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The social circumstances of anxiety and its symptoms among  
Anglo-Jews

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In this community study of orthodox-affiliated Jews in London the social circumstances of anxiety were examined. By contrast with previous work on women in London, danger and early adversity bore only a weak relationship with anxiety in this sample. Eventfulness had the strongest relationship with anxiety of all the circumstances examined. Women were more likely to suffer from borderline anxiety than were men, but there were no gender differences in case anxiety. Women had more eventful lives than men but this could not solely account for gender differences in anxiety. Findings suggest the importance of cultural factors in aetiology.

Indexing words: anxiety, social factors, gender differences.

The social circumstances of anxiety and its symptoms among Anglo-Jews

What are the causes of anxiety? How do these causes vary in different cultural-religious groups? In this community study of orthodox-affiliated Jews in London we looked at the social circumstances associated with anxiety and compared our findings with other work.

Anxiety is used to cover a range of psychiatric disorders: free-floating anxiety, panic disorder, situational and social anxiety and avoidance (Finlay-Jones, 1989). Anxiety often co-occurs with depression, and Brown & Harris (1993) suggested that this co-morbidity might be because of the aetiological importance of early adversity (particularly loss of a parent) in both conditions. However, Brown, Harris & Eales (1993) observed that anxiety was linked with adverse experiences in early childhood and a precipitating factor rated high on danger. By contrast, depression was linked with major loss coupled with deficient current social support. Brown et al's conclusions were based on work with working-class inner-city women. Finlay-Jones studied a general practice sample of relatively young, affluent, unattached women, and also found anxiety to be linked with early adverse experience in childhood and a precipitating factor rated high on danger. Finlay-Jones observed that parental divorce in early childhood appeared the most crucial form of early adversity for anxiety in his sample. By contrast with anxiety, Finlay-Jones, like Brown et al, concluded that recent adversity involving loss, and deficient social support were important in depression.

In this paper we set out to examine the applicability of these conclusions about anxiety to both women and men, in a London social-cultural minority group: orthodox Jews.

Apart from the possible importance of early loss and danger for anxiety, other factors have been linked with anxiety. These

include:

Gender - women have higher referral and prevalence rates for anxiety than do men (Paykel, 1991; Cochrane, 1993), and a range of social and biological reasons have been suggested;

Religion - a number of studies have shown an association between religion (variously measured) and lowered levels of distress and illness, including anxiety (Bergin, 1991; Worthington, Kurusu, McCullough & Sandage, 1996);

Family size - has been associated with mixed effects on mental health: generally positive in socio-cultural groups where having children is valued, and otherwise negative (Loewenthal & Goldblatt, 1993); large families are valued by strictly-orthodox Jews;

Holocaust experience - has been associated with generally negative effects on mental health; it has been suggested that survivors may be particularly sensitive to events reminiscent of holocaust-related trauma (Solomon and Prager, 1992; Robinson, Hemmendinger, Netanel, Rapaport, Zilberman and Gala, 1994).

We therefore examined the relations between anxiety and gender, religious orthodoxy, family size, and holocaust experience, as well as current and recent adversity, and early loss.

## Method

### Subjects

339 orthodox Jews were interviewed, 182 women and 157 men. 179 of the sample were affiliated to a strictly-orthodox synagogue, and 160 to a traditionally-orthodox synagogue. 271 were under 65, and 68 over 65. The term 'orthodox' refers to synagogue affiliation and not to religious observance, which was found to vary quite widely especially among those of traditional affiliation. All subjects were recruited by first writing to, and then telephoning one household in five from lists of members of orthodox synagogues in the greater London area and asking if

