-being.

³² BBC News (2003) 'Anxiety "May Increase Cancer Risk"', at <http://news.bbc.co.uk/1/hi/health/2943726.stm>

³³ 'A Possible Mechanistic Link Between Stress And The Development Of Alzheimer Tangles', 18 June 2007, at <http://www.medicalnewstoday.com/articles/74308.php>

³⁴ Harvard Medical School (2008) 'The Link Between Anxiety And Physical Illness', Harvard Health Publications, at http://www.health.harvard.edu/healthbeat/HEALTHbeat_080508.htm#art1

³⁵ Anxiety, Wikipedia, at <http://en.wikipedia.org/wiki/Anxiety>

³⁶ News-Medical.Net (2008) 'Anxiety Disorders Latest Worry In Hight Blood Pressure', at <http://www.news-medical.net/?id=42197>

³⁷ <http://www.news-medical.net/?id=42197> - 'Anxiety Disorders Latest Worry In Hight Blood Pressure'

³⁸ see, for example, Minton A (2008), 'Technologies of Fear', Guardian, at <http://www.guardian.co.uk/commentisfree/2008/nov/26/ukcrime-cctv-surveillance> or Furedi F (2008) Paranoid Parenting, at <http://www.frankfuredi.com/index.php/site/article/272/>

³⁹ Mental Health Foundation (2007) 'Terrorism "People's Greatest Fear"' at <http://www.mhf.org.uk/information/news/?entryid17=50602&q=0%C2%ACfear%C2%AC>

⁴⁰ Davis R, (2008) 'The Voice of Youth', at <http://www.guardian.co.uk/society/joepublic/2008/nov/17/youth-week-blogs>

3. The Mental Health Foundation Fear Survey

i) Introduction

To find out more about our experience of fear and anxiety, the Mental Health Foundation commissioned Opinium to carry out a market research Omnibus survey of 2,246 British adults between the 5th and 8th January 2009. The questions we asked focused both on people's personal experience of fear and anxiety, and their perceptions of fear and anxiety in the wider world. Here is a summary of the key findings:

ii) Key Findings

How fearful are we?

- 29% say that fear and anxiety have stopped them from doing things they wish they had done.
- 13% say their fear or anxiety affects their relationships, and the same number have at some point sought help with their fear or anxiety from their GP.
- 9% of people feel frightened or anxious 'a lot of the time' or 'nearly all or all of the time'. The same percentage describe themselves as a 'generally anxious or fearful person'.
- 70% of people feel frightened or anxious at least some of the time.

Are we becoming more fearful?

- 77% of us say that people in general are more frightened and anxious than they used to be (3% disagree).
- The same percentage (77%) say that the world has become a more frightening place in the last 10 years (7% disagree).
- 37% of people (equivalent to 18 million UK adults) say they get frightened or anxious more often than they used to, compared to 28% who disagree (33% neither agree nor disagree).

What do we get frightened about?

- 49% of people say they get frightened or anxious about money/finances/debt and 66% of people say they experience at least some degree of fear or anxiety about the current financial situation. People also are most likely to say they get frightened or anxious about 'the death of loved ones' (45%), crime/the threat of crime (35%), the welfare of their children (34%), developing a serious illness or disease (33%) and getting old (27%). 18% say they get frightened or anxious about the state of the environment and 14% of people say they get frightened or anxious about the threat of war.

What factors do we think contribute to increased fear?

- When those who say that people in general are more frightened or anxious than they used to be are asked why they think this is so, 63% say it is because of the current economic situation, 61% say because of a loss of solidarity and community, 60% say because the media makes people frightened, 60% say because the world has become a more dangerous place, 60% say because of fear of terrorism, 59% say because of the risk of crime, 54% say because of a loss of certainty and security, and 54% say because of an increase in the availability of information about threats to safety.

What are the differences in fear levels between men and women?

- 81% of women feel frightened or anxious at least some of the time, compared to 59% of men, whereas 18% of women say they never feel frightened or anxious (compared to 38% of men).
- 43% of women say they get frightened or anxious more often than they used to, compared to 30% of men.
- 36% of women say that fear and anxiety have sometimes stopped them from doing things they wish they had done, compared to 21% of men.
- 82% of women think the world has become a more frightening place in the last ten years, compared to 71% of men.
- Women are more likely to get anxious or frightened about every issue presented in our survey except 'unemployment' (23%, compared to 26% of men). They are especially likely to get anxious about money/finances/debt (55%, compared to 35% of men), the death of loved ones (55%, compared to 35% of men), the welfare of their children (40%, compared to 28% of men), developing a serious illness (39%, compared to 26% of men), getting old (33%, compared to 21% of men), and being left alone/isolated (31%, compared to 15% of men).

What are the differences in fear among different age groups?

- 77% of 18-34-year-olds say they feel frightened or anxious at least some of the time, compared to 65% of over 55s.
- 22% of 18-34 year-olds say fear or anxiety affects their relationships, compared to 6% of over 55s.
- 32% of 18-34 year-olds say fear and anxiety have sometimes stopped them doing things they wish they had done, compared to 24% of over 55s.
- 13% of 18-34 year-olds describe themselves as a 'generally anxious or fearful person', compared to 6% of over 55s, and 14% say that fear or anxiety 'causes real problems in my life', compared to 4% of over 55s.
- 83% of over 55s agree that the world has become a more frightening place in the last 10 years, compared to 71% of 18-34 year-olds, and 81% of over 55s say that people in general are more frightened or anxious, compared to 73% of 18-34 year-olds.
- Over 55s are more likely to ascribe increases in fear to a loss of solidarity and community (69%, compared to 52% of 18-34 year-olds), the world having become more dangerous (65% compared to 53% of 18-34-year-olds), fear of terrorism (65%, compared to 53% of 18-34 year-olds) and greater uncertainty and security (61%, compared to 44% of 18-34 year-olds).
- Younger people are more likely to worry about money/finances/debt (57%, compared to 37% of over 55s), unemployment (33%, compared to 10% of over 55s) not living up to other people's expectations and feeling a failure in life (37%, compared to 13% of over 55s), and losing social status (10%, compared to 3% of over 55s). Older people are much more likely to get anxious/frightened about developing a serious illness or disease (39%, compared to 28% of 18-34-year-olds), and getting old (35% compared to 22% of 18-34-year-olds).

Are there any significant regional differences in fear?

- Londoners are more likely to feel anxious a lot of the time - 14%, compared to 8% nationally.

iii) Discussion

How fearful are we?

These results demonstrate that fear and anxiety is present in most of our lives and problematic for many. This indicates that we would benefit from learning more about what creates fear, how we can manage it, and how we might work towards reducing the negative impact it has on our lives and society. A realistic goal for this might be that more than 38% of us are able to say that fear and anxiety “do not cause any particular problems for me” and are “a normal part of life”.

Around one in ten people experience fear and anxiety that impact heavily on their lives (they feel frightened “a lot of the time” or “nearly all or all of the time”). This is not insignificant – amounting to almost 5 million UK adults.⁴¹ Additionally, 13% of us say fear and anxiety affects our relationships, and almost a third of us have been prevented from doing things we wished we had done because of fear and anxiety. Our results correlate closely with the most recent Adult Psychiatric Morbidity survey,⁴² which found that approximately 1 in 6 adults in England (16.2%) were experiencing a ‘neurotic disorder’ at time of interview, with five of the six conditions classified as anxiety disorders (affecting 15.3% of adults). These figures suggest that problematic fear is the most common of all mental health problems, and that our society includes a large number of people who could benefit from more help to deal with their fear.

While our survey finds that 13% of people have at some point sought help from their GP about their fear or anxiety, this is likely to include many people who have now substantially recovered – either through the treatment they received or through other means. However, the potential demand for professional support could well be much higher, given that a third of people with anxiety say they do not take any action to ameliorate it,⁴³ and only a quarter of adults with a common mental disorder receive any treatment for it (for mixed anxiety/depression it is just 15%).⁴⁴

Are we becoming more fearful?

There is much evidence to suggest that this is the case. In our survey, more people (37% - equivalent to 18 million UK adults) agree that they get frightened or anxious more often than they used to than disagree (29%). A significant number (33%) neither agree nor disagree, which might be interpreted as an indication that they think their anxiety levels have remained roughly the same. The Psychiatric Morbidity survey released in early 2009 also indicates a significant rise in anxiety disorders. Over the years 1993-2007, the incidence of mixed anxiety and depression has risen from 7.5% to 9.7%, generalised anxiety disorder from 4.4% to 4.7%, phobias from 2.2% to 2.6% and panic disorder from 1.0% to 1.2%. By subtracting the rise in the one common mental disorder not considered to be an anxiety disorder (depressive disorder, which has risen by 0.4%) from the overall rise in common mental disorders (a total rise of 2.1%), we discover that 1.7% more of the population of England (15.0%, compared to 13.3%) was experiencing an anxiety-related common mental health disorder in 2007, compared to 1993. This is a considerable percentage rise – 12.8% over 14 years.

⁴¹ Based on a total adult population of approximately 48 million, see Directgov, ‘Key Facts About The United Kingdom’, at http://www.direct.gov.uk/en/Governmentcitizensandrights/LivingintheUK/DG_10012517

⁴² NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

⁴³ BUPA (2006) ‘Seven Million Brits Are Making Themselves Ill With Worry’, at http://www.bupa.co.uk/about/html/pr/150206_worried_britons.html

⁴⁴ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

Extrapolating this rise to the whole of the UK, we can estimate that 800,000 more adults would have qualified for the diagnosis of an anxiety disorder in 2007 than in 1993.⁴⁵

Other surveys have also suggested that fear and anxiety are widespread - for example, one found that 60% of employees suffer from feelings of insecurity and anxiety, with 43% having difficulty sleeping because of work worries.⁴⁶ Another possible indication of rising fear is the decline in reported levels of trust. In 1959, when asked: "Would you say that most people can be trusted?" 56% of British people said 'yes'. Thirty years later, the figure had dropped to 30%.⁴⁷

"We know that one in three people will experience a panic attack at some point in their lives and one in 10 people have disabling anxiety disorders - it really is a huge problem."

Nicky Lidbetter, chief executive of Anxiety UK

We asked people whether they thought fear in the wider world was increasing, and the response was unequivocal – 77% of us think that people in general are more frightened and anxious than they used to be, and the same percentage agrees that that world has become a more frightening place in the last 10 years. More than twice as many of us agree that people in general and the world itself are becoming more frightened and frightening as agree that they themselves are more frightened and anxious. Similarly, while 28% disagree that they are more frightened or anxious, only 3% disagree that people in general are more frightened or anxious. Either we are underestimating our own fear and anxiety, or we are overestimating other people's fear and anxiety, or some combination of the two.

Some of this apparent anomaly could be due to the psychological quirk known as 'optimism bias',⁴⁸ whereby our estimations of other people's capacities tend to be lower than our estimation of our own (for example, the majority of us tend to rate our driving skills as superior to those of others).⁴⁹ But it is significant, in that it suggests our perception of fear in the wider world (and how frightening that world is) is exaggerated. And while we might like to think that does not have an impact on us, it must. Possible factors that could explain our findings are discussed in the following section.

What do we get frightened about?

People are more likely to get frightened about personal concerns that could directly and immediately impact on them. Finances come top of the list (49%, with 66% experiencing some degree of fear or anxiety about the current financial situation), followed by the death of loved ones (45%), crime/the threat of crime (35%), the welfare of their children (34% - a figure that is likely to have been higher if those who do not have children were discounted) and developing a serious illness or disease (33%). It is notable that global fears that do not currently impact on us personally and directly, such as the state of the environment (18%), do not trouble us nearly as much.

⁴⁵ Based on a 1.7% increase throughout the UK population, estimated to be 48 million adults (see http://www.direct.gov.uk/en/Governmentcitizensandrights/LivingintheUK/DG_10012517)

⁴⁶ Dean B, 'Anxiety Attack', at <http://www.anxietyculture.com/article.htm>

⁴⁷ Layard R (2006) *Happiness: Lessons From A New Science* (Penguin), p81

⁴⁸ Schneier B (2008) 'The Psychology of Security' at <http://www.schneier.com/essay-155.html>

⁴⁹ Schneier B (2008) 'The Psychology of Security' at <http://www.schneier.com/essay-155.html>

There is other evidence that the current financial crisis is beginning to have an adverse impact on levels of fear – Anxiety UK, the country's largest anxiety disorders charity, have reported a doubling of calls to its telephone helpline and a 400 per cent increase in the number of emails requesting support during the period January/February 2009, following a steady rise since the onset of the credit crunch – the charity says a 'significant number' of calls relate to financial worries.⁵⁰

"I think there's likely to be an upsurge in anxiety due to the credit crunch. Unemployment itself can cause high levels of anxiety - there's a loss of role if you've always been a breadwinner and been to work - and then there's the financial implication as well. There are few people who become unemployed who don't actually need money, so then they are potentially going to get into debt. So it's a double whammy - you're facing a whole range of stresses."

