

## **FIT Science, Anxiety and Depression**

With mental health issues becoming more common place there is a growing need to identify factors that could alleviate or at least protect against problems such as anxiety and depression. This is especially so with sub-clinical problems in the 'healthy' working population. There is also a need to identify factors that could pinpoint those individuals who have high anxiety and/or depression levels before they cross the threshold to clinical levels. This would have enormous benefits for the sufferers, as well as employers and the health services. To date, these issues are commonly tackled either by treating the symptoms once dysfunction has surfaced or by making changes to work patterns and legal frameworks within which organisations employ people. Professor Fletcher has claimed that for the majority, however, mental health problems remain unresolved for two reasons:

1. In many cases changing the environment will not result in reductions in anxiety/depression because the main problem lies in the person (Fletcher's 'Assumption of Effect').
2. Waiting for the problem to surface in some form makes it much less tractable because of the reconfiguration in the psychology of the person that occurs (Fletcher's Configural Model of Stress)

Identifying factors at the individual level that are protective against negative thoughts is important for keeping anxiety and depression levels at bay in the long term. The key need, however, is to identify a person-based approach that measures aspect of the person that can be changed through normal training and development processes, rather than expensive clinical services. The FIT Science framework offers such advantages.

Why should FIT factors be related to anxiety and depression? The FIT dimensions are key in determining how a person perceives their world and acts within it. Overall FITness is derived from both inner and outer dimensions – thoughts and actions. Having Outer FITness (Behaviourally Flexibility) enables the deployment of behaviours that are appropriate to the circumstance. People with Outer FITness are able to behave appropriately in all situations all of the time. To be FIT it is also necessary to have Inner FITness (the FIT Constancies) and therefore perceive the

demands of life in a balanced way and behave optimally according to them. As a result of this, mental health problems such as anxiety and depression are minimised. The following study reports on the relationship between FIT and anxiety and depression.

## **Participants**

A sample of 351 was drawn from the general population. All participants had taken part in previous research studies which included completing The FIT Profiler. The data used here is collated from these studies and forms a larger sample which enhances the external validity of the findings.

## **Procedure**

Completion of The FIT Profiler was encompassed in the procedures of the individual research studies. The FIT Profiler scores were collated from the individual studies and form a larger sample for the purposes of this report.

## **Outcomes**

Participants' FIT scores were compared to their anxiety and depression levels and the relationships between FIT, anxiety and depression are displayed in Table 1 below. Across FIT measures, higher scores equate to better FITness levels. For anxiety and depression, higher scores equate to higher levels of anxiety and depression. The negative relationships between FIT, anxiety and depression shown in Table 1 suggest FITter people have lower levels of anxiety and depression. The negative relationships are strong to moderate for the Inner FITness variables. Behavioural flexibility – as we would expect – does not show the strong same association.

**Table 1: The relationship between FIT variables and anxiety and depression.**

<b>FIT dimension</b>	<b>Anxiety</b>	<b>Depression</b>
Overall FIT	-0.31	-0.23
Integrity	-0.64	-0.51
Awareness	-0.45	-0.25

Balance	-0.46	-0.40
Conscience	-0.23	-0.19
Fearlessness	-0.62	-0.53
Self-Responsibility	-0.54	-0.44
Behavioural Flexibility	-0.01	-0.01

To further illustrate the extent to which FITness relates to anxiety and depression, the mean anxiety and depression scores for participants who have high or low scores on each FIT dimension are displayed in Table 2 below. FIT groups were determined by identifying participants who scored in the lowest 10% or the highest 10% of scores on each FIT dimension.

Mean anxiety and depression scores, which are scored on a 0-16 scale, are significantly higher for the low FIT groups compared to the high FIT groups. The anxiety and depression scores for participants in the high FIT groups are all within the normal and healthy range (scores between 0-10). In contrast, participants in the low FIT groups report mean anxiety and depression scores which are only marginally healthy (scores between 10-12). Again, behavioural flexibility shows the weakest relationship with anxiety and depression although the small differences in the means that are apparent between the high and low groups in Behavioural Flexibility suggests that it can also partially add to the positive effect of Inner FITness.