one or more available adult household members would be interviewed. The current list of strictly-orthodox synagogue members was a community list compiled for mailings, and we obtained a copy after obtaining rabbinic approval for this research. Lists of traditionally-orthodox synagogue members were obtained by first approaching rabbis throughout the Greater London area, and then obtaining permission from synagogue secretaries and boards of management. The one-in-five sampling was done on a strict quasi-random basis, replacing a selection by the next household on the list where there were three failures to contact by telephone, or refusal to participate. In 259/460 (58.5%) of households contacted, at least one adult agreed to be interviewed. In 70 of these 259 households, two or more adults were interviewed, usually husband and wife. The mean age of all subjects was 52.4 years (s.d.16.9, range 18-89), 74 % were born in the U.K., 80% were now-married, and the mean number of children per subject was 2.8 (range 0-15). There were no gender differences in respect of these characteristics. The sample was similar in these characteristics to other recently-studied samples of orthodox Anglo-Jewry (Loewenthal, Goldblatt, Gorton, Lubitsch, Bicknell, Fellowes & Sowden, 1995). It appeared that retired or unemployed people may have been more willing and available to be interviewed than others, which may account for the fairly high mean age of the sample. The fairly low response rate may be associated with some bias in the sample interviewed, which may not be representative of the groups from which they were drawn. Although response rates were low, they were considered very high in relation to those reported by other workers attempting to study orthodox-affiliated Jews; Ingram & Lowe's (1989) response rates were as low as 10% among the more orthodox; Shmool & Miller (1994) do not report response rates but these appear to have been very low with large numbers of questionnaires being returned unfilled and torn-up, apparently at the instigation of some religious leadership; in two recent investigations known to one author the refusal rate was 100%. In order to undertake this study, it was necessary to obtain approval and consent for the investigation from rabbis and

communal leaders; prospective interviewees were prepared to accept this as a sign of our trustworthiness. The most common reason for refusal to participate was 'too busy'.

The strictly-orthodox lived in enclaves in North and North-West London, where the needed amenities were readily-available. These include synagogues - usually small prayer/study houses, many shops selling kosher food and religious requirements, ritual baths, and schools providing single-sex religious education. Men in strictly-orthodox communities generally engage in religious study until after marriage and commonly obtain a rabbinic qualification even though most do not enter the rabbinate. Men then enter religious teaching, the rabbinate, or some other religious-communal occupation, or engage in a business usually serving the strictly-orthodox. Women engage in religious study until 18-19, and then work usually as teachers or secretaries within the orthodox community. They may continue to work after marriage and between childbearing, usually for economic reasons. There are many formal and informal helping networks, and the strictly-orthodox enclaves provide their own newspapers, entertainment and social occasions. Mass media, especially television, are mistrusted as leading to an irreligious outlook. The strictly-orthodox observe the dietary laws, Sabbath and festivals, marriage laws, religious education of children, and many other laws governing the social and indeed every area of life, although there are individual and group variations in detail and outlook. The traditionally-orthodox vary more widely in religious observance, and are more widely-scattered around the London area, with looser enclaves based around a synagogue and kosher shops. Religious education is usually less intense, and offspring are more likely to go to university and enter the professions than are the strictly-orthodox. Family size is smaller and there is less observance of the marriage laws prohibiting intercourse between husband and wife during and after the wife's menstruation. Sabbath, festivals and the dietary laws are likely to be observed, though to a less strict extent than among the strictly-orthodox. Stable marriage is

fairly normative among both strictly- and traditionally-orthodox Jews, with a very strong focus on family life, involving the religious calendar, rites of passage, and the care, education and upbringing of children. Among all orthodox Jews, helping and charitable activity is generally valued, and both strictly and traditionally orthodox have a range of helping organisations, ranging from the "giant" Jewish Care, to tiny groups catering for children with particular special needs, or offering interest-free loans. Friends, neighbours and relations are all likely to offer a helping hand in cases of need.

### Measures

Each interview took place in the subject's home, and a tape-recording and a written record were made (except in three cases, where the subject was not willing, in which cases written records were agreed to). Interviews ranged in length from 1-7 hours, and comprised the Life Events and Difficulties Schedule, the Present State Examination, and information on biography and current social circumstances. Methods and measures are described more fully in Loewenthal et al (1995).

Ratings were made by a 7-member rating team (the authors), all trained in LEDS methodology. The LEDS is reported as reliable and valid (Brown, 1989). The existing LEDS dictionaries of rating precedents were used, together with rater meetings and consultation with the MRC rating team (Social Policy Department, Royal Holloway University of London). Dimensions of relevance here were:

- 1) Those needed to establish whether a "prior provoking agent" existed: contextual threat of at least high-moderate, joint or self-focused, independent of any psychiatric disorder, and prior to onset of any actual psychiatric disorder. In the case of a life-event occurrence simply had to be prior. Difficulties had to have begun at least two years prior to onset, to be still ongoing, continuously at high-moderate or above.
- 2) Events which qualified as prior provoking agents were rated

for the presence of loss and of danger.