Karina Lovell, professor of mental health, University of Manchester

What factors do we think contribute to increased fear?

When those who think people are becoming more anxious or frightened were offered various options as to why this might be so, their answers reflect concern about many of the issues raised in this report. The current economic situation, understandably given its prominence at the time of our survey, came top (63%), closely followed by the perception that there is less of a sense of solidarity and community than there used to be (61%), the impact of the media (60%), terrorism (60%), the risk of crime (59%) and there being more uncertainty, less security and more information about possible threats than there used to be (54%). The fear-producing impact of politicians, pressure groups and advertisers (32%), people being overprotected and no longer seeing taking some risks as an inevitable part of life (32%) and the fast pace of change (24%) were less popular answers. While this might be interpreted to mean that these are less important factors, it could also be that the mechanisms by which they contribute to the production of fear are less obvious and people are not so aware of them.

Who is most fearful?

Throughout our survey, women consistently report experiencing more fear and anxiety than men. They are much more likely to say they feel frightened or anxious some of the time (81% compared to 59% of men) and are almost twice as likely to feel frightened a lot of the time (11%, compared to 5% of men). They are also more likely to report increasing fear (43% compared to 30% of men) and that their fear has restricted their behaviour (36%, compared to 21% of men). Women are much more likely to get anxious than men about finances (55% compared to 35%), family issues such as the death of relatives (55%, compared to 35%), the welfare of their children (40%, compared to 28% of men), and being left alone or isolated (31%, compared to 15% of men). This correlates with the results of the psychiatric morbidity surveys, which have also found that women experience more symptoms of anxiety than men – the 2000 survey found that they are more likely to experience sleep problems, worry, obsessions, phobias, and compulsions,⁵¹ and the 2007 survey found that women are considerably more likely to experience anxiety disorders than men (11.0% for mixed anxiety and depression, compared to 6.9% of men, and 5.3% for generalised anxiety disorder, compared to 3.4% of men)⁵² and that women's mental health in general is deteriorating (there has been an increase in

⁵⁰ See 'Massive Increase In Calls To Anxiety Charity Helpline – Is The Credit Crunch Kicking In?', Mental Health Foundation News, 3 March 2009, at <http://www.mentalhealth.org.uk/information/news/?EntryId17=68423>

⁵¹ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

⁵² NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

common mental disorders from 19.1% of women in 1993 to 21.5% in 2007, with a 20% increase in women aged 45-64.⁵³

Younger people also consistently report greater fear than older people – in our survey, measures of fear and anxiety consistently decline with age. 77% of 18-34 year-olds say they feel frightened or anxious at least some of the time, compared to 65% of over 55s, and more than twice as many in the younger age group would describe themselves as a 'generally anxious or fearful person' (13%, compared to 6%). More than three times as many (14% compared to 4%) report that fear or anxiety 'causes real problems in my life', and that it has 'sometimes stopped me doing things that I wish I had done' and that it 'affects my relationships'.

While older people appear to be less fearful and anxious than younger people, and are less likely to say they are more frightened or anxious than they used to be (34% of over 55s, compare to 39% of 18-34 year-olds), they are more likely to think the world has become a frightening place in the last ten years (35%, compared to 23% of 18-34 year-olds), and that people in general are more frightened or anxious than they used to be (81%, compared to 73% of 18-34 year-olds).

Separated according to region, our survey results tend to suggest that experience of fear does not greatly vary across the country. But despite a small sample, Londoners appear much more likely to feel frightened or anxious a lot of the time (14%, compared to 6% of those in the East or South East outside of London). Londoners are also slightly less likely than those in other regions to report that 'fear and anxiety doesn't cause any particular problems for me – they're a normal part of life' (36%, compared to 41% of those in Scotland and Northern Ireland), and slightly more likely to report that they 'have a friend or family member whose fear or anxiety causes real problems in their life' and that 'fear or anxiety affects my relationships'.

⁵³ Ahmad A (2009), 'Women's Mental Health Deteriorates As One In Five Experience Common Disorders', Guardian, at <http://www.guardian.co.uk/society/2009/jan/28/women-mental-health-deteriorating>

4. Why are we so fearful?

We have said that fear is a basic human emotion that has evolved as an effective survival tool. And yet our literature review and survey results show it is also a cause of suffering, illness and missed opportunities. Many authors have been quick to point out the relative safety in which the majority of the population has lived since the Second World War. According to Dan Gardner, author of *Risk: The Science And Politics of Fear* (2008) “modern developed countries have become some of the most peaceful societies in human history” Gardner notes, for example, that a person was 14 times more likely to be murdered in London in the middle ages than today.⁵⁴

Fear of crime continues to rise, even though crime itself has fallen in the last decade (in our survey 59% say people are more frightened because of the risk of crime). We are fearful for our children’s safety, and yet the chances of a child being abducted by a stranger are extremely small (a little more than 1 in 200,000 per year).⁵⁵ The likelihood of being a victim of terrorism – another common fear - is also miniscule (although 60% of people cite it as a reason for increased fear).

Despite the evidence that most of us are prey to far fewer immediate threats to our safety, health and well-being in the form of disease, war, destitution and other forms of suffering than in many previous eras, our experience of and reaction to fear, which evolved to alert us to them, is reported as growing (indeed, in our survey, 60% of people say there is increased fear because the world has become a more dangerous place). There are several possible factors that may be contributing to this.

i) Our fear response is often an inaccurate guide to risk

As explained in section 1, the automatic fear response occurs faster than conscious thought. This makes evolutionary sense – if we face an immediate threat, we are more likely to survive if we react quickly. However, this need for speed has led the human brain to develop a series of ‘emotional shortcuts’ which process threatening data quickly. These are based on past experience from our own life (learned responses) and from our ancestors (evolutionary/hereditary responses). But the learning from these past experiences is not always appropriate to our current situation, and so our fear is not always an accurate reflection of danger.

Even once we engage our conscious minds with a potential threat, the force of the fear response tends to be strong. This is problematic because we live in a radically different environment from that for which we are evolved. For most of our history, human beings have been nomadic hunter-gatherers, and the fear response partly evolved to deal with the threats of that lifestyle – dangerous predators such as lions or snakes. But relatively suddenly, we exist in a 21st century world of mostly urban living, huge technological development, and global communication – a complex culture that has developed at a far faster rate than our brains. As Bruce Schneier puts it: “We are very well adapted to dealing with the security environment endemic to hominids living in small family groups on the highland plains of East Africa. It’s just that the environment... is different from Kenya c100,000 BC. And so our feeling of security diverges from the reality of security, and we get things wrong.”⁵⁶

⁵⁴ Waugh A (2008) ‘Living In A Terrified World’ Daily Telegraph, at www.telegraph.co.uk/arts/main.jhtml?xml=/arts/2008/03/29/bobri129.xml - 41k -

⁵⁵ Figure calculated from the fact of there being 68 successful ‘stranger’ abductions in England and Wales in 2002/3, <http://www.crimereduction.homeoffice.gov.uk/violence/violence12.htm>, and approximately 10 million children in England and Wales (<http://74.125.77.132/search?q=cache:fgTkj6udvM0J:www.statistics.gov.uk/pdfdir/popE%26W0203.pdf+child+population+england+wales&hl=en&ct=clnk&cd=1&gl=uk>)

⁵⁶ Schneier B (2008) ‘The Psychology of Security’, at <http://www.schneier.com/essay-155.html>

Many of the events we worry about are very unlikely to occur. Take the risk of being in a plane crash, one of the most common fears. On average, we'd each have to fly every day for 26,000 years before we died in a crash, whereas we are 20 times as likely to die driving to the airport.⁵⁷ Child safety is another example – although fewer than one in ten eight-year-olds are allowed to walk to school on their own, in 1971 it was eight out of ten.⁵⁸ Many parents are nervous about allowing their children outside on their own, but they are more likely to be involved in a serious accident while at home, as well as being more prone to ill-health through lack of exercise.⁵⁹

“People are increasingly worried about their children being snatched by strangers – but the actual risk of this happening is infinitesimal. It is a classic example of a maladaptive response. Even leaving aside the direct risks, what are the costs of reduced exercise and children not getting outdoors? When children are out playing they're also taking on risks – like ‘Can I jump from this height?’ – and that has always been part of the process of maturation. There is a cost to children of not doing this.”

Dan Gardner, author of Risk: The Science And Politics Of Fear

This can work the other way round too - sometimes we do not get frightened about things which we perhaps ought to be fearful about. For example, our survey shows we do not get very anxious about the prospect of long-term environmental change, a threat which, though potentially extremely serious, appears distant and so does not stimulate the fear response. But because the fear response is not spurring us to respond urgently, we may be leaving it too late to take effective action against it.

Our fears may make sense in evolutionary terms – our bodies are not equipped to fly, and children are our means of species survival. The ‘feeling’ is not commensurate with the risk, but it is the perception of risk that tends to drive us. Also, many of the threats that appear to jeopardise our survival – for example, the possibility of terrorist attack – are more abstract, less predictable, and less likely to be alleviated by specific action than those for which the automatic fear response evolved. This can mean we continue to feel the fear associated with the threat and seek ways to recoil from it, even though neither the fear nor any action we take is likely to make much difference.⁶⁰ This potentially creates a vicious cycle of anxiety and aversion (indeed this is what ‘terrorism’ seeks to create). We may only become aware of the actual risk when we are presented with mathematical data, which has to be processed by the slower, more rational, thinking part of the brain. And this, being less emotionally powerful, may not extinguish the feeling, even when we know it is irrational.

⁵⁷ Midgley, C (2008) ‘Live Dangerously, It’s Safer’, The Times, at http://women.timesonline.co.uk/tol/life_and_style/women/families/article4418620.ece

⁵⁸ Midgely, (2006), ‘Our Cotton Wool Kids’, The Times, at http://www.timesonline.co.uk/tol/life_and_style/article689316.ece

⁵⁹ Cairns W, ‘How To Live Dangerously’, Theldler, at http://web.mac.com/warwickcairns/Site/ldler_danger_article.html

⁶⁰ for example, soon after the 9/11 attacks in the US, surveys found that 49% of Americans felt their sense of safety had been shaken, 62% reported difficulty sleeping, and 57% were trying taking preventative measures, such as by avoiding public events, quoted by Schmidt B, Winters J (2002) ‘Anxiety After 9/11’ Psychology Today, at www.psychologytoday.com/articles/pto-2031.html

ii) Our cultural environment fuels fear and the perception of fear

Our cultural environment has a significant impact on shaping our fear. For example, TV projects more images of violence than we would otherwise see, and this seems to have an effect on how we view our world – people who watch more television are more likely to believe there is more crime in real life.⁶¹

Some commentators have noted that fearful language (words like ‘epidemic’, ‘plague’, ‘terror’, ‘crisis’, or ‘syndrome’) are often employed by advocacy groups such as health activists and environmental campaigners.⁶² By couching appeals in vivid terms, we may have a better chance of getting our message across, but this may be at the cost of adding to a general sense of anxiety. Meanwhile, firms selling products to quell our anxieties – such as security equipment and insurance – have been accused of “scaring the public into purchasing their products.”⁶³

There is a tendency for events to be covered in politics, media and general culture in ways that give prominence to the most calamitous scenarios – recent examples include predictions that the human form of ‘mad cow disease’ would lead to hundreds of thousands of deaths and that the millennium bug would paralyse the world’s computer systems overnight.⁶⁴ ‘Catastrophising’⁶⁵ is a well-known thought process that has been identified by psychologists as one of the triggers for common mental health problems such as anxiety and depression. There is plenty of evidence in the way our language and public debate has changed in recent decades to suggest that we are catastrophising on a national level and displaying the signs of anxious or depressed group-thinking.

