TransFORM

A Peer-Reviewed

monoGRAPH

on
Education in Universal Human Values

by the Baha'i Academy, A Recognized Institution of Shivaji University, Kolhapur ("A++" Grade Accredited by NAAC, 2021, With CGPA-3.52)

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Anxiety and Human Values

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Introduction

Anxiety is defined by chronic, excessive, and uncontrollable worry or fear which may manifest with physical symptoms like panic, shortness of breath, chest pain, palpitations, sweating, dizziness, tremulousness and tingling in the hands and feet. It affects approximately 10–12% of the population, although significantly higher rates (up to 40%) are found in hospital settings. Anxiety disorders have a chronic course and may coexist with depression in many cases. Several studies demonstrate the economic burden of anxiety by noting its association with decreased work productivity, increased work absences and health care utilization. Further, anxiety is associated with significant human cost in terms of quality of life (Beck, Emery and Greenberg, 2005).

A review of multiple studies found anxiety disorders to be more impairing than other psychiatric disorders and drug addiction as measured by the quality of life assessment. Individuals with anxiety report significantly less satisfaction with their quality of life relative to non-anxious controls particularly in the domains of self-esteem, goals and values, money, work, play, learning, creativity, friends and relatives. A significant association was found between anxiety severity and health related quality of life in a primary care patients seeking psychiatric help (Craske, 1999).

Model for anxiety

Researchers have proposed a three-part model of anxiety that may explain the life dissatisfaction and impairment associated with this disorder. The first part of the theory asserts that individuals with anxiety have a particular ***relationship with their internal experiences*** that is characterized as "fused, critical, and judgmental". Individuals with anxiety over-identify with their thoughts, feelings, images and sensations, experiencing them as real, accurate, defining, and all encompassing, rather than as transient events that are separate from themselves. When internal experiences are viewed from this perspective, they are perceived as overwhelming and threatening. In order to manage these experiences, individuals often engage in ***experiential escape or avoidance***, which includes attempts to change or suppress internal experiences. Unfortunately, experiential avoidance paradoxically increases the intensity and frequency of distressing experiences. Further, experiential avoidance may lead to a ***restriction in behavior*** as individuals become focused on avoiding events and situations that elicit uncomfortable internal sensations rather than pursuing activities consistent with personal values (Roemer et al., 2008; Mogg et al., 2000).

Based on this model, Roemer and Orsillo developed an acceptance-based behavioral therapy (ABBT) for anxiety that aims to cultivate a decentered, compassionate, and curious stance towards internal experiences, to decrease efforts at experiential avoidance, and to enhance values consistent behavior (Orsilo and Roemer, 2007).

The Concept of Values

Values are defined as "freely chosen, verbally constructed consequences of ongoing, dynamic, evolving patterns of activity, which establish predominant reinforcers for that activity that are intrinsic in engagement in the valued behavioral pattern itself" (Bronowski, 2011). In other words, values are personally chosen life directions that guide behavior in a number of domains (e.g., family, career, physical health and well-being, spirituality). In contrast to goals (i.e., find a partner, lose ten pounds), which are future focused and defined by an obtainable end-point, values (e.g., be open and honest in relationships, engage in physical activity) represent an ongoing process that can guide behavioral choice on a moment-to-moment basis. Values can be viewed more as directions on a compass than destinations, or the "glue" between goals. For example, if an individual, values learning, he or she may have the goal of obtaining a college degree. Once the person graduates, the goal has been attained. In contrast, the value of learning motivates and reinforces studying throughout college, directs the person's behavior in his or her career and broadly influences how the person approaches all new situations and experiences, with interest and curiosity. Even after the goal of achieving the degree is reached, there is always more to learn, as learning is a continuous process (Harrison and Huntington, 2000).

Although the constructs of valued action and quality of life are similar, there are some conceptual differences. Quality of life is theorized to represent one's subjective sense of personal satisfaction with life or the degree of "goodness" or "excellence" in aspects of life that exist beyond the level of basic needs. In contrast, valued living represents the degree to which one engages in behaviors that are consistent with personally held values. Thus, there is an emphasis on behavior and action, engagement rather than satisfaction (Harrison and Huntington, 2000).

