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Anxiety Versus Fear

Contributors: Daniel W. McNeil, Matthew C. Arias & Cameron L. Randall

Edited by: Amy Wenzel

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Anxiety and *fear* are terms that are used interchangeably both in scientific terminology and in lay language, but they describe different emotional states and, therefore, represent unique concepts. Like other emotional states, they are conceptualized to exist on continua and are described in terms of three response systems: (1) behavioral, (2) cognitive, and (3) physiological. Responses in the three systems may occur simultaneously or independently; there are significant differences in reactivity across individuals. At mild to moderate levels, anxiety and fear are positive, helpful emotions; for instance, when considering an upcoming exam, a mild level of anxiety may result in increased attention to the task, including improved time management and a greater level of studying and exam preparation.

Fear is the immediate, in-the-moment reaction to a perceived threat and is typically associated with organized, robust visceral arousal. The sympathetic nervous system (SNS; i.e., fight-or-flight response) is activated in situations perceived as threatening. Activation of the SNS allows for increased alertness and reactivity that may be necessary to cope with potential danger, such as when a threatening animal is encountered, or when one is driving an automobile on an icy road and a large truck is careening uncontrollably toward the automobile. SNS activation typically occurs only when the threat is perceived as imminent and immediate. The likelihood of a fear reaction increases when a perceived threat is closer in distance and/or in time, because the body is initiating a fight-or-flight response. In addition to the physiological component of fear, there are behavioral and cognitive responses to potential immediate danger, such as escape and racing thoughts.

Relative to fear, *anxiety* is a response that occurs more distally in time or physical space with regard to threatening stimuli. Anxiety typically involves worrying about experiencing threats that could or will be experienced in the future. Anxiety, a less coherent set of responses than fear, can be cognitively “nagging,” such as when a person worries about needing a dental appointment or about what he or she said or did in a social situation.

Despite anxiety and fear being distinct concepts, they are similar, are intricately related, and overlap at times. Clearly defining which reactions are fear and which are anxiety is quite challenging. Most contemporary assessment strategies crudely evaluate anxiety and fear together as one “clump,” although they actually should be independently understood.

Anxiety and fear are responses that help alert individuals to and protect them from (via behavioral avoidance) situations perceived as threatening. With regard to attending to threat, however, anxiety and fear function differently. Anxiety functions to prevent or prepare for future threatening situations, whereas fear is an in-the-moment response that functions to deal with immediate threat. Moderate levels of anxiety and fear experienced when logical and legitimate threats are encountered are appropriate and even adaptive, such that they aid in the detection and avoidance of danger; however, high levels of these states can result in hypervigilance, keeping the body in a constant state of alarm and producing maladaptive avoidance of objects or situations that carry very little risk, such as avoiding necessary work-related air travel due to concerns about flying.

Developing problem or pathological anxiety and/or fear can result in clinical problems (e.g., frequent or intense physiological arousal, maladaptive avoidance behavior, persistent and troublesome worry) due to the emotional response no longer being useful. Many psychological disorders are defined by excessive, impairing, and often irrational fear of or anxiety about an object or situation. Termed *anxiety* disorders, several actually are “fear” disorders.

Various therapies and medications are available to treat problem levels of anxiety and fear. The similarities and differences between anxiety and fear suggest that the treatment should be selected and adapted based on whether the problem is more one of fear or more one of anxiety. An example of one of the most efficacious treatments for fear- and anxiety-related disorders, exposure therapy involves providing opportunities for new learning and ultimately a more accurate appraisal of feared objects or situations so that the feared objects or situations are perceived as less threatening. Exposure therapy requires applying the principles of extinction learning by having individuals interact with feared objects or situations in a safe and controlled environment.

Anxiety and fear are at the same time fascinating emotions and states that can be terribly troubling in their extreme instantiations in phobia and other fear- and anxiety-related pathologies. Manifesting themselves in three systems (i.e., behavioral, physiological, and cognitive), these distinct but overlapping states are important to the health and well-being of humans and other animals, although understanding and regulating them is often challenging.

See also [Anxiety Disorders: Overview](#); [Avoidance](#); [Exposure Therapy](#); [Fight-or-Flight Response](#); [Sympathetic Nervous System](#); [Worry](#)

Daniel W. McNeilMatthew C. AriasCameron L. Randall

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Further Readings

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