Current psychiatric symptoms were assessed using the PSE (Present State Examination: Wing, Cooper & Sartorius, 1974). A shortened form was used (as in Brown & Harris, 1978) focusing on depression, tension and anxiety symptoms, and symptoms in the 12-month period prior to interview were assessed as well as current symptoms (as in Brown & Harris). Symptom level was indicated by the presence of the feature of thought, feeling or behaviour for a duration of at least 2 weeks, at a level which is difficult or impossible to control and which interferes with normal functioning.

Criteria for anxiety followed those described in Finlay-Jones, Brown, Duncan-Jones, Harris, Murphy & Prudo (1980), and Finlay-Jones (1989): free-floating anxiety (DSM generalized anxiety disorder), panic disorder, situational anxiety (DSM agoraphobia) and avoidance (social phobia) were assessed, using criteria which met relevant DSM-III criteria (American Psychiatric Association, 1980). Overall case and borderline anxiety were defined as follows (Finlay-Jones, 1989):

Case anxiety: PSE rating of 2 on free-floating or panic, or 1 on free-floating plus 1 on panic, or 1 on situational plus 2 on avoidance;

Borderline anxiety: 1 on free-floating or panic, or 2 on situational, or 1 on situational plus 1 on avoidance.

Depression criteria follow those described in Brown & Harris (1978): depressed mood plus at least four other symptoms from the 'Bedford College' list (loss of concentration, brooding, loss of interest, hopelessness, suicide plans, self-deprecation, appetite loss, delayed sleep, early waking and retardation). These criteria resemble those for DSM-III major depressive disorder.

Other measures were taken from the biographical and current social circumstances questionnaire as follows:

1. Gender;
2. Religion: the criterion used was orthodoxy of affiliation (strict versus traditional), which related significantly to all other measures of religious activity (Loewenthal et al, 1996);
3. Family size: large (4 or more children) versus smaller (0-3 children);
4. Holocaust experience: the subject lived in Germany after 1933, or in any Nazi-German-occupied country after occupation, and prior to 1945;
5. Early loss: death of either parent, or separation from either parent for more than 12 consecutive months for any reason, before the participant was aged 16.

## Results

### 1. Prevalence of anxiety

Prevalence of case and borderline anxiety among the different groups is shown in table 1. The two noteworthy features are first, the very high prevalence of borderline anxiety, and second that borderline levels of anxiety (though not case) were significantly higher among the women than among the men.

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Table 1

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Depression data have been presented and described elsewhere (Loewenthal et al, 1995, 1996; Loewenthal, 1996).

### 2. The effects of danger and loss

To parallel the analyses in other work on anxiety, we first looked at onset cases of anxiety only. There were very few (n=7 pure onset case, n=2 mixed onset case) and analyses of prior danger and loss, and early loss showed no effects.

All cases and borderline cases of anxiety and of depression

(chronic and onset) were examined for the presence/absence of at least moderate degrees of loss, and of danger where there had been a provoking agent as defined above (excluding loss and danger where the event had occurred after onset of anxiety or depression). These analyses - as expected - showed no relationships between loss and anxiety, and between loss and depression. There was a significant relationship between danger and borderline anxiety (25%, 27/107, of borderline anxiety had prior or concurrent danger, compared with 15%, 34/232, of those with no anxiety;  $X^2=5.55$ ,  $df=1$ ,  $p<.05$ ). There was no relationship between danger and case anxiety. With depression, there was a weak, only marginally-significant relationship between case depression and loss (30%, 12/40 of the case depressed had prior or concurrent loss, compared with 18%, 54/299 of those with no case depression;  $X^2=3.21$ ,  $p<.1$ ). There was no relationship between borderline depression and loss.

### 3. Other current and recent circumstances in relation to anxiety

Table 2 shows the frequencies of different forms of anxiety in relation to other aspects of current and recent circumstances.

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Table 2

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There were effects of gender (borderline and situational anxiety more likely among women than among men), of family size (case anxiety and panic disorder more likely among those with larger families), and of orthodoxy of affiliation (panic disorder more likely among the more strictly orthodox). We return to the possible confounded effects of these factors in section 5 of these results.

### 4. Early adversity in relation to anxiety

There were no signs of any relationships between anxiety and the forms of early adversity that we examined: holocaust experience,

early loss of father or early loss of mother. Following other work on anxiety and early adversity, we also examined relations between anxiety and danger only in those subjects who had a provoking agent in which each of the early adversity factors was present. There was absolutely no indication that early adversity was a vulnerability factor increasing the likelihood of anxiety in the case of danger.