Values in the Psychotherapy for Anxiety

In this therapy, clients are encouraged to articulate their personally held values and explore the ways in which anxiety and avoidance have interfered with values consistent behavior. A number of clinical methods, such as mindfulness practice, are used with the goal of decreasing experiential avoidance of painful internal states and increasing willingness to engage in valued actions. Values articulation and the intrinsically reinforcing properties of valued action are assumed to motivate clients to engage in often painful and difficult work of therapy (Toneatto and Nguyen, 2007).

Although preliminary studies support the potential efficacy of ABBT, research aimed at investigating each component of the model is needed to inform future treatment development and refinement. Basic research supports the notion that worry may serve as a strategy of experiential avoidance. For example, worrying prior to imagining a feared event attenuates short-term physiological reactivity. Additionally, recent studies demonstrate that individuals with anxiety struggle with their internal experiences (thoughts, emotions, physical sensations). For example, distress about emotions, particularly anxiety and depression, difficulties with emotion regulation, and experiential avoidance have been shown to contribute unique variance to anxiety severity (Orsilo and Roemer, 2007). Further, treatment-seeking patients with anxiety report significantly more distress about emotions, difficulties

with emotion regulation and experiential avoidance as well as diminished levels of mindfulness.

The Link between Anxiety and Human Values

We have come to believe that there is often an important link between particular anxieties and an individual's values, and that if recognized this link can frequently be used such that we act on values instead of from an anxious place. For instance, some people worry about being late because they value being on time, or have anxiety about rejection because they value a relationship. People commonly have values related to aspects of life such as relationships, family, career, academics, health, wealth, well-being, appearances to others, adherence to a moral or ethical code, or any number of other aspects of living. Anxieties related to these values may lead us to worry about losing our friends and loved ones, failing at our vocation, becoming infirm, doing embarrassing or shameful things, and as this story often ends, dying poor and alone in a van down by the river (Harris, 2011).

So why is it important to link our values to our anxieties and vice versa? The answer starts by recognizing that consequences that stem from our beliefs about life situations are not just emotional, but often have a behavioral component. This means that when we are anxious, we are probably also doing things that are largely attributable to our anxious state. Some people seek reassurance from others that their worst fears aren't coming true, some avoid certain situations, some check obsessively, and some behave desperately or seek solutions to their problems that very often aren't viable or realistic. To borrow language from the legal field, we think of these behaviors as "fruit of the poison tree." By this we mean that because behaviors related to anxiety are products of our imperfect perceptions and irrational beliefs, they rarely generate a good solution and often end up reinforcing anxiety (Inglehart et al., 1998).

Instead of acting from an anxious place, perhaps it is more effective to recognize and act on the values that are linked to anxiety in a certain situation. We think that this simple reframing can change our behaviors from avoidance of an imagined negative outcome to the pursuit of something more constructive. To illustrate this, imagine two kids on the first day of school. The first kid, Tom, believes that he absolutely must be liked, or else he is the worst loser on the planet. Tom makes himself quite anxious and engages in attention seeking, asks friends incessantly whether other kids like him, and tries to read into the behavior of other kids to see if they do indeed have a good opinion of him. Tom's behavior results from his demanding belief (I absolutely must be liked), which won't decrease his anxiety, and it might alienate his peers and take his attention away from schoolwork.

Jerry feels just as eager as Tom to be liked, and for the sake of argument has just as much anxiety about being rejected. However, instead of trying to avoid rejection that he ultimately cannot control, Jerry focuses on the fact that he values having friends. After reframing his anxiety in terms of his values, Jerry invited several peers to his birthday party and joined a sports team to make new friends. The difference between Tom and Jerry is a very subtle reframing of the same problem, but it has resulted in two very different problem-solving strategies, and two different behavioral sets. One kid is avoiding a negative outcome, while another is working to attain a positive outcome.

In Rational Emotive Behavior Therapy terms, we are talking about changing a behavioral consequence of an irrational belief to a behavioral expression of a personal value that is positive, productive, and unlikely to reinforce anxiety (Cristea et al., 2015).

