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7 Therapy culture? Attitudes towards emotional support in Britain

Simon Anderson, Julie Brownlie and Lisa Given[*]

> The triumph of therapeutic culture is most striking in Britain, a society that was formerly associated with reserve, understatement and reticence. (Furedi, 2004: 18)

Recent years have seen a growing interest within the social sciences in the idea of an emerging 'therapeutic culture'. Some see evidence for this in the expansion of the therapeutic professions and an apparent tendency to frame social problems as problems of the 'self', rather than as reflecting structural issues such as inequality or poverty. For others, it can be seen in the spreading of therapeutic talk and beliefs beyond the realm of the therapeutic (Cloud, 1998). Consequently, even though few of us may be 'in therapy', we are all exposed to therapeutic precepts through various channels, including self-help literature, the confessional milieu of the media, and public health information (Cameron, 2000). The concept of a therapeutic culture has also been invoked as a way of characterising an increased concern with the expression and management of emotions; a stigmatising of informal relations of dependency so that our reliance on these falls as our dependency on formal relations increases (Furedi, 2004); and an extension of the therapeutic sensibility beyond those involved in therapy or counselling services, to shape all institutions in society such as the legal and education systems (Nolan, 1998).

For sociologists, this interest in the therapeutic is part of a wider concern with the relationship between the public and private sphere, and the balance between formality and informality. Various theorists from the 1960s onwards (such as Rieff, 1966; Lasch, 1979; and, more recently, Berlant, 2000) have addressed the 'rise of the therapeutic' in terms of its potential costs for both spheres. While some, like Giddens (1991), highlight the opportunities rather than the costs of therapeutic engagement, for the most part, theorists have taken a less rosy view

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of the therapeutic turn. A particularly bleak and well-publicised version of this has recently come from Frank Furedi in his book, *Therapy Culture* (2004). For Furedi, the prevalence of a therapeutic ethos has brought about what he terms 'the disorganisation of the private sphere' through creating a sense of a vulnerable self, dependent on professionals.

This theoretical work has been paralleled by a growing interest within policy circles in the UK in issues relating to people's emotional lives and well-being. In February 2008, for example, the Health Secretary Alan Johnson announced a major new programme to train 3,600 psychological therapists. With a budget of £170m, this 'Improving Access to Psychological Therapies' programme is designed to give people with depression and anxiety disorders from mild to severe forms of these conditions access to cognitive behavioural therapies. This development can be traced back to Richard Layard's argument, presented to the No. 10 Strategy Unit in 2005, that the socio-economic as well as personal cost of mental illness makes it Britain's main social problem (Layard, 2004).

Yet these theoretical and policy developments have taken place against a backdrop of scant empirical evidence. Most of the work that has been conducted on the theme of emotions talk and emotional support has been either small scale and qualitative, or has focused on populations of service users (for example, in relation to mental health).

So has Britain actually witnessed the "triumph of the therapeutic", to coin Rieff's phrase (1966), as Furedi and others would have us believe? This is the question that our chapter seeks to address. It does so as part of a mixed method, ESRC-funded research project which examines public views and experiences of emotional support. The project included developing a set of questions about emotional support which were asked as part of the 2007 *British Social Attitudes* survey. They allow us, for the first time, to examine a number of specific questions to have emerged from current debates about Britain's so-called 'therapeutic culture'.

Firstly, we will examine whether there is evidence of an emerging cultural consensus that it is 'good to talk' about emotions in general, regardless of professional therapeutic input. Secondly, we assess the extent to which the British public is now aware of, and comfortable with, the notion of formal therapeutic intervention to help with difficulties in their emotional lives. Next, we examine how many people are actually using such services (particularly those which are explicitly talk-based), and whether there is a groundswell of demand for the further provision of such services. Finally, we assess whether there is an inverse relationship between formal and informal emotional support; does use of formal emotional support tend to result in lower levels of reliance on more traditional, informal, support networks?

Since this is the first time that a national survey has explicitly addressed these issues, we do not have any earlier data against which we can compare our findings. This means we cannot demonstrate conclusively the pace and direction of social change. Nevertheless, our analysis does allow us to examine the impact of age on attitudes and beliefs (since one might expect an emerging culture to leave its mark more clearly on younger than older people); and the

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nationally representative character of the sample also allows us to ask whether such developments can really be said to be universal and to explore the ways in which experiences of therapeutic culture may vary between different social groups.

It's good to talk?

We start by examining general attitudes towards talking about emotions (or what we will call 'emotions talk'). To examine this, the survey included a number of attitude statements to tap not only individuals' own orientation towards talking about their feelings but also perceptions of whether such practices are now more common than in the past. Respondents were asked to show the extent to which they agreed or disagreed with each statement. The wording of the statements is shown in Table 7.1.

The table shows significant support for Furedi's assertion (2004) that British society is no longer characterised by "reserve, understatement and reticence". Just over a half of people say they find it easy to talk about their feelings (although a quarter do not) and around two-thirds indicate that it is important to them to be able to do so. Views are relatively evenly balanced on the issue of whether people "spend too much time talking about their feelings". There is certainly no evidence of widespread unease about the extent of 'emotions talk', though there is a sizeable minority (two-fifths) who do express such a view.