The fearful rhetoric tends to be picked up by politicians, who respond with a similar sense of urgency. Last year saw the creation of a risk register, which, as part of the National Security Strategy, “is designed to increase awareness of the kinds of risks the UK faces, and encourage individuals and organisations to think about their own preparedness.”⁶⁶ Noting that we are “in an age where there appear to be so many possible kinds of emergency”,⁶⁷ the register focuses on the potential for dramatic events such as “electronic attacks, attacks on crowded places, pandemic influenza, major industrial accidents and inland flooding”, rather than everyday risks, such as road accidents or heart disease. The government has distributed literature to households on ‘Preparing For Emergencies’ and has a website of the same name devoted to describing what to do in a whole range of frightening scenarios, including “drought... epidemics and pandemics... terrorism... international events causing disruption to essential services in the UK, large-scale repatriation of UK nationals... accidental chemical, biological or radioactive release, major industrial fires and accidental explosions.”⁶⁸

⁶¹ Furedi F (2007), ‘The Only Thing We Have To Fear Is The “Culture Of Fear” Itself’, Spiked, www.spiked-online.com/index.php?site/article/3053/ - 75k

⁶² Furedi F (2007), ‘The Only Thing We Have To Fear Is The “Culture Of Fear” Itself’, Spiked, www.spiked-online.com/index.php?site/article/3053/ - 75k

⁶³ Furedi F (2007), ‘The Only Thing We Have To Fear Is The “Culture Of Fear” Itself’, Spiked, www.spiked-online.com/index.php?site/article/3053/ - 75k

⁶⁴ Booker C (2007), ‘Scared To Death’, Daily Mail, at <http://www.bookrags.com/highbeam/scared-to-death-mayhem-scare-stories-20071113-hb/>

⁶⁵ Furedi F (2008), ‘How “Black September” Will Redraw The Contours Of Fear’, at <http://www.frankfuredi.com/index.php/site/article/257/>

⁶⁶ Cabinet Office (2008) National Risk Register, available at http://www.cabinetoffice.gov.uk/reports/national_risk_register.aspx

⁶⁷ Cabinet Office (2008) National Risk Register, Introduction, p1, at http://www.cabinetoffice.gov.uk/media/cabinetoffice/corp/assets/publications/reports/national_risk_register/national_risk_register_introduction.pdf

⁶⁸ HM Government (2008), Preparing For Emergencies, at <http://www.preparingforemergencies.gov.uk/>

On announcing the National Security Strategy, Gordon Brown said that “the nature of the threats and risk we face have, in recent decades, changed beyond recognition and confound all the old assumptions about national defence and international security.”⁶⁹ He spoke of the threat of ‘great insecurities’, and announced increases in expenditure on the armed forces, a doubling in the number of security service personnel compared to 2001, and increased resources for terrorism analysis and secret intelligence.

Of course, we need to make contingency plans, but by increased use of the language of ‘emergency’, we forget how relatively safe and secure we are. Frank Furedi suggests that “politics has internalised the culture of fear. . . British politics is dominated by debates about the fear of terror, the fear of food, the fear of asylum seekers, the fear of anti-social behaviour, fears over children, fear about health, fear for the environment, fear for our pensions. . .”⁷⁰ This, he points out, is some way from the calm approach taken by Franklin D Roosevelt in the 1930s, whose declaration that “the only thing we have to fear is fear itself” was an attempt to minimise panic and promote faith in humanity’s ability to cope with the ups and downs of life, even in tough times.

Our survey suggests that many people are aware of the fear-producing impact of these cultural influences – 60% of people who believe fear is increasing believe the media contributes to it, and 54% think an increase in the availability of information about threats to safety is a factor. But we can’t dismiss the culture we have created by blaming the media, advocacy groups and political parties. After all, they are made up of individuals as human as the rest of us, and so vulnerable to the same emotions and misperceptions, and they respond to demands that come from the society of which they are a part.

Unfortunately, this can become a spiral – we fear, groups of us operating as powerful social agencies connect with and exaggerate that fear, and we become even more fearful (hence fear of crime continues to rise while crime is decreasing). This heightens our sensitivity to risks and we are more prone to seek out information about them, encouraging those agencies to provide more of it. Meanwhile, our perceptions become more and more divorced from the reality of the actual risk. In the case of situations such as economic recession, we may even talk ourselves into greater trouble, as fear prompts us to take ‘preventative’ measures (eg reducing spending in preparation for hardship) which actually create the very problems we seek to protect ourselves from.

“We seldom reason logically - we use intuitive reasoning judgements. We make judgements about how likely an event is according to how easy it is to bring to mind - there are studies showing that if you think about being arrested or having an illness you will then rate it as more likely to happen. There are about 750 murders a year in England and Wales, while cancer kills about 140,000 each year. ...but if you ask people about the likelihood of each, they generally overestimate the chances of rare events like murder and underestimate the incidence of the real killers like cancer.”

Daniel Freeman, Senior Lecturer in Clinical Psychology, Institute Of Psychiatry, London and author of Paranoia; The 21st Century Fear

⁶⁹ Prime Minister’s Statement on the National Security Strategy, 19 March 2008, at <http://www.number10.gov.uk/Page15102>

⁷⁰ Furedi F (2004), ‘The Politics Of Fear’ at <http://www.spiked-online.com/Articles/0000000CA760.htm>

"It's not that we go around being consciously worried about avian flu or terrorism – but there's a cumulative effect in terms of framing our response and reinforcing our anxieties in a semiconscious way."

*Frank Furedi, Professor of Sociology, University of Kent
and author of *The Culture of Fear**

iii) The way we deal with our fear may have changed

While our cultural environment is important, we would find things to fear whatever environment we were in – before terrorism, people were afraid of nuclear war, and before that, plague or famine. This is because fear is part of our genetic inheritance - one recent study of twins found that between a third and a half of the fear response is inherited, as opposed to being learned through conditioning.⁷¹ This helps explain how, when exposed to similar experiences, some people experience more fear. That experience of fear means they are also then likely to become predisposed to experiencing more fear in those kinds of situation in the future. This can create a vicious circle, with inherited and learned conditioning mutually reinforcing one another in the light of current experience.

Frank Furedi argues that there have also been recent changes in the way fear is experienced and managed. He suggests that people are "increasingly presented as individuals who lack the emotional resources to cope with the challenges of life."⁷² By focusing on people's powerlessness, rather than their innate strengths, we may unwittingly reinforce that sense of powerlessness and erode capacity to act.

Furedi suggests that terms such as 'vulnerable people/children/groups' or 'at risk', which have come into common parlance in the last 20-30 years, create "an identity, rather than a description of your relationship to a specific threat... a sense of fear starts to be seen as a normal state of being."⁷³ The threat then comes to seem more frightening, and the individual more powerless in the face of it. For example, fighter pilots in world war two were less frightened than bomber pilots, even though they were twice as likely to be killed – the difference was attributed to the fact that fighter pilots had control over their actions, whereas bomber pilots were ordered to hold a specific course.⁷⁴ A more recent example is teachers not knowing whether to apply sun lotion to children's backs – the opposing fears of skin cancer and being accused of child sex abuse creating an anxiety-making paralysis.⁷⁵

There also seems to have been an increase in risk aversion, where "uncertainty is looked on with dread."⁷⁶ According to our survey, 29% of people say that fear has stopped them from doing things they wished they had done. It seems we sometimes resist the fact that we are mortal, and that every act we undertake has risk attached to it. As Tom Hodgkinson writes, "Security is a myth. It simply doesn't exist. This does not stop us, however, from constantly chasing it."

⁷¹ Lavelle P (2003) 'Some fears are inherited' ABC Science, at <http://www.abc.net.au/science/articles/2003/08/04/914237.htm?enviro>

⁷² Furedi F (2005), 'The Market In Fear', Spiked, at www.spiked-online.com/Articles/0000000CAD7B.htm

⁷³ Furedi F (2007), 'The Only Thing We Have To Fear Is The "Culture Of Fear" Itself', Spiked, www.spiked-online.com/index.php?site/article/3053/ - 75k

⁷⁴ Valley P (2005), 'The Psychology of Fear' The Independent, at <http://www.independent.co.uk/opinion/commentators/paul-valley-the-psychology-of-fear-499823.html>

⁷⁵ Dean B, 'Anxiety Attack', at <http://www.anxietyculture.com/article.htm>

⁷⁶ Furedi F (2008), 'Gordon Brown's register of risks? Rip It Up' at www.frankfuredi.com/index.php/site/article/208/ - 23k

In attempting unrealistically to control life, we not only limit our experience, but inhibit our capacity to learn to manage risk (and fear) as an inevitable part of it. It is potentially another vicious circle – we see ourselves and/or others as vulnerable, and attempt to deal with that sense of vulnerability by attempting to control and restrict risk rather than practice facing our fears, which in turn makes us feel more vulnerable. We become victims of our fear rather than seeing it as something that, though sometimes a useful guide, can often be successfully overcome.

This potentially self-perpetuating cycle can be seen among individuals in the rituals, restrictions and controls attempted by people experiencing 'obsessive-compulsive disorder', and on a societal level in the increasing number of 'safety' and 'security' checks required or advised in workplaces, public spaces, or homes. It is what Furedi calls the 'culture of fear', a rise in aversion to risks that may once have been considered unavoidable, even normal and healthy. Instead, we institutionalise and culturally affirm our fears, which, potentially, could make them more powerful.

According to our survey, more than twice as many of us (77%) think other people have become more frightened and the world has become more frightening as those who say they have become more frightened and anxious themselves (37%). This throws an interesting light on this issue - could it be that the 'culture of fear' that Furedi and others have identified as strangling the social sphere through over-regulation is actually a result of the fact that we think other people are fearful rather than ourselves? The pressure on politicians to mitigate risk at a societal level on all our behalf may result in some part from group-think rather than real fear on the part of individuals.

In this interpretation, healthy and life-enhancing activities we would usually engage in are restricted, regulated or prohibited partly because of concern over the potentially fearful reactions of others. In a recent article, Guardian columnist Jenni Russell cites the example of a teacher not permitted to emotionally engage with a highly distressed pupil who had made a suicide attempt and who specifically requested that teacher's support – because of the belief that such an emotional engagement could leave the teacher open to fearful over-reactions from others. "The priority isn't pupils' well-being but to protect teachers from any accusations," writes Russell, "either of sexual misconduct or responsibility for pupils' subsequent behaviour... Our rule-bound, box-ticking, risk-averse culture is designed to protect us from one another. Instead it is making us steadily more fearful and passive... local street parties, informal children's football clubs and church camping groups are all closing, casualties of criminal record bureau checks, risk assessments, indemnity insurance and other rules that tell us we cannot trust others and cannot be trusted ourselves."⁷⁷

Fuelled by the desire to protect ourselves from a frightening world, and from other people's fearful reactions, the suggestion is we have created a culture where tight restrictions on our behaviour has, according to Russell, "an insidious, destructive effect on the way we engage with one another." She suggests that this is based on "the fantasy that rules can eliminate risk". Our results suggest that it might also be based on a fantasy about how frightening the world is and how afraid other people really are. Ironically the fear itself (or the degree to which the world is frightening) may not be as great as we think – except insofar as we project it out into the world, supported by the impression of a frightening and frightened world promoted by sections of the media, government, special interest groups and so on.

⁷⁷ Russell J (2009), 'Fear and Suspicion Are No Way To Build A Good Society', Guardian, at <http://www.guardian.co.uk/commentisfree/2009/feb/04/society-regulation>

Even more ironically, our survey results showing an increase in personally experienced fear suggest that this perception, and the restrictions we impose on ourselves and others as a result of it, may stoke some of the very anxieties people imagine they are protecting themselves from. If this is the case, then it is important to find a way to stop this potentially ever-escalating cycle of perceived fear leading to risk aversion leading to actual fear.

"We are more risk averse – we don't allow people to take decisions on their own so much, so maybe they get less experience of dealing with adversity."