Is every form of anxiety always linked to a value? Are values always easy to uncover and work towards? Is it always clear what behaviors are most adaptive and value based? Perhaps not. However, when a link between the two is apparent, recognizing it can help break cognitive, emotional and behavioral patterns that aren't working.

Types of Anxiety that may affect Human Value Formation
The truth is that anxiety is at once a function of biology and philosophy, body and mind, instinct and reason, personality and culture. Even as anxiety is experienced at a spiritual and psychological level, it is scientifically measurable at the molecular level and the physiological level. It is produced by nature and it is produced by nurture. It's a psychological phenomenon and a sociological phenomenon. In computer terms, it's both a hardware problem (I'm wired badly) and a software problem (I run faulty logic programs that make me think anxious thoughts) (Beck and Clark, 1997).

We all experience anxiety; it is a natural human state and a vital part of our lives. Anxiety helps us to identify and respond to danger in 'fight or flight' mode. It can motivate to us face up to dealing with difficult challenges. The 'right' amount of anxiety can help us perform better and stimulate action and creativity. But there is another side to anxiety. Persistent anxiety causes real emotional distress and can lead to us becoming unwell and, at worst, developing anxiety disorders such as panic attacks, phobias and obsessional behaviors (Beck and Clark, 1997).

Anxiety at this level can have a truly distressing and debilitating impact on our lives and impact on our physical as well as our mental health. Today's era has been described as 'The Age of Anxiety'. Alarmingly, almost 1 in 5 people revealed that they feel anxious 'nearly all of the time' or 'a lot of the time'. More than half of us have noticed that 'people are more anxious today than they were 5 years ago.' Finance, money and debt is the most common source of anxiety, perhaps reflecting the impact of the recession and austerity on public mental health and well-being. Anxiety is one of the most common mental health problems in the world and it is increasing. Yet it remains under-reported, under-diagnosed and undertreated (Auden, 2011).

A good ability to cope with anxiety is key to resilience in the face of whatever life throws at us. However, experiencing it too much or too often means we risk becoming overwhelmed, unable to find balance in our lives or to relax and recover. Our ability to find some inner peace has never been more important to our well-being. It is a fact that anxiety is an essential aspect of our humanity and part of the natural human emotional response to circumstances in our lives. It is also about challenging the stigma that still gets in the way of our reaching out for help and support when our levels of anxiety become a real problem. As individuals and society we need to understand and engage with anxiety better, recognizing when it is helpfully alerting us to pay attention, and ensuring we have coping strategies when its negative impact becomes too great. We need to recognize when the people around us,

our friends, family members and colleagues, are experiencing distressing levels of anxiety or at risk of this because of life events and circumstances. Local public health strategies need to identify the points at which people are most likely to experience high anxiety and to offer a range of help that is simple, quick to access and non-stigmatizing (Auden, 2011).

In today's "Age of Apps" where many people are living dual lives, partly online, then we can develop new and innovative digital approaches to living better with anxiety, particularly to invest in the mental and emotional well-being of our children and young people. We hope that this report will act as a catalyst for a growth in self-help resources to enable us all to manage our response to increasingly anxious thoughts (Marshall et al., 2019).

However, we often go to great lengths to avoid being anxious, feeling a sense of failure if we don't keep our worrying thoughts under tight control. There may be times when these thoughts get away from us and begin to feel overwhelming. For some they may become habitual, leading to regular uncomfortable, or even distressing, physical symptoms. Patterns of avoidance may build up, that can have a limiting effect on our lives. Anxiety can also be exhilarating. Putting ourselves into situations that make us anxious can feel like an ordeal at the time, but getting through to the other side can bring an incredible sense of achievement. Our most important moments in life are usually not achieved without some sleepless nights. Being a new parent, our wedding days, passing exams, and learning to drive bring great rewards, but it is unlikely that these were achieved without some feelings of apprehension (Auden, 2011).