**Table 2: Anxiety and depression scores for low and high FIT groups.**

<b>FIT dimension</b>	<b>FIT group</b>	<b>Anxiety</b>	<b>Depression</b>
Overall FIT	Low	9.8	8.8
	High	8.1	7.1
Integrity	Low	12.0	10.9
	High	6.9	6.2
Awareness	Low	10.6	9.1
	High	8.1	7.4
Balance	Low	11.1	10.2
	High	7.8	6.9

Conscience	Low	9.6	8.8
	High	8.6	7.5
Fearlessness	Low	12.0	10.9
	High	7.1	6.4
Self-responsibility	Low	11.9	10.8
	High	7.5	6.7
Behavioural Flexibility	Low	9.3	8.2
	High	9.0	7.9

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We would not predict FIT Behaviourally Flexibility to show a strong relationship to anxiety and depression levels. But, on the other hand, being dominant at one end of a behavioural range might have a negative impact on anxiety and depression levels. That is, some ‘personalities’ produce their own anxiety and depression as a result of not fitting well into the world. If we look at those who showed a tendency to be dominant in any of the personality dimensions measured, this is borne out. Of the 15 behavioural dimensions that are measured by the Behavioural Flexibility component, 12 of them showed significant relationships with anxiety and/or depression. Table 3 displays the relationships between the behavioural dimensions of the behavioural flexibility scale and anxiety and depression scores. The effect on anxiety and depression is shown for the behavioural extremity shown first. The positive relationships suggest people who are behaviourally dominant on the pole have higher anxiety and/or depression levels whereas the negative relationships suggest lower levels of anxiety and/or depression. For example, unassertive people have higher anxiety and depression levels and systematic people have lower anxiety and depression levels.

**Table 3: The relationship between behavioural dimensions and anxiety and depression.**

<b>Behaviour Flexibility dimension</b>	<b>Anxiety</b>	<b>Depression</b>
Unassertive - Assertive	+ 0.21	+0.15
Conventional - Unconventional	-	-
Cautious of others - Trusting of others	-	-0.13
Predictable - Unpredictable	-	-
Calm/relaxed - Energetic/driven	+0.17	+0.11
Reactive - Proactive	+0.25	+0.20
Individually centred – Group centred	-0.15	-
Cautious – Risky	-0.23	-0.19
Behave as expected – Behave as wish	-	-
Systematic – Spontaneous	-0.19	-0.20
Single minded – Open minded	+0.15	+0.18
Introverted – Extroverted	+0.25	+0.28
Definite – Flexible	+0.13	+0.15
Gentle – Firm	-0.16	-0.10
Not lively – Lively	-0.26	-0.23

### **Conclusions**

As the current brief report has shown, FITness relates to anxiety and depression and therefore presents as a potential screening tool for identifying those individuals who are susceptible to mental health problems, or are not robust in when faced with demand and stress. FITness is measured by The FIT Profiler, a self-report tool that assesses aspects of thinking and behaving, rather than emotions directly. It therefore offers a more discrete screening instrument that avoids the problems associated with emotionally-laden questions and as a consequence minimises self-report bias.

FIT – which is easily trainable – also offers a practical solution for reducing mental health problems and protecting against these in the long term. As this brief report identifies, FIT people, who have balanced perceptions of life demands and behave appropriately according to these, have healthy anxiety and depression levels. In

contrast, unFIT people who do not have such qualities are more susceptible to suffer unhealthy levels of anxiety and depression. Thus by improving FITness, perceptions and behaviours also change and as a result people perceive their world as less challenging emotionally. As a person-based approach, FIT facilitates changes at the individual level and therefore offers a solution that is transferable throughout life and enduring in the long term.