Dr David Veale, Consultant Psychiatrist in Cognitive Behaviour Therapy at the Centre For Anxiety Disorders and Trauma at the Maudsley Hospital, London

iv) Our fear is influenced by our social and economic context

What and how we fear is also influenced by our social and economic situation. According to the 2007 psychiatric morbidity survey, those with anxiety-related disorders were in general more likely to be single, divorced or separated, and be earning less money.⁷⁸ The previous survey also found they were more likely to be living on their own or as a lone parent, be poorly educated, come from social class V, be economically inactive, live in social housing, have moved house three or more times in the last two years, live in urban areas, and report one or more physical health problems.⁷⁹

Noting that rates of paranoia are twice as high in cities as rural areas (this may partly be due to the sort of people who move to and from cities), Daniel Freeman says: "Social bonds are much looser in cities than in smaller, rural communities where ready-made relative stable support networks exist."⁸⁰ The proportion of us living in situations with fewer social bonds is growing – four times as many of us live on our own than 50 years ago, while by 2030, 65% of the world's population will live in urban areas (compared to 5% in 1800).⁸¹ Our survey results appear to confirm the fear-producing impact of urban living, finding that Londoners (the only discrete urban group measured) were much more likely than those living in other areas to experience debilitating fear and anxiety. 'Absence of community' may mean we are forced to cope with social problems at an individual level, rather than confronting them collectively, and our power to overcome them alone may be limited.⁸² When problems are faced together, rather than as individuals, they may not produce so much fear – a classic example being the 'Blitz spirit' of the second world war.⁸³ People seem to be aware of the impact of this loss of solidarity and community – it being the second most popular reason given in our survey for increased fear (61%). It is also important to acknowledge that differences in urban and rural populations may be explained by migration towards cities and the 'types' of people who are attracted to urban living.

⁷⁸ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

⁷⁹ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

⁸⁰ Mental Health Foundation (2008), 'Study Highlights "Age of Paranoia"', at www.mentalhealth.org.uk/information/news/?EntryId17=65243-29k

⁸¹ quoted at www.mentalhealth.org.uk/information/news/?EntryId17=65243-29k

⁸² Bauman, Z (2008) 'The Absence Of Society', Joseph Rowntree Foundation, at <http://www.jrf.org.uk/publications/absence-society>

⁸³ Lavelle P (2007), 'Global anxiety' at nationalfearsurvey.net.au/feature_globalanxiety.aspx

“Paranoia levels are at least double in urban areas, and urbanicity has been increasing dramatically. The numbers of people living alone has also increased dramatically – we have fewer confidantes and bonds.”

Daniel Freeman

We have greater material wealth than previous generations, but this may actually lead to greater fear. Studies show we attach twice as much value to an object once we possess it⁸⁴ – we may therefore be more anxious about losing what we have than not having what we don't. This potentially puts us on a fear-producing treadmill. By acquiring more possessions, we may work harder to be sure of keeping them, potentially creating greater stress, which many people assuage by compulsive behaviour such as shopping, which leads to acquiring more goods. This is reflected in our finding that money is the greatest source of fear and perceived fear, with 49% of people saying they get frightened or anxious about money/finances/debt, and 63% of people saying the current economic situation is a cause of increased fear. Much more likely to threaten that existence would be our developing a serious illness or disease, which is a much less common fear (33%).

It appears to be our situation relative to those around us that concerns us more than our absolute condition – Alain De Botton calls this 'status anxiety';⁸⁵ and it probably derives from the need of our ancestors to maintain their social status as part of a group in order to survive.⁸⁶ It could be that our looser social bonds arouse this fear because roles are less fixed than they used to be – this may result in greater opportunity, but it may also lead to greater anxiety about where we stand in relation to others, and a greater sense of competition and struggle. As De Botton writes, “a sharp decline in actual deprivation may - paradoxically – have been accompanied by a continuing and even increased sense of deprivation and fear of it.”⁸⁷

Oliver James has taken this argument further, arguing that by failing to mitigate the inequalities created by unregulated capitalism (eg through taxation and wealth redistribution), and placing a high social value on possessions and appearances, we are responsible for creating higher levels of mental health problems (including anxiety) than occurs in countries that do take such measures. James says mainland European countries have levels of mental illness around half that of the US and the UK, and points to a “clear correlation between high mental illness rates and high disparities in income distribution.”⁸⁸ The Mental Health, Resilience and Inequalities Report recently published in March 2009 by the Mental Health Foundation and the World Health Organization also found that social inequality is damaging to mental health.⁸⁹

⁸⁴ Schenier B (2008), 'The Psychology of Security', at <http://www.schneier.com/essay-155.html>

⁸⁵ Roberts A (2004) Status Anxiety Review, The New Statesman, at <http://www.newstatesman.com/200403220046>

⁸⁶ Layard R (2006) Happiness: Lessons From A New Science (Penguin) p162

⁸⁷ De Botton A, Status Anxiety, at <http://www.alaindebotton.com/pages/content/index.asp?PageID=71-20k>

⁸⁸ James, O (2007), 'Infected By Affluenza', Guardian, at <http://www.guardian.co.uk/commentisfree/2007/jan/24/comment.politics>

⁸⁹ Mental Health Foundation (2009) Mental Health, Resilience And Inequalities, available at (url when released)

Trust levels (which are strongly related to fear) are aligned with a sense of community and quality of relationships, and are highest in Scandinavian countries such as Norway which “have the clearest concept of the common good”⁹⁰ and lowest among populations with the greatest income inequalities.⁹¹ Emphasis on status creates pressure to maintain and improve our position,⁹² perpetuating a struggle to get ahead that is collectively self-defeating (as there will never be more relative status to go around). Yet it is also compelling, as if we fail to join in, we may be the ones losing out.⁹³

“Mental health is a reflection of our culture and values – how we do things and how we distribute things. We know that inequality and anxiety are linked - the greater the gap between rich and poor, the greater the level of anxiety that we see. And the other aspect is what I will call toxic individualism - we interpret everything that happens to us as our own fault and our own responsibility. For some people that may be a very inspiring and motivating message, but in fact most problems are socially produced. You only have to look at the credit crunch - there are many, many people affected by forces way beyond the control even of national governments, never mind individuals. But individualism gives out a message that this dependency is an individual failing, rather than being part of the human condition, and we move further and further away from the view of the 1950s, 1960s and 1970s that we need to take some kind of collective responsibility for misfortune. So rather than joining together with others and taking collective action, people end up at their GPs because they are interpreting the problem as an individual problem not a social problem. We see mental health problems as a problem for individuals rather than as an outcome of broader social determinants.”

Lynne Friedli

Social policy aimed at quelling fear instead often seems to increase it. The UK government has recently focused tackling ‘fear of crime’ – however, measures based on installing visible signs of ‘security’ such as CCTV cameras (the UK now has 4.2 million, more than in the rest of Europe put together)⁹⁴ appear to be counter-productive – they don’t lead to people feeling safer, and may even increase crime.⁹⁵ Creating visible signs of security may make some people more fearful, as they sense that high security must mean high risk. Anna Minton cites Liverpool, which has one of the largest CCTV networks in the UK, as a city with a significant gap between perception of crime and actual crime (“while people believe Merseyside is the highest crime spot in the North West, it is actually the second lowest.”)⁹⁶ ‘Security’ measures may also erode a sense of community – by building more gated and guarded buildings, we become more segregated, interact with and understand one another less, and fear one another more - research suggests that we associate people who are visibly different from us with crime, even when this is not the case.⁹⁷

⁹⁰ Layard R (2006) *Happiness: Lessons From A New Science* (Penguin) p163

⁹¹ Mental Health Foundation (2008), ‘Study Highlights “Age of Paranoia”’, at www.mentalhealth.org.uk/information/news/?EntryId17=65243 - 29k -

⁹² James O (2006), ‘Money, Possessions, Appearances: It’s An Illness’ 2006, *The Times*, at http://business.timesonline.co.uk/tol/business/career_and_jobs/senior_executive/article1083423.ece

⁹³ Hodgkinson T (2007), ‘Excerpt from “Freedom Manifesto”’ USA Today, at www.usatoday.com/life/books/excerpts/2007-12-17-Freedom-Manifesto_N.htm - 57k -

⁹⁴ Minton A (2008), ‘Fear Factor UK’, *Guardian*, at <http://www.guardian.co.uk/society/joepublic/2008/oct/08/1>

⁹⁵ Minton A (2008), ‘Fear Factor UK’, *Guardian*, at <http://www.guardian.co.uk/society/joepublic/2008/oct/08/1>

⁹⁶ Minton A (2008) ‘Why Are Fear and Distrust Spiralling In 21st Century Britain’, Joseph Rowntree Foundation, at <http://209.85.229.132/search?q=cache:6P66qkD2rEkJ:www.jrf.org.uk/knowledge/findings/socialpolicy/pdf/2282.pdf+%22not+a+captivating+headline,+whareas%22&hl=en&ct=clnk&cd=1&gl=uk>

⁹⁷ Minton A (2008) ‘Why Are Fear and Distrust Spiralling In 21st Century Britain’, Joseph Rowntree Foundation, at <http://209.85.229.132/search?q=cache:6P66qkD2rEkJ:www.jrf.org.uk/knowledge/findings/socialpolicy/pdf/2282.pdf+%22not+a+captivating+headline,+whareas%22&hl=en&ct=clnk&cd=1&gl=uk>

"We have created huge barriers to social contact - vast swathes of our cities have been turned into what are essentially private shopping malls, many of our cities are still choked with traffic and we have turned railway stations into places where everything is automated. There are more and more barriers to social contact and it is more and more difficult for us to help each other, so of course we become more anxious because we are alone with our fears - fear shared is a fear halved. But that opportunity to work together has been hugely undermined."

Lynne Friedli

Social context could also partly explain our findings that age and gender groups experience fear differently, although it might be argued that they are also linked to varying styles of experiencing and responding to fear and anxiety – for example, it is often speculated that men experience and express their feelings differently from women (for example, it was recently found that while men were more anxious than women at the prospect of redundancy, they claimed to be less concerned).⁹⁸ Nevertheless, whatever the causes, the fact that women subjectively experience greater degrees of fear and anxiety suggests that further attention ought to be given to attempting to work with their situation as a specific group.

Young people also face particular challenges– a recent survey by the Prince's Trust found that 47% of 16-25 year-olds were regularly stressed,⁹⁹ with those not in education, employment and training worst affected.¹⁰⁰ The fact that the same study found feelings of insecurity and lack of community were prime causes of young people's unhappiness, and that personal relationships were seen as being most important to their well-being suggest that these, alongside meaningful occupation, might be areas that require attention in helping reduce the anxiety levels of younger people.¹⁰¹ The differences among age groups relating to what we get fearful or anxious about perhaps also reflect varying concerns at each life stage. But again, the fact that younger people report greater levels of fear and anxiety is indication enough that their experience as a discrete group should be investigated and given specific attention.

⁹⁸ See 'Men More Depressed At Prospect of Redundancy', at <http://www.mentalhealth.org.uk/information/news/?entryid17=68510>

⁹⁹ Jones A (2009), 'Life 'Meaningless' For One In Ten Young Adults', <http://www.independent.co.uk/life-style/health-and-wellbeing/health-news/life-meaningless-for-one-in-10-young-adults-1226329.html>

¹⁰⁰ Whittock J (2009), 'Prince's Trust: One In Ten Young People Feel Life Is Meaningless', at <http://www.communitycare.co.uk/Articles/2009/01/05/110331/princes-trust-one-in-ten-young-people-feel-life-is-meaningless.html>

¹⁰¹ Whittock J (2009), 'Prince's Trust: One In Ten Young People Feel Life Is Meaningless', at <http://www.communitycare.co.uk/Articles/2009/01/05/110331/princes-trust-one-in-ten-young-people-feel-life-is-meaningless.html>

5. What can we do about fear?

i) How can individuals cope better with fear and anxiety?

Learning about how fear operates

Understanding how fear works can help us cope with it more effectively. If we realise that the degree to which we experience fear is not always in proportion to the apparent threats that trigger it, we increase our potential for reacting appropriately. By realising that the feeling of fear may not always require an immediate reaction, we create space in which we might be able to make a more considered and rational response. A wide variety of self-help literature is available to people who want to learn more about how they can cope better with fear. Bibliotherapy is a form of social prescribing where people are given an information or reading prescription. It can be very helpful. Organisations like the Mental Health Foundation provide self-help information on fear and anxiety and also signpost to more specialist organisations such as Anxiety UK where helplines and further self-help information and advice are available. The Mental Health Foundation has published a self-help guide called *How to Overcome Fear and Anxiety* to coincide with the launch of this report.

Understanding the reality of risk

Once we have understood the basics of how fear operates, we might want to become better informed about which apparent threats to our safety are genuinely dangerous (and to what degree) and which are less likely to harm us. This requires us to take personal responsibility for understanding the kind of things that frighten us. This kind of learning is fostered as the 'cognitive' element of cognitive behavioural therapy, and it does not require us to work formally with a therapist to benefit from it.