Anxiety is an emotional state that can work for us as well as against us. It is something we all have in common, but where we often differ is in how we perceive these feelings of arousal and how we respond to them. Our life circumstances, our upbringing and our personalities can all be factors in why one person's exciting fairground ride will leave another person in abject terror. Feeling anxious isn't a sign of failure and there are times when it is important to ask for help from those around us, or from professionals. However, as we come to understand anxiety better, there is much that we can do as individuals to take steps to reduce its hold over us, and to learn to appreciate our full range of emotions without fear that they will overtake us (Bourne, 2011).

Differences between Fear and Anxiety
Fear is being fearful of something particular and determinate, and anxiety is anxious about nothing in particular and is indeterminate. If fear is directed towards some distinct thing in the world, spiders or whatever, then anxiety is anxious about being-in-the-world as such. Anxiety is experienced in the face of something completely indefinite. It is, nothing and nowhere.

Some Fast Facts About Anxiety (American Psychiatric Association, 2008)
- Although, on average, women rate their life satisfaction higher than men, their anxiety levels are significantly higher than men.
- People in their middle years (35 to 59) report the highest levels of anxiety compared to other age groups.
- People in the older age groups tend to be happier and less anxious.
- People with a disability are, on average, more anxious than people without a disability.

- Unemployed people report significantly higher anxiety levels than those in employment.
- People in the lowest income groups report significantly higher anxiety levels than those in the higher income groups.
- Young people aged 16–24 are more likely to report lower levels of anxiety compared with adults generally.
- Almost one in five people feel anxious all of the time or a lot of the time.
- Financial issues are a cause of anxiety for half of people, but this is less likely to be so for older people.
- Women and older people are more likely to feel anxious about the welfare of loved ones.
- Younger people are much more likely to feel anxious about personal relationships.
- One-fifth of people who have experienced anxiety do nothing to cope with it.
- The most commonly used coping strategies are talking to a friend, going for a walk, and physical exercise.
- People are believed to be more anxious now than they were five years ago.
- People who experience anxiety most frequently tend to agree that it is stigmatizing.

Anxiety, Modern Society and Values

Although it is the most common sign of mental distress in nearly every country in the world, anxiety is often presented as an artefact of modern societies. The natural role of twentieth century man is anxiety. The concept of anxiety per se was first brought to prominence as a philosophical and psychoanalytic concept in the first part of the twentieth century. Freud was a seminal figure in the development of Western thinking about anxiety, which he conceived of as a state of inner tension from which humans are driven to escape. At a most basic level, anxiety is a signal to the ego (the aspect of personality that deals with reality) that something overwhelmingly awful is about to happen and that it needs to employ a defense mechanism in response (Freud, 2013).

Freud saw this as deriving from an infant's mental helplessness, which is a counterpart of its biological helplessness. Humans learn to cope with anxiety prompted by 'real' threats, such as fear of being bitten by a dog, either by avoiding situations likely to contain the threat, or by physically withdrawing from them. Freud's typology also included neurotic anxiety arising from an unconscious fear that we will lose control of libidinal impulses, leading to inappropriate behavior, and moral anxiety, arising from a fear of violating our own moral or societal codes. Moral anxiety, he suggested, manifests itself as guilt or shame. The task of psychoanalysis is therefore to strengthen the ability of the ego to find ways of coping with anxiety such as 'denial', 'rationalization', 'regression' (to a childhood state) or 'projection' (Freud, 2013).

Existential Anxiety

Within the existentialist philosophical tradition, 'angst', from the German word for anxiety, is held to be a negative feeling arising from the experience of human freedom and responsibility in a world where faith and traditional social bonds have been undermined. The emotion the person feels upon realizing that he or she has this option is angst. Kierkegaard described the burden of making moral choices as a consequence of free will "the dizziness of freedom". Existential psychology therefore proceeds from the presumption that anxiety stems

from a crisis in the exercise of free will, which might be manifested in anxiety about one's mortality, the inevitability of loss, or about accepting personal responsibility for one's thoughts, feelings and actions (Lucas, 2004).