## 5. Eventfulness

Table 2 showed that the anxious and the non-anxious did not differ in the likelihood of having a recent severe life-event or major difficulty (provoking agent). But what of other indices of stress? We computed a simple LEADS-based measure: the total number of life-events and difficulties reported. This was significantly higher among those suffering from all forms of anxiety (except free-floating). The more anxious had more eventful lives. Other analyses reported in Loewenthal et al (1995) showed that women were higher on this measure than were men. Grouping participants into those with eventful and less eventful lives, and we found the more strictly orthodox to have more eventful lives ( $X^2=9.29$ ,  $p=.002$ ), as did those with large families ( $X^2=4.38$ ,  $p=.036$ ). Because of the possible confounding of these factors, we carried out loglinear analyses to separate out the effects of gender, religious orthodoxy, family size and eventfulness upon anxiety. These showed that effects of religion and family size may be explained by eventfulness. However the effects of gender remain, and thus cannot be explained solely by the greater eventfulness of women's lives compared to men's. Gender related significantly to borderline anxiety (partial  $X^2=11.38$ ,  $p<.001$ ), free-floating anxiety (partial  $X^2=5.42$ ,  $p<.05$ ) and situational anxiety (partial  $X^2=8.75$ ,  $p<.01$ ). Eventfulness was associated with case levels of anxiety (partial  $X^2=7.63$ ,  $p<.01$ ) and also with panic disorder (partial  $X^2=15.88$ ,  $p<.001$ ).

## 6. Examples

To illustrate the quality of life and of stress in this sample, here are the life-events and difficulties of some participants, all with mild (borderline) anxiety:

Woman aged 33: her close friend had a major operation and she was heavily involved in visiting, and taking meals in to her friend's family. Her husband had to change jobs and they were without income for two months. The building society were not helpful and there was a threatened foreclosure on their mortgage. Her health is very poor and she is unable to work. They have no children and fertility treatment has been difficult, expensive and ineffective. Their upstairs neighbours ignore complaints about loud music late at night, and recently their ceiling collapsed due to a flood from these neighbours.

Woman aged 60: Her married daughter and children came from Israel to stay at the outbreak of the Gulf War. They stayed on for several more weeks after the war ended. Meanwhile her very elderly father was hospitalised, requiring constant visiting. Her very elderly and frail mother could not be left on her own, so came to stay with her. She has three unmarried children still living at home and is very concerned to find marriage partners for all of them. Her husband is a holocaust survivor and needs a great deal of support from her. Due to the recession, they are not able to give as much charity as they used to.

Man aged 50: did not give more specific details but says that he is under constant financial pressure from trying to support his wife, parents and six children "at a normal level".

Man aged 38: there was a burglary in the premises of the business he managed, with major vandalism. Then there was a fire, as a result of which he is now out of work. The bailiffs meanwhile came to the burnt-out business because rates were unpaid: the business was still liable even though it was closed down. He is single and lives at home except when caretaking a

flat for a relative. He is having difficulties with his family: his father is fairly religious and he is less religiously-inclined. He would like to get married but although he went out with a young woman for some time, it did not work out.

#### Discussion and conclusions

Our material suggests that the social circumstances of anxiety differed for the orthodox Jews studied here, from the social circumstances of anxiety in the London women studied by other groups.

Among this orthodox Anglo-Jewish sample, we looked at early adversity, and current and recent high threat and danger, in relation to anxiety. There were no or very weak effects, in contrast to findings in other groups. The lack of effect may partly result of a very small number of onset cases of anxiety: too small to permit detection of any except massive effects.

We looked at other factors which have been related to mental health in Jewish and other groups: gender, religion and family size. We were also interested in eventfulness. All these factors were more strongly related to anxiety than were early adversity, high-threat and danger. However we thought that there might be confounded effects, and when partialled out, pure effects of eventfulness and gender remained. The effects of level of orthodoxy, and of family size were the result of eventfulness. Eventfulness and gender related to different levels and forms of anxiety. Eventfulness related to case levels of anxiety. Gender related to borderline anxiety. Eventfulness related to panic disorder, gender to free-floating and situational anxiety.