"There are increasing numbers of self-help tools - various websites and books and other resources that people can often access for themselves. Many people can take a lot of the stuff on board and actually get on with it without necessarily needing to see someone."

David Veale

It is also worth remembering that no matter how hard we try to eliminate danger from our lives, human existence will not become risk-free – indeed, at some point, sooner or later, one of the threats to our existence will kill us. However, by learning to take a realistic approach to risks, we might make informed judgements about which ones we are willing to take.

"There are risks and dangers out there and sometimes it's right to mistrust people. But even when there are real fears, we don't want to panic about them, but make a measured and more rational response. You need to think about how likely the feared event is, ask whether you can do anything about it and what the trade-offs and risks are. You could make yourself very safe from harm from other people by staying indoors and getting some really expensive locks on your house - but you'll also miss any social content in life and increase the risk of experiencing physical ill-health and dying at a young age through not getting any exercise. You have to weigh up of the evidence - you can think about risks but you don't have to take a fearful approach."

Daniel Freeman

Understanding how our perception of fear may become biased

We might want to become more aware of how our cultural environment fuels fear. As we have shown in this report, events reported on television, in newspapers and on the internet, and the rhetoric of advertisers, special interest groups, politicians and advertisers may not be accurate representations of how life is in the world around us, and may predispose us – as the results of our survey suggest - to believing the world is more frightening and frightened than it really is. We could all be more sceptical in a world where many agencies are competing for our attention. It also is part of the job of education to enable us to make rational judgements about sources of information.

“We can cope with fear if we’re more thoughtful about it. We have to learn about the psychological foibles to which we are subject. That might sound like an onerous task but it’s actually quite entertaining. Scepticism is not natural and easy - it is a skill that we have to develop consciously. We have to develop the habit of examining our intuitions and asking ourselves: ‘Is this rational? Do I actually have evidence that this is true?’ Any person who does this will have a pretty good filtering system for catching errors. Will we still feel the fear? Yes, - because we cannot turn off the unconscious mind. We have to be prepared to say: ‘I understand that feeling but I thought carefully about it and it is not an accurate guide to reality - I’m not going to let it get in the way.’ The conscious mind is the best line of defence.”

Dan Gardner, author of Risk: The Science and Politics of Fear

“We need to develop more knowledge about ourselves. People don’t realise that they can’t think straight when they are highly emotional, and we’re constantly being flooded with emotionally exciting entertainment. To become less fearful, we need to learn to calm down, and to develop techniques to do that. One is to talk to people - this is the strength of the active listening type of counselling. Then exercise and movement - if you’re swimming or running you can’t worry at the same time. Sleep hygiene is another important thing - when anxiety builds up we dream excessively, so we start getting too much REM sleep and too little slow wave sleep, which is the recuperative part that we need to recover and be fresh for the next day. Don’t watch dramatic films just before you go to bed, and don’t drink caffeine or alcohol late in the evening.”

Ivan Tyrell, author of How to Master Anxiety

Practising working with fear

No matter how much we inform ourselves, we will not stop experiencing fear, despite the 28% of people in our survey who say they never feel frightened or anxious. The fear response is hard-wired into us. Even when we have understood how fear works, and educated ourselves about the reality of the risks, it is still not easy to resist the powerful impulses that the fear response creates in us. However, detaching ourselves from fear is a skill we can develop and work on, and the reward for doing so can be great – the development of greater personal autonomy, resilience, and flexibility in the face of life’s many challenges, as well as a reduction in the harmful fear-driven responses we sometimes make in reaction to what others do. Studies demonstrating neuroplasticity – the discovery that changes occur in the organisation of the brain as a result of life experience - support the notion that we are not wholly victims of our biology. With practice and experience, we can to some extent rewire our brains .

There are lots of ways of practising working with fear – indeed, this is largely how the behavioural element of cognitive behavioural therapy works. Using techniques such as gradual exposure to things of which we are frightened but which rationally we know create little or no risk, we can test our hypotheses about the degree of threat they pose. Each time we risk such exposure and are not harmed (for example, by speaking to strangers at a party despite the fear our shyness evokes) amounts to a triumph of the rational mind over fear, which can reinforce our willingness to attempt more such experiments in the future. This is especially true if the behaviour brings a reward (such as new friends we might make at such a party).

“People with anxiety disorders tend to overestimate the degree of risk or danger or underestimate their ability to cope if it were to happen. If you avoid the situation, the fear increases and it prevents you testing things out and disconfirming some of the things you fear might happen.”

David Veale

Some newer methods of working with fear are mindfulness-based approaches, such as mindfulness-based cognitive therapy (MBCT), mindfulness-based stress-reduction (MBSR), acceptance and commitment therapy (ACT) and dialectical behaviour therapy (DBT), which have been developed by psychologists to encourage the cultivation of awareness, a non-judgemental attitude, and skilfulness in working with emotions, and for which a substantial evidence base for use in working with fear and anxiety has been developed.¹⁰² However, once again, for most people, it may not require formally working with a therapist to benefit from what these techniques have to offer – mindfulness-based approaches are based on the practice of meditation, which has been used to develop skill in working with emotions for thousands of years. For further information, see *Mindfulness Meditation For Everyday Life* by Jon Kabat-Zinn (Piatkus: 2001).

We can also learn to see fear as “a normal part of everyday life”. Fear and anxiety can be a vicious cycle. We may be able to interrupt this cycle by deciding to view ourselves as resilient in the face of fear, even when we perhaps don’t feel like it. By learning to see ourselves as capable rather than ‘vulnerable’, we may be able instead to instigate a virtuous cycle of increasing confidence.

Learning and working with our life context

As we have discussed, what and how we fear is influenced by our social and economic situation. None of us have full control over this – we have varying degrees of power over, for example, our educational opportunities, housing, employment and family connections. Those of us with less power tend also to be more socially excluded, and more likely to experience high levels of fear (which is why societal interventions are likely to be needed in order to help reduce the impact of fear among these groups – see below). But whatever our situation, we can work to reduce the impact of fear on ourselves. This might include making a commitment to continuing education or addressing troublesome work situations, seeking out relationship counselling or therapy to cope with a mental health problem.

There are many lifestyle changes that help reduce anxiety. Exercising regularly, drinking in moderation, stopping smoking, using relaxation and breathing exercises, and paying attention to diet (eg reducing caffeine intake) can also help reduce anxiety levels.¹⁰³

¹⁰² for example, see Evans S et al (2008), Mindfulness-Based Cognitive Therapy for Generalised Anxiety Disorder (GAD), *Journal of Anxiety Disorders* 22 p716-721 see also Baer R (2006) *Mindfulness-Based Treatment Approaches: Clinician’s Guide To Evidence Base And Applications*, Elsevier

¹⁰³ NHS Choices (2008), ‘Treating Anxiety’ at <http://www.nhs.uk/Conditions/Anxiety/Pages/Treatment.aspx?url=Pages/what-is-it.aspx>

“There is little point in fearing fear, and there’s no point hiding from it, or fantasising and encouraging cultural fantasies about it – it’s not going to go away, so we have to learn to live with it. That’s something all of us are forced to do with our individual fears when we have to get a train or look for a job, but it’s also true in a wider sense. For example, I’ve always argued that we have to learn to live with terrorism. If you know that terrorism is part of our lives, it’s much easier to deal with it than if we see it as a disease that preys upon us and we endow it with far greater power and influence than it actually has.”

Frank Furedi

ii) What can be done at a societal level?

It is tempting to view social measures to reduce fear as a matter for ‘others’. And while this section makes suggestions for how fear (and perception of fear) might be reduced through policy measures, it is useful to remember that institutions promoting fear are made up of individuals, and that group behaviour is influenced by and influences the attitudes of those who make up the group, and those they relate to. Policy-making is not just an issue for national Government – there are plenty of steps that can be taken by local health, social care, education, criminal justice and voluntary organisations, as well as employers and schools, to try to promote a less fearful culture. At the same time, those in positions of particular influence (such as newspaper editors, politicians, and business leaders) have a special responsibility to take a lead in acting to reduce unnecessary fear.

Our survey suggests that there is wide agreement that social, economic and cultural factors exacerbate fear, which means that people may be receptive to measures designed to lower anxiety through organised measures – such as supporting changes to the way we organise our economy so that we are less fearful about finances, encouraging more responsible media reporting, building robust communities and developing social capital and trust, promoting greater understanding of and less fearful responses to crime and terrorism, and providing well-considered information about threats to our well-being and how they can be managed.

Promoting an understanding of fear, and reducing institutionally-driven fear

This report has shown that much fear is unnecessary, and that by understanding how it works, and by taking practical measures, we can each be responsible for its reduction. For this message to penetrate, it will need to be understood, practised and delivered by a range of influential agencies. Those working in these areas should take special care to understand and work with their own fear responses, and examine how they might avoid triggering unnecessary fear in those with whom they communicate. This might include, for example:

- i) Media** – Individual media outlets could examine their output and reflect on whether their presentation of risk, threats, and fear accurately represent fear in the society on which they seek to report, and if their representation is considered to be inaccurate, adjust coverage accordingly. They might also help promote understanding through publishing information on how fear operates, include details of the real risks posed when covering stories liable to incite fear, and discuss how their audiences might work usefully with fear. This report is partly designed to raise this debate in media circles.

ii) Businesses and special interest groups – Advocacy groups and advertisers could examine the language they use to promote their ideas and products, and become alert to occasions when they may presenting information in a manner which might encourage a fearful response.

iii) Government – Politicians could reflect on their tendency to pick up on fearful messages delivered by media and advocacy groups and, seeing them (perhaps mistakenly) as a reflection of general mood, echo them back through statements, policies and public information designed to connect with that mood. Public and private sector agencies might wish to examine the real risks of the contingencies for which they prepare through health and safety precautions, risk registers and other regulatory systems, and rigorously examine whether their benefits outweigh the cost in limiting interaction, spontaneity, freedom and individual judgment. Government at all levels might examine how it could offer public information, both specifically about fear, and more generally on issues that might affect fear, in ways that might be both realistic (eg accurate information about threats and risk) and operate to reduce fear levels (eg discuss those risks calmly and rationally). They might also reflect on how policies that attempt to guard against risk may actually increase people's sense of vulnerability, and how they may instead be able inspire people to develop confidence in themselves and others.

"We need to encourage what is positive about our lives. Take the case of children - instead of having CRB checks and various kinds of surveillance techniques, if you are worried about your kids, give them scope to gain physical independence and provide them with opportunities to learn how to handle themselves in a very difficult world - educate kids to be independent, rather than take their independence away and say we're going to police you on everything. The same goes for adults - we've got to find ways to learn and gain resilience through more experimentation, and trying to establish positive objectives for us to work towards."

Frank Furedi

"One useful thing would be an educational campaign to both professionals and the wider world about the causes of fear and paranoia and what some of the treatments are. We also want some kind of recalibration of reporting, and I think we need clear strategies in terms of dealing with wealth inequality. I also think we need to be measuring mistrust, and thinking about it in terms of housing and building design."

Daniel Freeman

Because information, knowledge and learning are key to building resilience and coping skills, orchestrated mental health promotion campaigns that focus on fear as well as other problematic emotional responses including anger, sadness and grief should be more commonplace in our society. We are starting to see more public health campaigns about physical health conditions - such as those carried out by the British Heart Foundation - but few mental health organisations have anything like the necessary resources. Information campaigns about diagnoses such as depression are in evidence at a local and national level, but not about managing emotions such as anger and fear and grief. One good example of a campaign addressing the general population about managing feelings was a TV ad mounted by Care Services Improvement Partnership Eastern in 2008, believed to be the first of its kind in England.

More widely-available public information about managing emotions and life changes can build resilience among people (we will all inevitably go through life-transitions such as bereavement, childbirth, retirement) and help them recover more quickly when they are experiencing clinical-level problems. We will then be better placed as people, families, communities and society to greet the uncertainties and challenges that lie ahead.

Improving access to help

“Psychological therapies like cognitive behavioural therapy are effective for most anxiety disorders. A specific phobia is usually very easy to treat – you can help most people really get over it. Obsessive compulsive disorder is a bit more difficult but we might help maybe two thirds of people get about a 60% reduction in symptoms.”