Manifestation of Anxiety
Anxiety disorders such as panic, phobias and obsessive behaviors may be triggered by traumatic memories, irrational hatred of specific objects, proximity to particular situations or physical locations, or a persistent worry that something bad will happen in the future. A defining characteristic of anxiety disorders is that psychological symptoms, such as irritability, difficulties concentrating and depression, become persistent and intrusive. Many people also experience physical symptoms, like heart palpitations, sweating, tensions and pain, heavy and rapid breathing, dizziness, fainting, indigestion, stomach aches, sickness and diarrhea; in acute cases, people have described how it felt as though they were dying. The lives of those with the most severe forms of anxiety can become completely dominated by their condition, meaning they find it difficult to relax or achieve regular patterns of sleep, becoming stuck in circular patterns of thought that impair their ability to maintain preferred lifestyles, hold down a job or sustain personal relationships (Auden, 2011).

What People say about Anxiety
Perhaps more significantly, the testimony of people living with anxiety affords us a more rounded appreciation of the role that it plays in shaping their lives. Scott Stossel, the author of *My Age of Anxiety*, puts it, "anxiety can be a spur to achievement as well as a barrier. Picture a bell curve with extreme anxiety on the far right and extreme lack of anxiety on the far left. If you're too anxious to the point where it's physically and mentally debilitating, then your performance suffers. If you're not anxious enough, if you're not engaged and slightly activated by anxiety, as it were, then your performance also suffers." (Auden, 2011)

The voices of people living with the more acute forms of anxiety help us to conceive of anxiety as something more than simply a condition that requires diagnosis and treatment. How individuals engage with their anxiety, how they manage it and represent it to the wider world lifts anxiety beyond the realm of medicine and science and into a broader sociological and cultural context.

Common Anxiety Disorders Related to Human Values
The experience of anxiety often involves a bundle of interconnected symptoms and disorders characterized by confusing circularity between the triggers to anxiety and the responses that it invokes. While the separate elements to the bundle may not, in themselves, have a decisive impact on his life, the effects of their interaction can be devastating. This can be seen more clearly in people diagnosed with co-morbid depression and anxiety, which often results from a downward spiral in which anxiety leads to low mood which in turn intensifies the anxiety.

The various types of anxiety disorders and their relationship to human values are now discussed –
1. **Panic Disorder:** Panic is an exaggeration of the body's normal response to fear, stress or excitement. Panic attacks are a period of intense fear in which symptoms develop

abruptly and peak rapidly. Panic attacks have been described as a form of emotional short-circuiting, whereby the limbic brain suddenly takes over the body's functioning, leading to overwhelming sensations, which might include a pounding heart, feeling faint, sweating, shaky limbs, nausea, chest pains, breathing discomfort and feelings of losing control. Adrenaline overwhelms the cognitive functions that would normally help the brain assess the real nature of the threat to the body. The effects can be so severe that people experiencing panic attacks believed they were dying. It is estimated that about 1-2% of the world's population experience panic as a separate disorder. This type of anxiety is seen when one does something against one's values and moral and the wrong doing brings about guilt and panic (Katon, 2007).

2. **Phobias:** A phobia is an intense and irrational fear of a specific object or situation, such that it compels the person experiencing it to go to great lengths to avoid it. Phobias can be about harmful things or situations that present a risk, but they can also be of harmless situations, objects or sometimes animals (Marks, 2013).

3. **Social Phobia or Social Anxiety:** Social phobia can include a fear of being judged, scrutinized or humiliated in some way. It can show itself with a fear of doing certain things in front of others, such as public speaking. Women are twice as likely as men to be affected by this problem. This is more so common when someone may have present what is right or wrong in front of a committee and may have to defend or compromise on the human values one has built (Stopa and Clark, 2000).

4. **Post-Traumatic Stress Disorder (PTSD):** This syndrome, is a psychological reaction to a highly stressful event outside the range of everyday experience, such as military combat, physical violence, or a natural disaster. The symptoms usually include depression, anxiety, flashbacks, recurrent nightmares, and avoidance of situations that might trigger memories of the event. A range of stressors have been identified as impacting adversely on mental health, including those experienced premigration, such as torture, traumatic bereavement and imprisonment, but also post-migration factors such as discrimination, detention, destitution and delayed decision making in the asylum process. The types of trauma experienced by men and women also differ. PTSD may develop when during traumatic events one's morals or values have been compromised and one has had to act to the contrary (Meichenbaum, 1994).