For this cultural-religious group - orthodox Jews - the difference between the anxious and the non-anxious in the sheer number of events and difficulties, seems particularly important. This effect is linked with gender: the women had more eventful and difficult lives than the men, and this co-variance of

eventfulness, gender and anxiety is an important feature of the findings. Goshen-Gottstein (1987, 1994) has argued that in the strictly-orthodox Jewish community in Israel, there is greater stress for women than for men since "women carry the triple burden of looking after the home, rearing large families, and being breadwinners" and "wear themselves out trying to live up to ... expectations". The strictly-orthodox among this sample are similar in many respects to the charedi community discussed by Goshen-Gottstein: generally high levels of religious observance, frequently enclave-type social structure, and family-centred values with the woman as the "foundation of the home" (Loewenthal et al, 1997). Although the traditionally-orthodox showed lower levels of religious observance, we noted the same strong obligation and commitment to family and community as in the strictly-orthodox.

Women's greater likelihood of borderline levels of anxiety, and of free-floating and situational anxiety, is not however the product of eventfulness as such. Speculatively, we might link gender differences in anxiety to women's greater "burden of care". Kessler & McLeod (1994) and Nazroo, Edwards & Brown (under review) both suggest that women's greater involvement in the lives of those around them is associated with greater vulnerability to undesirable events.

Eventfulness had effects independent of gender, accounting for case levels of overall anxiety and of panic disorder among both men and women. In this sample both men and women carry major burdens. The material suggests that the responsibilities particularly of maintaining and running orthodox-Jewish families, reflected in large numbers of events and difficulties, may have accounted for some anxiety.

Why was eventfulness so important, and the effects of loss and danger comparatively unimportant, compared to other socio-cultural groups. Elsewhere (Loewenthal et al, 1997) we have suggested that the orthodox Jews studied live within social

boundaries, maintained by religious-cultural mores. Here we suggest that maintaining these norms and standards involves anxiety particularly when overwhelming numbers of events and difficulties threaten the person's ability to cope. Thus - unlike in the general population - danger comes not so much from one menacing event, but from a general overburdening, which threatens the individual's respectability.

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### References

American Psychiatric Association. 1980 Diagnostic and Statistical Manual of Mental Disorders (DSM III) Washington DC: American Psychiatric Association.

Bergin, A. (1991) Values and religious issues in psychotherapy and mental health. American Psychologist, 46, 394-403.

Brown, G.W. & Harris, T.O. (1978) The Social Origins of Depression. London: Tavistock.

Brown, G.W. & Harris, T.O. (1993) Aetiology of anxiety and depressive disorders in an inner-city population: I. Early adversity. Psychological Medicine, 23, 143-154.

Brown, G.W., Harris, T.O. & Eales, M.J. (1993) Aetiology of anxiety and depressive disorders in an inner-city population: II. Co-morbidity and adversity. Psychological Medicine, 23, 155-165.

Cochrane, R. (1993) Women and depression. In C.A. Niven & D. Carroll (eds) The Health Psychology of Women. Switzerland: Harwood Press.

Finlay-Jones, R.A., Brown, G.W., Duncan-Jones, P., Harris, T.O., Murphy, E. & Prudo, R. (1980) Depression and anxiety in the community: Replicating the diagnosis of a case. Psychological Medicine, 10, 445-454.

Finlay-Jones, R. (1989) Anxiety. In Brown, G.W. & Harris, T.O. (eds) (1989) Life Events and Illness. London: Unwin Hyman.

Goshen-Gottstein, E. (1987) Mental health implications of living in an ultra-orthodox Jewish subculture. Israel Journal of Psychiatry, 24, 145-166.

Goshen-Gottstein, E. (1994) Response to D.Greenberg: Is psychotherapy possible in unbelievers? Israel Journal of Psychiatry, 31, 232-233.

Kessler, R.C. & McLeod, J.D. (1984) 'Sex differences in vulnerability to undesirable life events', American Sociological Review 49: 620-631.

Loewenthal, K.M. (in press) Stress and distress in orthodox-Jewish men and women. Newsletter of the Psychology of Women Section, British Psychological Society.

Loewenthal, K.M. & Goldblatt, V. (1993) Family size and depressive symptoms in orthodox Jewish women. Journal of Psychiatric Research, 27, 3-10.

Loewenthal, K.M., Goldblatt, V., Gorton, T., Lubitsch, G., Bicknell, H., Fellowes, D. & Sowden, A. (1995) Gender and depression in Anglo-Jewry. Psychological Medicine, 25, 1051-1063.