David Veale

“Cognitive behaviour therapies are the most promising treatments, plus they get evaluated in randomised controlled trials so are based on the evidence - we’ve shown their effectiveness and they are constantly being improved. They help the person understand where their thinking comes from and employ techniques to help them become less emotionally caught up - to see whether their thoughts are unrealistic. It helps them test out their ideas so that they can find out the world is safer than they thought. It also shows them that these thoughts are just thoughts and not facts - it helps people let them go and stop worrying about them, and stops them interfering with life.”

Daniel Freeman

According to the latest household psychiatric morbidity survey, just 25% of those with a common mental health problem are currently receiving treatment for it. This falls to just 15% of people with mixed anxiety and depression – the most common anxiety-related diagnosis.¹⁰⁴ It is also striking that people with anxiety disorders (phobias excluded) are especially unlikely to seek help from their GP, even compared to people with depression – whereas 65% of those experiencing a depressive episode have spoken with their GP in the past year and 24% in the past two weeks, just 30% of those with mixed anxiety and depression have spoken with their GP in the past year, and 7% in the past two weeks. For panic disorder, the figures are 45% and 12% respectively, for generalised anxiety disorder 52% and 13% and for obsessive compulsive disorder 55% and 24%.¹⁰⁵ The same picture presents itself when we examine use of community and day care services by people – just 12% of those with mixed anxiety/depression have used such a service in the past year, compared to 37% of those with depression (for panic disorder it is 16%, for generalised anxiety disorder 25% and for obsessive compulsive disorder 31%).

¹⁰⁴ IAPT, 'About Us', at <http://www.iapt.nhs.uk/about/>

¹⁰⁵ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

It is clear from these figures that while people with mental health problems in general do not often seek help, this is especially the true for those with an anxiety disorder. Our research confirms that there are around 5 million adults in the UK whose fear and anxiety has a debilitating effect on their lives. Given its considerable personal, social and economic impact, greater attention should be focused on ensuring these people are identified, informed that effective help is available and encouraged to seek that help, and that the help is appropriate.

It could be that few people seek help because they do not recognise that they have a problem for which they can get help. They may have little faith in getting help that works. This may be accurate – for most people with anxiety disorders, the likely treatment to be offered is still medication – more than twice as many people with mixed anxiety and depression receive medication alone compared to those who are receiving psychological therapy alone or both medication and therapy (11%, compared to 3% who receive counselling or therapy only, and 2% who are receiving both. For generalised anxiety disorder, 18% receive only medication, 7% receive only psychological therapy, and 9% receive both, for panic disorder the figures are 8%, 10% and 7% respectively, and for obsessive compulsive disorder they are 12%, 6% and 12%).¹⁰⁶

This is despite there being considerable concerns over these medications' effectiveness and side effects, and despite the fact that they are not the preferred treatment of choice for many.¹⁰⁷ Medication is also not the top recommended treatment for many anxiety disorders – guidelines provided by the National Institute For Health and Clinical Excellence for Panic Disorder and Generalised Anxiety Disorder, for example, state that psychological therapy is more likely to work over the long term,¹⁰⁸ while also having the advantages of not producing side effects. Psychological therapy also offers the opportunity for patients to take an active role in their recovery - developing skills to understand and relate to fear that can be used throughout their lives.

In the last few years, there has been some progress in terms of intention to offer psychological therapy to more people who need it. The Improving Access To Psychological Therapies programme was set up in 2006, with the target of treating 900,000 more people in England with depression and anxiety using psychological therapies. A total of £170 million will be invested by 2011 in order to train new therapists and deliver these services. While this move is an excellent step forward, only 35 out of 152 Primary Care Trusts are currently part of the IAPT programme, and even if it reaches its goal of treating 900,000 more people, it is still likely that the majority of those experiencing anxiety (who, we have suggested, number around 5 million in the UK) will not receive a psychological therapy for it.

¹⁰⁶ NHS Information Centre For Health And Social Care (2009), Adult Psychiatric Morbidity in England 2007, at <http://www.ic.nhs.uk/pubs/psychiatricmorbidity07>

¹⁰⁷ Mental Health Foundation (2005), Up And Running: Exercise And The Treatment of Mild To Moderate Depression in Primary Care (Mental Health Foundation), at <http://www.mhf.org.uk/campaigns/exercise-and-depression/#report>

¹⁰⁸ McIntosh A et al (2004) Clinical Guidelines and Evidence Review for Panic Disorder and Generalised Anxiety Disorder Sheffield: University of Sheffield/London: National Collaborating Centre for Primary Care

“The first thing is to make sure the NICE guidelines for anxiety disorders are implemented, so people can get access to the treatments which have been shown to be effective. IAPT should definitely help - we’ve got three years to go before we can cover 50% of the country. It varies in terms of where you are, but at the moment it is very difficult to get good quality cognitive behaviour therapy within a short space of time on the NHS. And not all therapists are adequately trained, receive good supervision or adequately follow helpful protocols. I don’t want to be too pessimistic - it’s certainly worth seeking it out, but it does vary from area to area in terms of quality and how long it will take.”

David Veale

In the longer term, to build on the good work of the IAPT programme, it will be important to continue to invest in improving access to psychological therapies for anxiety disorders beyond 2011. This could be done in the following ways:

- a) Investing in improving public awareness of the availability and effectiveness of psychological treatment for anxiety disorders, and encouraging those who might be helped by them to seek treatment.
- b) Continuing to invest in the IAPT programme beyond 2011, to ensure that every primary care trust is equipped to deliver evidence-based psychological therapies to everyone who could benefit from them. Ensuring all therapists receive adequate training and supervision. Investing in longer-term and more intensive therapeutic work for those who do not respond to initial treatment.
- c) Investing in further research into, and promoting the increased understanding and use of short-term and potentially cost-effective psychological approaches to treating anxiety, including newer and less well-known but evidence-based approaches such as Mindfulness-Based Cognitive Therapy (MBCT)
- d) Examining how the health service culture can more effectively attract and support people who experience high levels of fear and anxiety – in particular through encouraging less bureaucratic systems of care, as well creating care models and services that recognise and reflect the interdependence of mental and physical health. Training those who work within health services to relate more mindfully with their own fear and anxiety would also be helpful.

Nicky Lidbetter is chief executive of Anxiety UK. Here she explains how and why people with anxiety often do not get appropriate treatment:

What kind of help do people with anxiety problems usually receive?

For most people, getting help means going to the GP, and doctors are so used to having no services available - or poor services – that they still reach for the prescription pad first. There is a place for medication, but it is not problem-free. They can cause a whole raft of side-effects and exacerbate anxiety.

When people do get psychological therapies, often what they get is six sessions of guided self-help – it's not really even CBT – and then they're out. People usually only go to their GP when their problem is having a major impact on their lives and six sessions, sometimes lasting only 30 minutes, is not enough. But they might not necessarily meet the criteria for a higher intensity intervention or they might get put on a long waiting list. Things are getting better as a result of the IAPT programme, but a lot of areas don't have IAPT, so its impact is quite minimal at the moment.

What can people do to help themselves?

There is a lot you can do - even simple self-help things like exercise - my recovery from anxiety was centred on taking up running and being more active. In my area we have health trainers and I think that's a really valuable role, helping to facilitate people's re-entry into society – helping them go to the gym or get them back into education – the simple things that are important to everybody's mental health. Having a good diet is also important – a lot of people who call our help-line are eating the wrong things and drinking huge amounts of coffee. You need to build relaxation into your life – spend time talking to other people, or do yoga. There are also some excellent self-help books that help you 'become your own therapist'. The 'Overcoming...' series of books (www.overcoming.co.uk) is very good because it's based on CBT principles, and there are also good websites like Living Life To the Full (www.livinglifetothefull.com). Then there's computerised cognitive behavioural therapy (CCBT) - we manage a number of projects where CCBT is delivered and have had really good outcomes, although people need to be given support alongside it. Support groups can be important too, to help people meet people who were affected by similar problems and to hear how they have managed.

What can we do to improve the way we help people with fear and anxiety?

We would like to see more research into some of the more alternative therapies - like mindfulness and hypnotherapy – because they won't get endorsed by the National Institute For Clinical Evidence (NICE) until there is a large randomised controlled trial (RCT) evidence base.

There also needs to be much better training for GPs, and a more co-ordinated approach to how individuals find out about services. It shouldn't be a lottery as to whether you find out about your local self-help group – you should have that information given to you.

There is often an assumption that the distress associated with living with an anxiety disorder is less than that with somebody who may have something like schizophrenia, and so crisis services are still geared up only to deal with the serious mental illness end of things. If the government recognised the serious nature of anxiety disorders they might also be able to demonstrate a reduction in suicide figures, because I think many of the people who commit suicide are people who are not getting a service - they are falling between what used to be called primary and secondary care.

Finally, there needs to be a recognition that anxiety is not just an associated condition of depression. People with anxiety do often have depression but it isn't usually the primary problem - it's the knock-on effect of being anxious for so long and not getting any support. And yet these people will get diagnosed and treated as having depression. Anxiety disorders are actually more prevalent than depression and we need them to be recognised as very serious and potentially very disabling.

For more information about anxiety disorders and Anxiety UK, visit www.anxietyuk.org.uk

Reducing fear through social and economic policy measures

As levels of fear and anxiety are strongly associated with social and economic context, it is proper for government to help facilitate social and economic changes that can help reduce fear. These measures are similar to those which are likely to improve the mental health of our society as a whole, and as these have been well documented elsewhere (notably as part of the mental health promotion agenda – see 'Mental health, resilience and inequalities', World Health Organization Europe 2009),¹⁰⁹ we will not go into great detail here. However, it is worth noting that effective policy goals specifically designed to reduce fear, based on the evidence presented in this report, would include:

- i) Ensuring improved support for parents and children in pre-school years, thereby encouraging future generations to develop the resilience to deal with the inevitable risks of life as they grow up. This means facilitating situations (such as outdoor play) that encourage children to learn how manage risk.
- ii) Improving educational opportunities across the lifespan, especially with regard to promoting greater understanding of feeling and cognition, and explaining how to work with anxiety and fear, in schools and other educational institutions. In primary and secondary schools these goals might be accomplished by increasing development and use of the social and emotional aspects of learning (SEAL) curriculum.
- iii) Ensuring access to meaningful work for adults, and limiting the economic impact of unemployment and the fear created by the threat of financial incapacity.
- iv) Encouraging increased participation, cohesion and understanding among and between our communities, and discouraging measures that separate us from one another or encourage us to be unnecessarily fearful. This might mean promoting involvement in community-building projects and reducing 'security by design' and excessive use of CCTV, as well as encouraging us to be active, keep learning, be curious about the world around us, connect more with and be generous to others.¹¹⁰

¹⁰⁹ Department of Health (2001), Making It Happen: A Guide To Delivering Mental Health Promotion, at <http://www.publications.doh.gov.uk/pdfs/makingithappen.pdf>

¹¹⁰ These prescriptions are based on the 'five-a-day recommendations presented in the Foresight Report Mental Capital and Well-Being: Making The Most of Ourselves In The 21st Century (2008), Government Office For Science, available at <http://www.foresight.gov.uk/OurWork/ActiveProjects/Mental%20Capital/ProjectOutputs.asp>

- v) Developing economic policies designed to reduce fear rather than simply create maximum productivity and wealth. This might mean encouraging reduced and flexible working hours, improving job and income security, taking active steps to reduce economic inequalities between rich and poor, and promoting more time and space for slowing down and becoming more aware of, reflecting on and connecting with each other and the world around us. For further elaboration of economic measures which might promote well-being, see 'A Well-Being Manifesto For A Flourishing Society', published by the New Economics Foundation (2004)¹¹¹
- vi) Exploring the causes of proportionately higher levels of fear among women and young people, and investigating steps to target these groups specifically.
- vii) Reducing the social and economic exclusion of groups that are especially likely to experience high levels of fear – such as lone parents, those who are less well-educated, those living in urban areas, those living in social housing, those with physical health problems, those not married or co-habiting, those with physical health problems, transient populations and members of some black, minority and ethnic groups.

"Of course people can be helped to manage anxiety, but I think that anxiety is often a rational response to the situation people find themselves in, with sources of collective support having been steadily eroded and I don't think queuing up in primary care is always a practical solution. Health providers also need to make links with organisations that work with the determinants of fear and anxiety rather than just prescribing individual solutions. If the issues are debt, poor housing, unemployment, low wages or not being able to juggle childcare with the number of hours you have to work on a minimum wage, then those issues need tackling. We need to work together to deal with things like traffic or pollution or low wages or lack of affordable childcare – then our anxieties are shared with others and we take it less upon ourselves and see it less in terms of blaming ourselves. We also need to reduce the huge barriers to social contact we have created."