5. **Obsessive Compulsive Disorder (OCD):** This affects around 2–3% of the population and is characterized by unwanted, intrusive, persistent or repetitive thoughts, feelings, ideas, sensations (obsessions), or behaviors that makes the sufferer feel driven to do something (compulsions) to get rid of the obsessive thoughts. This only provides temporary relief and not performing the obsessive rituals can cause great anxiety. A person's level of OCD can be anywhere from mild to severe, but if severe and left untreated, it can destroy a person's capacity to function at work, at school or even to lead a comfortable existence in the home. People who are too particular often develop OCD when the world may not adhere to the morals, values and ideals that they uphold (Jenike, 2004).

6. **Generalised Anxiety Disorder (GAD):** This is the most commonly diagnosed anxiety disorder and usually affects young adults. Women are more likely to be affected than men. While feelings of anxiety are normal, people with GAD find it hard to control them, to such an extent that it impinges upon their daily life. It causes sufferers to feel anxious about a wide range of situations and issues, rather than one specific event. Unlike a phobia, which focuses upon a specific object or situation, generalized anxiety is diffuse and pervades the sufferer's daily life. Although GAD is less intense than a panic attack, its duration and the mental and physical symptoms, such as irritability, poor concentration and the effects of disrupted sleep patterns, mean that people with the disorder often find it difficult to live the life they would prefer to live. GAD affects 2–5% of the population and yet accounts for as much as 30% of the mental health problems in people. This is common people who are always anxious or show anxiety as a part of their personality (Tyrer and Baldwin, 2006).

Anxiety and Medical Problems

The true impact of anxiety can be masked when it is the symptom of other more obvious or treatable physical problems which are likely to be prioritized in any subsequent medical intervention. Anxiety problems are common amongst cardiovascular patients; for example, panic disorder is up to 10 times more prevalent amongst people with chronic obstructive pulmonary disease than in the general population. People with GAD have been found to be at higher risk of coronary heart disease, while anxiety has also been linked to increased incidence of gastrointestinal problems, arthritis, migraines, allergies, and thyroid disease. 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 a poor diet (Roy-Byrne et al., 2008).

Case Example – Patient Narrative

I was probably considered a shy child, but I didn't have any major problems in childhood. I had one or two good friends although I wasn't really comfortable in big groups and I did panic if I was ever invited to parties or if there was a big group thing in class. My anxiety has always been social anxiety, so it has prevented me from doing a lot of things. It really came to a head in my teenage years—that traditional transition stage when I was doing exams. That was when it really started to kick in and I couldn't go to school, I couldn't sit my exams, so I left and I got a job through a relative. But I struggled with the work so I had to leave. I tried college and had to leave that too. I felt very ashamed and very embarrassed about having anxiety and it was something I tried desperately to cover up. Of course, the more I tried to cover it up, the more anxious I became. I thought there was a real stigma around anxiety at the time; I didn't realise that young people of my age had similar experiences and feelings. I thought it was just something that affected adults. My father suffered with anxiety and it was something he was ashamed of. He tried to cover it up and wouldn't talk about it. So I picked up on that as being something to be embarrassed about. My physician diagnosed anxiety—it wasn't social anxiety then, it was just anxiety—and he gave me medication; I was about 17 at the time. I was also referred to a psychologist at the local

hospital, and counseling was started. The tablets worked while I was taking them, but once I stopped taking them, all the symptoms came back and I still had all the very negative frightening thoughts—it didn't help those. I had a lot of physical symptoms, blushing and sweating which people would comment on, so I became more and more withdrawn. Eventually, I stopped going out, so I lost friends, had no social life, no relationships and became quite housebound. My anxiety has meant that I haven't been able to work. Because it has been there for such a long time, anxiety has taken root. Maybe I have an anxious nature, so it is always going to be a part of my life. But now I understand it a lot better, I know I am not the only one who has it, at helps a lot—and it doesn't worry me as much because I have some coping techniques and know what I can do to reduce my anxiety. Always remember a combination of medication, counseling, yoga, meditation and family psycho education and support works best for management of anxiety. One must seek help from a mental health professional as soon as one experiences anxiety and one must comply fully for the entire duration of the treatment. (Auden, 2011)