Loewenthal, K.M., Goldblatt, V., Gorton, T., Lubitsch, G., Bicknell, H., Fellowes, D. & Sowden, A. (1997) The costs and benefits of boundary maintenance: stress, religion and culture among Jews in Britain. Social Psychiatry and Psychiatric Epidemiology, (in press).

Nazroo, J.Y., Edwards, A.C. & Brown, G.W. Gender differences in the onset of depression following a shared life event: a study of couples. Psychological Medicine, under review.

Robinson, S., Hemmendinger, J., Netanel, R., Rapaport, M., M Zilberman, L. and Gala, A. (1994) Retraumatization of Holocaust survivors during the Gulf War and SCUD missile attacks on Israel. British Journal of Medical Psychology, 67, 353-362.

Solomon, Z. and Prager, E. (1992) Elderly Israeli Holocaust survivors during the Persian Gulf War. American Journal of Psychiatry, 149, 1707-1710.

Wing, J.K., Cooper, J.E. & Sartorius, N. (1974) The Measurement and Classification of Psychiatric Symptoms. London: Cambridge University Press.

Worthington, E.L., Jr., Kurusu, T.A., McCullough, M.E. & Sandage, S.J. (1996) Empirical research on religion and psychotherapeutic processes and outcomes: A 10-year review and research prospectus. Psychological Bulletin, 119, 448-487.

Table 1: Prevalence of anxiety.

This table shows all cases and borderline cases of anxiety in the 12 months prior to interview, chronic and onset, regardless of co-morbidity of depression or borderline depression.

	Trad M	Trad F	All Trad	Strict M	Strict F	All stric t	All M	Al l F	ALL
N	78	82	160	79	100	179	157	18 2	339
Case anxiety*	6% (5)	4% (3)	5% (8)	6% (5)	9%(9)	8% (14)	6% (10 )	7% (1 2)	6% (22)
Border- line* anxiety	21% (16)	37% (30)	29% (46)	27% (21)	40% (40)	34% (61)	24% (37 )	38 % (7 0)	32% (107 )

\* $\chi^2$  for the effects of gender on case anxiety showed no significant effect; for borderline anxiety, gender  $X^2=8.66$ , with 1 df,  $p=.003$ .

Notes to table 1: 1) A comparable analysis was made involving the 271 participants who were under 65, to enable comparison with studies excluding the over-65s. Overall prevalence of case anxiety was 8%, and of borderline anxiety 35%, i.e. similar to the prevalences shown above. Within sub-groups, prevalences were also similar to those shown above, including gender differences in borderline anxiety.

2) Prevalence estimates may have been affected by the inclusion of more than one member from some households. To correct for this, one member was selected at random from each of the 70 households with more than one member in the study. This resulted in the removal of 75 cases. Prevalences in this reduced sample were almost identical to those in the table above: overall, there were 19/264 with case anxiety (7%) and 91/264 with borderline anxiety (34%).

Table 2: Variations in anxiety with differing current circumstances

(Figures are 12-month prevalences, chronic and onset, pure and mixed)

	Prov o- king agen t	No prov o- king agen t	Me n	Women	Trad - itio n - ally orth o- dox	Stri c- tly orth o- dox	<3 chil d- ren	>4 chi ld- ren	ALL
N	112	227	15 7	182	160	179	234	99	339
Case anxie ty	5% (6)	7% (16)	6% (1 0)	7% (12)	5% (8)	8% (14)	5% (11) *	11% (11) *	6% (2 2)
Borde r- line anxie ty	35% (39)	30% (39)	24% (3 7) **	38% (70) **	29% (46)	34% (61)	29% (69)	36% (36 )	32% (107 )
Free- float ing anxie ty	18% (20)	22% (51)	17% (2 6)	25% (45)	22% (35)	20% (36)	19% (44)	26% (26 )	21% (70)
Panic	12% (13)	9% (21)	9% (1 4)	11% (20)	6% (10) *	13% (24) *	8% (19) *	15% (15 ) *	10% (34)
Situa t- ional anxie ty	19% (21)	20% (45)	13% (2 1) **	25% (45) **	19% (30)	20% (36)	18% (43)	22% (22 )	19% (65)
Avoid -ance	20% (22)	20% (46)	15% (2 4)	25% (46)	20% (32)	20% (36)	18% (43)	23% (23 )	19% (66)

Significance of differences between pairs of frequencies, using  $X^2$  with 1 df:

\*p<.05

\*\*p<.01