Lynne Friedli

¹¹¹ New Economics Foundation (2004) 'A Well-Being Manifesto For A Flourishing Society' (New Economics Foundation) at http://www.neweconomics.org/gen/z_sys_PublicationDetail.aspx?pid=193

6. Conclusion

We live in a culture that gives scant regard to emotions. Unfortunately, this does not make them go away – they have been hard-wired into us and influence our experience and behaviour even when (perhaps especially when) we pretend they aren't there. This is the case with fear, which is the most powerful of emotions. By failing to account for it, we tend to remain unconscious of its impact, and it more easily rules us.

Our research, plus evidence from other sources presented in this report, indicates that we are becoming more fearful and anxious. Our survey also emphatically indicates that we perceive our world as having become more frightening and frightened. Both these findings deserve attention, not just because fear and the perception of fear have such wide-ranging costs and are factors in so much personal and collective suffering, but because there are concrete measures we can take to counter them. Much of our fear and anxiety is not inevitable.

These measures require concerted effort. First, we could foster greater understanding of the interaction between thought, emotion and behaviour – and specifically how fear can influence us to see and behave in ways that are unhelpful to our well-being, and that of others. Those working in influential opinion-leading areas of our society – government, media, business, education etc – have a particular responsibility to understand how fear works, and to help promote that understanding.

Second, that understanding could lead to a recalibration of how information on risk is presented and managed. Agencies in society that provide information about threats to safety could strive for a more mature presentation of information about the dangers we face. Those that are responsible for responding to threats could strive to develop structures that work with them in a life-enhancing rather than life-limiting way, based on a realistic and balanced assessment of the dangers and the need for protection from them.

Third, we could carefully examine how social, economic and other life circumstances influence fear, and work to create conditions that reduce it – by making informed decisions that affect our own lives and those around us, and by calling for and implementing policies that are conducive to reducing fear in our society now and in future generations.

And finally, we could consolidate our learning about fear by working with it as it is experienced in our minds and bodies. For many of us, this might mean slowing down, noticing how and when we experience fear and then using our learning about it to practise responding more skilfully. To help those who experience debilitating fear and anxiety, we could invest more wisely in healthcare resources so that everyone who needs support to understand and manage their fear has fast and appropriate access to it.

These are wide-ranging proposals, and they need to be to reflect the fact that, in order to be most effective, our approach to working with fear, and mental health more generally, needs to be an integrated one – encompassing strategies at both an individual and social level. This requires each one of us to think – and feel – with care and attention, reflecting both on our own lives and how we relate to one another as a society. With this report we aim to start this process by opening up a debate about how fear affects us and our world and what we can do to respond to it effectively – a debate that recognises the significance of both mind and body, both cognition and emotion, in influencing our individual and collective experience and behaviour.

Further sources

Anyone interested in learning about how to practise working with fear might read Susan Jeffers' book *Feel The Fear And Do It Anyway* (Vermilion: 2007), or Helen Kennerley's *Overcoming Anxiety: A Self-Help Guide Using Cognitive Behavioural Techniques* (Robinson: 1997). For a more analytical approach, see Dorothy Rowe's *Beyond Fear* (HarperPerennial: 2007).

For a full list of resources and organisations who offer help and advice for people with fear and anxiety problems visit www.mentalhealth.org.uk

Appendix A: Opinium survey carried out in January 2009 for this report

Opinium Research Results/ Tables January 2009

Sample: 2,246 Online Interviews (UK Nat. Rep)

Field: Monday 5th January to Thursday 8th January 2009

If the Base is not otherwise specified, the table is based on the full sample and is representative of all UK adults

Which of the following statements best describes your experience in everyday life?

	Gender			Age				Region summary						
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW
Which of the following statements best describes your experience in everyday life?	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295
Base	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	619	410	208	619	153	212	253	619	86	143	101	125	73	91
	640	38%	18%	640	21%	28%	33%	640	29%	29%	27%	25%	26%	31%
I never feel frightened or anxious.	648			648				648						
	28%			28%				28%						
	1376	574	801	1376	457	463	455	1376	179	296	228	334	161	178
	1336	53%	69%	1336	64%	61%	60%	1336	60%	60%	62%	65%	57%	60%
I feel frightened or anxious some of the time	1355			1355				1355						
	61%			61%				61%						
	188	59	129	188	81	66	41	188	23	45	30	33	39	17
	177	5%	11%	177	11%	9%	5%	177	8%	9%	8%	6%	14%	6%
I feel frightened or anxious a lot of the time	179			179				179						
	8%			8%				8%						
	26	11	15	26	12	11	3	26	4	6	2	4	2	7
	25	1%	1%	25	2%	1%	0%	25	1%	1%	1%	1%	1%	2%
I feel frightened or anxious nearly all or all of the time	25			25				25						
	1%			1%				1%						
	38	24	14	38	15	12	12	38	4	6	6	15	6	2
	39	2%	1%	39	2%	2%	2%	39	1%	1%	2%	3%	2%	1%
	39			39				39						
Don't know	2%			2%				2%						

Which, if any of the following statements do you AGREE with?

Which, if any, of the following statements do you AGREE with?	Gender			Age				Region summary						
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW
Base	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fear or anxiety don't cause any particular problems for me – they're a normal part of life	859	416	443	859	235	288	337	859	123	182	143	198	102	112
	851	39%	38%	851	33%	38%	44%	851	41%	37%	39%	39%	36%	38%
Fear or anxiety have sometimes stopped me from doing things that I wish I had done	644	227	418	644	228	235	181	644	66	137	110	177	73	82
	614	21%	36%	614	32%	31%	24%	614	22%	28%	30%	35%	26%	28%
A problem with fear or anxiety is not the sort of thing I would see my GP about	407	218	189	407	119	136	152	407	47	97	63	89	47	64
	407	20%	16%	407	17%	18%	20%	407	16%	20%	17%	17%	17%	22%
I have a friend or family member whose fear or anxiety causes real problems in their life	414	180	234	414	138	141	135	414	46	97	63	93	61	52
	403	17%	20%	403	19%	18%	18%	403	16%	20%	17%	18%	22%	18%
I wish I could be less fearful or anxious in my everyday life	377	146	231	377	169	119	89	377	43	85	55	93	56	46
	361	14%	20%	361	23%	16%	12%	361	14%	17%	15%	18%	20%	15%
My own fear or anxiety affects my relationships	297	136	161	297	158	94	45	297	38	63	48	59	47	41
	287	13%	14%	287	22%	12%	6%	287	13%	13%	13%	12%	17%	14%
I have sought help in the past from my GP for my own fear or anxiety	295	122	174	295	93	120	83	295	50	65	48	57	39	37
	285	11%	15%	285	13%	16%	11%	285	17%	13%	13%	11%	14%	13%
Fear or anxiety have sometimes made me do things I later regretted	271	113	158	271	103	102	67	271	41	60	40	63	34	33
	261	10%	14%	261	14%	13%	9%	261	14%	12%	11%	12%	12%	11%
I often feel frightened or anxious without any obvious reason	264	94	170	264	107	95	62	264	26	65	47	59	34	33
	251	9%	15%	251	15%	12%	8%	251	9%	13%	13%	12%	12%	11%
My own fear or anxiety causes real problems in my life	206	91	115	206	101	73	32	206	21	46	34	43	33	29
	198	8%	10%	198	14%	10%	4%	198	7%	9%	9%	8%	12%	10%
I would describe myself as a generally anxious or fearful person	195	67	128	195	93	58	44	195	20	50	32	40	27	25
	185	6%	11%	185	13%	8%	6%	185	7%	10%	9%	8%	10%	9%
My own fear or anxiety affects my ability to work	177	96	81	177	80	76	21	177	28	38	27	31	26	27
	174	9%	7%	174	11%	10%	3%	174	9%	8%	7%	6%	9%	9%
None of these	336	214	122	336	106	102	127	336	47	78	52	72	43	44
	345	20%	10%	345	15%	13%	17%	345	16%	16%	14%	14%	15%	15%
	349			349				349						
	15%			15%				15%						

Are you anxious/ frightened about the current economic situation?

	Gender			Age				Region summary						
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW
Are you anxious/frightened about the current economic situation?														
Base	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	678	414	264	678	211	214	253	678	88	162	103	151	76	98
	691	38%	23%	691	29%	28%	33%	691	30%	33%	28%	30%	27%	33%
No, not at all frightened/ anxious	700			700				700						
	30%			30%				30%						
	1220	532	688	1220	391	420	409	1220	169	254	204	286	151	155
	1190	49%	59%	1190	54%	55%	53%	1190	57%	51%	56%	56%	54%	53%
Yes, a little frightened/ anxious	1207			1207				1207						
	54%			54%				54%						
	213	81	132	213	69	72	72	213	23	49	37	44	36	23
	205	7%	11%	205	10%	9%	9%	205	8%	10%	10%	9%	13%	8%
Yes, quite frightened/ anxious	208			208				208						
	9%			9%				9%						
	68	18	50	68	19	31	18	68	8	15	14	13	8	10
	63	2%	4%	63	3%	4%	2%	63	3%	3%	4%	2%	3%	3%
Yes, very frightened/ anxious	64			64				64						
	3%			3%				3%						
	68	34	34	68	28	27	13	68	8	16	8	17	9	9
	66	3%	3%	66	4%	4%	2%	66	3%	3%	2%	3%	3%	3%
Don't know	67			67				67						
	3%			3%				3%						

How strongly do you agree with the following statement? The world has become a more frightening place in the last ten years

	Gender			Age				Region summary						
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW
The world has become a more frightening place in the last ten years														
Base	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	658	260	397	658	169	220	269	658	91	140	121	142	72	93
	640	24%	34%	640	23%	29%	35%	640	31%	28%	33%	28%	26%	31%
Strongly agree	649			649				649						
	29%			29%				29%						
	1071	506	564	1071	342	364	364	1071	141	238	165	256	140	129
	1053	47%	48%	1053	48%	48%	48%	1053	48%	48%	45%	50%	50%	44%
Agree	1069			1069				1069						
	48%			48%				48%						
	345	197	148	345	126	121	99	345	46	81	51	76	41	50
	346	18%	13%	346	18%	16%	13%	346	16%	16%	14%	15%	15%	17%
Neither agree nor disagree	351			351				351						
	15%			15%				15%						
	133	86	47	133	61	47	24	133	13	27	21	31	22	19
	134	8%	4%	134	8%	6%	3%	134	4%	5%	6%	6%	8%	7%
Disagree	136			136				136						
	6%			6%				6%						
	22	19	3	22	10	8	4	22	3	4	7	4	2	3
	24	2%	0%	24	1%	1%	1%	24	1%	1%	2%	1%	1%	1%
Strongly disagree	24			24				24						
	1%			1%				1%						
	17	9	8	17	11	4	2	17	3	6	2	2	3	1
	17	1%	1%	17	1%	1%	0%	17	1%	1%	1%	0%	1%	0%
Don't know	17			17				17						
	1%			1%				1%						

How strongly do you agree with the following statement? People are more frightened or anxious than they used to be

	Gender			Age				Region summary							
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW	
People in general are more frightened or anxious than they used to be															
Base	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	411	181	230	411	121	140	150	411	52	95	85	80	41	57	
	402	17%	20%	402	17%	18%	20%	402	18%	19%	23%	16%	15%	19%	
	408			408				408							
	18%			18%				18%							
Strongly agree	1330	617	713	1330	405	456	469	1330	185	279	199	314	175	177	
	1307	57%	61%	1307	56%	60%	61%	1307	63%	56%	54%	62%	62%	60%	
	1326			1326				1326							
	59%			59%				59%							
Agree	377	208	169	377	141	121	114	377	45	92	63	90	41	47	
	377	19%	14%	377	20%	16%	15%	377	15%	18%	17%	18%	15%	16%	
	382			382				382							
	17%			17%				17%							
Neither agree nor disagree	64	38	26	64	25	23	16	64	4	16	9	13	13	10	
	64	4%	2%	64	3%	3%	2%	64	1%	3%	3%	2%	5%	3%	
	65			65				65							
	3%			3%				3%							
Disagree	9	6	2	9	2	6	1	9	4	1	3	0	1	0	
	9	1%	0%	9	0%	1%	0%	9	1%	0%	1%	0	0%	0	
	9			9				9							
	0%			0%				0%							
Strongly disagree	56	28	28	56	25	17	14	56	6	14	8	14	10	5	
	55	3%	2%	55	3%	2%	2%	55	2%	3%	2%	3%	4%	2%	
	56			56				56							
	2%			2%				2%							
Don't know															