Mindfulness and Anxiety
Mindfulness is a variation of psychotherapy in that it focuses on changing the relationship between the anxious person and his or her thoughts, rather than changing the thoughts themselves. Using meditation and similar techniques, it can help people break out of the 'automatic pilot mode' that leads to negative ways of thinking and responding. Instead, it is about helping people to experience the world in the 'here and now'. It does this by addressing the bodily symptoms experienced when someone is anxious, but rather than avoiding or withdrawing from these feelings, he or she remains present and fully experiences them and in this way is able to observe their reactions in a different way (Hoffmann et al., 2010).

Guided Self Help and Anxiety
Guided self-help has become an increasingly popular way of offering treatment because of its low cost, adaptability to different forms of digital and social media and its acceptability to people who might otherwise not receive treatment either for reasons connected with their anxiety or because of time pressure from commitments such as caring. Most guided self-help is based on cognitive behavioral approaches and aims to help the person experiencing anxiety achieve a level of recovery whereby they are able to understand the nature of their anxiety and what is happening physiologically to them. They are then helped to develop the necessary skills to tolerate and cope with it, by challenging unhelpful thinking, evaluating their bodily symptoms realistically and managing graded self-exposure to the source of their anxiety (Day et al., 2013).

Peer Support and Anxiety
Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. The benefits of peer support have been evidenced in a number of studies in relation to supporting individuals to self-manage their mental health problems and for those whose mental health is most at risk, such as isolated older people, people with dementia and young carers. Identified key benefits of peer support are the ability for the peer mentor to provide support based on empathetic understanding and from a position of having previous experience of developing coping skills

for the particular set of problems encountered. Most of the research regarding people experiencing mental health problems has not been specific to anxiety. However, there are indications from work in relation to young people during transitions and people adapting to life with long-term conditions that peer support can provide a helpful approach in learning to cope with the anxiety that uncertainty brings (Field et al., 2013).

Recommendations to manage anxiety

- Universal approaches to learning to live well with anxiety should be built into school curriculums from primary onwards, including an understanding of the role of anxiety in our lives and techniques for managing stresses associated with school (such as peer relationships, exams and transitions).
- Peer-led approaches should be promoted within universal settings such as employment, schools and universities, in recognition of the importance that young people place on support from peers and the unique level of empathetic understanding that can be provided by those with a common experience.
- Access to good quality self-help approaches should be made available through quality assured and co-designed digital platforms to ensure they are fit for purpose for those who choose not to use face-to-face services (young people, people in full time employment).
- Teacher training and anxiety-related guidance should be assessed for equalities impact and adapted alongside groups of people who are at highest risk of developing problematic anxiety and least likely to have their needs met by current service provision.
- Agencies offering support to people with anxiety should make greater use of peer mentors and advice and information that is explicitly based on the life experiences of people who live with anxiety.

Conclusions

The final thing you will benefit from becoming more aware of is your own values and how those values correspond to your community's moral sensibilities, and to your own actions. Your values are the principles you believe in and have invested in (which is why they are said to have "value" in the first place). Values are the goals towards which you aspire. They largely define the core of your identity. More importantly still, they are the source of your motivation to improve yourself. If you did not value self-improvement, for example, you would not be reading this document right now.

It is important to develop a good understanding of your values, because of how influential your values are in determining and motivating your behavior. If you don't understand your values, you won't understand how to orient yourself in a direction that is likely to be satisfying. Your behavior, your actions will be more oriented towards putting out fires (satisfying your immediate needs), and less oriented towards developing your long term potential. You won't have a plan. You will instead, just be reactive. Because if you don't understand what they are you don't know what motivates you. Or what could motivate you - towards becoming a better person.

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