How strongly do you agree with the following statement? I get frightened or anxious these days more often than I used to

	Gender			Age				Region summary							
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW	
I get frightened or anxious these days more often than I used to															
Base	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295	
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	195	65	130	195	67	75	53	195	29	45	39	41	21	20	
	185	6%	11%	185	9%	10%	7%	185	10%	9%	11%	8%	7%	7%	
	187			187				187							
	9%			9%				9%							
Strongly agree	639	262	377	639	218	217	204	639	80	151	92	145	78	93	
	619	24%	32%	619	30%	28%	27%	619	27%	30%	25%	28%	28%	32%	
	628			628				628							
	28%			28%				28%							
Agree	733	356	377	733	232	253	248	733	94	154	133	168	104	80	
	724	33%	32%	724	32%	33%	33%	724	32%	31%	36%	33%	37%	27%	
	734			734				734							
	33%			33%				33%							
Neither agree nor disagree	468	247	221	468	144	140	185	468	61	101	71	113	55	67	
	469	23%	19%	469	20%	18%	24%	469	20%	20%	19%	22%	20%	23%	
	476			476				476							
	21%			21%				21%							
Disagree	189	134	54	189	46	71	71	189	29	36	31	40	19	32	
	197	12%	5%	197	6%	9%	9%	197	10%	7%	9%	8%	7%	11%	
	199			199				199							
	8%			8%				8%							
Strongly disagree	22	13	9	22	12	8	2	22	3	9	1	4	3	2	
	22	1%	1%	22	2%	1%	0%	22	1%	2%	0%	1%	1%	1%	
	22			22				22							
	1%			1%				1%							
Don't know															

You agreed that people in general are more anxious/ frightened these days than they used to be. Why do you think this is?

	Gender			Age				Region summary						
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW
You agree that people in general are more anxious/ frightened these days than they used to be.	1740	798	942	1740	526	596	618	1740	238	374	284	394	216	234
Why do you think this is?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Base	1102	469	633	1102	321	386	395	1102	153	237	186	241	137	147
	1074	59%	67%	1074	61%	65%	64%	1074	65%	63%	66%	61%	64%	63%
Because of the current economic situation	1090			1090				1090						
	63%			63%				63%						
Because there is less of a sense of solidarity and community than there used to be	1061	489	573	1061	273	362	426	1061	146	231	171	239	134	141
	1046	61%	61%	1046	52%	61%	69%	1046	61%	62%	60%	61%	62%	60%
	1062			1062				1062						
	61%			61%				61%						
Because the media (newspapers, television, internet) makes people feel frightened	1043	490	554	1043	326	351	367	1043	141	220	163	235	130	155
	1027	61%	59%	1027	62%	59%	59%	1027	60%	59%	57%	60%	60%	66%
	1042			1042				1042						
	60%			60%				60%						
Because the world we live in is more dangerous than it used to be	1038	461	578	1038	277	358	403	1038	148	231	178	242	115	125
	1018	58%	61%	1018	53%	60%	65%	1018	62%	62%	63%	61%	53%	53%
	1034			1034				1034						
	60%			60%				60%						
Because terrorism makes people feel frightened	1038	449	589	1038	281	358	400	1038	160	219	181	238	119	132
	1016	56%	63%	1016	53%	60%	65%	1016	63%	59%	64%	60%	55%	56%
	1031			1031				1031						
	60%			60%				60%						
Because of the risk of crime	1035	440	595	1035	304	346	385	1035	135	236	167	231	125	141
	1010	55%	63%	1010	58%	58%	62%	1010	57%	63%	59%	59%	58%	60%
	1025			1025				1025						
	59%			59%				59%						
Because there is more uncertainty and less security than there used to be	943	413	530	943	229	335	379	943	130	211	154	213	114	122
	925	52%	56%	925	44%	56%	61%	925	55%	56%	54%	54%	53%	52%
	939			939				939						
	54%			54%				54%						
Information about possible threats to safety than there used to be	931	416	515	931	257	313	361	931	119	199	140	214	124	136
	914	52%	55%	914	49%	52%	58%	914	50%	53%	49%	54%	57%	58%
	928			928				928						
	54%			54%				54%						
Because politicians, pressure groups and advertisers make people feel frightened	561	283	278	561	153	200	208	561	82	118	88	121	76	75
	557	35%	30%	557	29%	34%	34%	557	34%	32%	31%	31%	35%	32%
	565			565				565						
	32%			32%				32%						
Because people are overprotected and no longer see taking some risks as an inevitable part of life	550	271	280	550	152	185	213	550	74	97	99	127	72	82
	546	34%	30%	546	29%	31%	34%	546	31%	26%	35%	32%	33%	35%
	554			554				554						
	32%			32%				32%						
Because of the fast pace of change (e.g. technology) in modern life	425	178	247	425	115	151	159	425	63	94	65	89	65	49
	414	22%	26%	414	22%	25%	26%	414	27%	25%	23%	23%	30%	21%
	420			420				420						
	24%			24%				24%						
Other	44	23	20	44	21	10	13	44	6	6	6	8	7	11
	43	3%	2%	43	4%	2%	2%	43	3%	2%	2%	2%	3%	5%
	44			44				44						
	3%			3%				3%						
Don't know	12	6	6	12	6	5	1	12	3	3	2	2	1	1
	12	1%	1%	12	1%	1%	0%	12	1%	1%	1%	0%	0%	0%
	12			12				12						
	1%			1%				1%						

Which of the following do you personally get anxious/ frightened about?

	Gender			Age				Region summary						
	Total	Male	Female	Total	18 to 34	35 to 54	55 and over	Total	Scotland and NI	NE, NW and Yorks & Humber	Midlands (E. and W.)	E. & SE (outside London)	London	Wales & SW
Which of the following do you personally get anxious/ frightened about?	2246	1078	1168	2246	719	764	764	2246	296	496	367	511	281	295
Base	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	1098	459	639	1098	410	403	285	1098	146	246	192	247	130	137
	1060	43%	56%	1060	57%	53%	37%	1060	49%	50%	52%	48%	46%	46%
	1075			1075				1075						
	49%			49%				49%						
Money/ finances/ debt	1014	378	637	1014	325	367	322	1014	143	220	163	233	130	127
	974	35%	55%	974	45%	48%	42%	974	48%	44%	44%	46%	46%	43%
	987			987				987						
	45%			45%				45%						
The death of loved ones	783	323	460	783	248	265	269	783	99	186	138	172	101	87
	760	30%	39%	760	35%	35%	35%	760	33%	37%	38%	34%	36%	29%
	771			771				771						
	35%			35%				35%						
Crime/ the threat of crime	775	307	468	775	164	340	271	775	106	164	142	179	82	101
	748	28%	40%	748	23%	45%	35%	748	36%	33%	39%	35%	29%	34%
	759			759				759						
	34%			34%				34%						
The welfare of your children	736	286	451	736	204	236	296	736	86	145	131	182	95	97
	715	26%	39%	715	28%	31%	39%	715	29%	29%	36%	36%	34%	33%
	725			725				725						
	33%			33%				33%						
Developing a serious illness or disease	609	229	380	609	159	182	268	609	62	140	89	155	83	78
	592	21%	33%	592	22%	24%	35%	592	21%	28%	24%	30%	30%	27%
	600			600				600						
	27%			27%				27%						
Getting old	552	284	267	552	240	236	75	552	81	126	106	120	58	59
	538	26%	23%	538	33%	31%	10%	538	27%	26%	29%	24%	21%	20%
	546			546				546						
	25%			25%				25%						
Losing your job/ unemployment	544	201	343	544	157	181	206	544	63	97	95	133	89	67
	525	19%	29%	525	22%	24%	27%	525	21%	20%	26%	26%	32%	23%
	532			532				532						
	24%			24%				24%						
Terrorism/the threat of terrorism	536	210	326	536	264	173	99	536	82	106	93	113	76	67
	512	19%	28%	512	37%	23%	13%	512	28%	21%	25%	22%	27%	23%
	519			519				519						
	24%			24%				24%						
Not living up to other people's expectations/ feeling a failure in life	532	167	366	532	194	160	178	532	64	128	81	125	69	66
	506	15%	31%	506	27%	21%	23%	506	22%	26%	22%	24%	24%	22%
	512			512				512						
	24%			24%				24%						
Being left alone/ isolated	470	169	301	470	160	153	157	470	58	111	56	121	64	60
	451	16%	26%	451	22%	20%	21%	451	20%	22%	15%	24%	23%	20%
	457			457				457						
	21%			21%				21%						
Your own death	461	195	266	461	154	201	106	461	54	110	86	104	48	59
	444	18%	23%	444	21%	26%	14%	444	18%	22%	24%	20%	17%	20%
	450			450				450						
	21%			21%				21%						
Losing your home	456	176	281	456	135	164	156	456	55	94	85	95	65	62
	440	16%	24%	440	19%	22%	20%	440	19%	19%	23%	19%	23%	21%
	446			446				446						
	20%			20%				20%						
You don't always know why – sometimes you just feel anxious or afraid	413	154	259	413	159	125	128	413	54	84	78	101	45	51
	396	14%	22%	396	22%	16%	17%	396	18%	17%	21%	20%	16%	17%
	402			402				402						
	18%			18%				18%						
Having a serious accident	402	156	246	402	139	139	125	402	54	81	69	84	67	47
	388	15%	21%	388	19%	18%	16%	388	18%	16%	19%	17%	24%	16%
	393			393				393						
	18%			18%				18%						
The state of the environment/ climate change	324	98	227	324	111	107	107	324	42	60	63	76	45	39
	307	9%	19%	307	15%	14%	14%	307	14%	12%	17%	15%	16%	13%
	311			311				311						
	14%			14%				14%						
The threat of war	186	79	107	186	67	66	54	186	23	40	28	38	31	26
	180	7%	9%	180	9%	9%	7%	180	8%	8%	8%	7%	11%	9%
	183			183				183						
	8%			8%				8%						
Keeping up with the fast pace of change and uncertainty in modern life	188	59	130	188	53	61	75	188	19	28	33	49	29	30
	180	5%	11%	180	7%	8%	10%	180	6%	6%	9%	10%	10%	10%
	182			182				182						
	8%			8%				8%						
Being the victim of a mass epidemic (e.g.: bird flu)	169	48	121	169	63	56	50	169	23	24	36	46	21	19
	159	4%	10%	159	9%	7%	7%	159	8%	5%	10%	9%	8%	6%
	161			161				161						
	8%			8%				8%						
Being a victim of a natural disaster	133	72	61	133	71	40	22	133	21	37	18	22	19	16
	131	7%	5%	131	10%	5%	3%	131	7%	7%	5%	4%	7%	5%
	133			133				133						
	6%			6%				6%						
Losing social status	209	151	57	209	55	63	90	209	31	53	35	38	22	30
	219	14%	5%	219	8%	8%	12%	219	10%	11%	10%	7%	8%	10%
	222			222				222						
	9%			9%				9%						

Mental Health Foundation

Founded in 1949, the Mental Health Foundation is the leading UK charity working in mental health and learning disabilities.

We are unique in the way we work. We bring together teams that undertake research, develop services, design training, influence policy and raise public awareness within one organisation. We are keen to tackle difficult issues and try different approaches, many of them led by service users themselves. We use our findings to promote survival, recovery and prevention. We do this by working with statutory and voluntary organisations, from GP practices to primary schools. We enable them to provide better help for people with mental health problems or learning disabilities, and promote mental well-being.

We also work to influence policy, including Government at the highest levels. We use our knowledge to raise awareness and to help tackle stigma attached to mental illness and learning disabilities. We reach millions of people every year through our media work, information booklets and online services. We can only continue our work with the support of many individuals, charitable trusts and companies. If you would like to make a donation, please call us on 020 7803 1121.

Visit www.mentalhealth.org.uk for free information on a range of mental health issues for policy, professional and public audiences, and free materials to raise awareness about how people can look after their mental health.

The Mental Health Foundation

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