It is striking that two-thirds agree that "people nowadays spend more time talking about their feelings" while a half indicate that they grew up in a household where "people didn't talk about their feelings". Both these findings suggest that, regardless of changes in actual 'emotional practice', there is a widespread perception that emotions are now discussed more freely than in the past.

Table 7.1 General attitudes towards 'emotions talk'

		Agree	Neither	Disagree
I find it easy to talk about my feelings	%	55	20	25
People spend too much time talking about their feelings – they should just get on with things	%	35	25	40
It's important to me to be able to talk about my feelings	%	68	18	14
I grew up in the sort of household where people didn't really talk about their feelings	%	48	14	37
People nowadays spend more time talking about their feelings than in the past	%	66	19	12

Base: 2102

To examine attitudes towards talking about emotions in more detail, we constructed a scale to act as a summary measure of people's responses to the

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first three questions shown in Table 7.1. The scale is scored from three to 15, with low scores indicating a positive attitude to emotions talk and high scores more negative orientations. We then split respondents into three equally sized groups: 'most talkative', 'intermediate' and 'least talkative'.

The results are shown in Table 7.2, which summarises how attitudes to emotions talk vary between different groups. The first and most obvious thing to note is the stark difference between men and women. Women are much more likely than men to belong to the 'most talkative' group; nearly four in ten fall into this category, almost double the proportion found among men. While this is hardly surprising in terms of popular stereotypes, it does highlight a dimension that is curiously absent from much theorising about the emergence of therapeutic culture. We return to how one might understand these gender differences below.

Table 7.2 General attitudes towards emotions talk, by gender, age, education, well-being and experience of serious mental health problems

		Most talkative	Intermediate	Least talkative	*Base*
Gender					
Male	%	22	35	44	*944*
Female	%	39	31	30	*1158*
Age group					
18–24	%	35	39	26	*142*
25–44	%	35	33	32	*732*
45–59	%	32	32	36	*499*
60+	%	22	30	48	*706*
Highest educational qualification					
Degree	%	38	29	33	*393*
No degree	%	21	33	46	*1709*
Well-being scale					
Highest	%	36	33	31	*573*
Intermediate	%	32	30	38	*529*
Lowest	%	25	32	43	*588*
Experience of serious mental health difficulties in last five years					
Yes	%	42	28	30	*221*
No	%	30	33	37	*1869*

If there is an emerging therapeutic culture, one would expect to see an age-related gradient, with younger people more likely than older people to exhibit positive attitudes towards talking about one's emotions. This is partly the case; people aged under 60 are much more likely than those aged 60 or over to be in the 'most talkative' group. Beyond this, however, there are few other age differences. And what is not evident in the table is the way that age and gender

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interact with one another; the gap between men and women is at its greatest among the two youngest age groups. So while 23 per cent of young men aged 18–24 fall into our most talkative group, so too do 49 per cent of young women. One possible interpretation of this is that young men become more comfortable with emotions talk as they enter into long-term intimate relationships, whereas young women have often developed relationships of emotional inter-dependence with female friends before establishing such longer-term ties.

As with gender and age, a number of other characteristics are independently associated with belonging to the 'most talkative' group, suggesting that if any shift towards a therapeutic culture is taking place, it is less powerful than Furedi and others have implied. There is, for example, an education effect, with graduates being significantly more likely than non-graduates to belong to the most talkative group.

Attitudes towards talking about emotions also vary according to subjective well-being[1] and past experience of mental health difficulties. Reassuringly, perhaps, for proponents of emotion talk, those with high levels of well-being are more likely than average to be in the most talkative camp, and those with low levels are the most likely to be in the least talkative group (nearly half fall into this category). Interestingly, however, those with experience of serious mental health difficulties are relatively *more* likely to have a positive orientation towards emotions talk. One possible explanation of this might be that their attitudes have been shaped by the experience of formal, talk-based treatment.

Attitudes towards therapy and counselling

One might expect another feature of an emergent therapeutic culture to be a widespread sense of familiarity with the idea of counselling or therapy, and a sense that individuals would feel comfortable engaging with this type of formal emotional support. But as Table 7.3 shows, this does not appear to be the case. The table shows responses to a set of questions about counselling or therapy. These were introduced to respondents as follows:

> *Sometimes when people are feeling especially worried, stressed or down, they choose to talk about it to someone who is trained to help or to listen. Here are some things people say about that.*
>
> *If I was feeling worried, stressed or down I'd feel comfortable talking to my GP about it*
>
> *If I was feeling worried, stressed or down I'd feel comfortable talking to a therapist or counsellor about it*
>
> *I'd know how to go about finding a counsellor or therapist if I needed to*
>
> *Counselling or therapy is only for people with really serious problems*
>
> *I don't really know anything about counselling or therapy*
>
> *If I had seen a counsellor or therapist, I wouldn't want anyone to know about it*

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While it is true that around four in ten would feel comfortable talking to a therapist or counsellor in these circumstances, almost as many disagree. Moreover, a markedly larger proportion say they would feel comfortable talking to their GP – a more traditional form of help-seeking, without the same associations with talk-based therapeutic culture. A sizeable minority also indicate that they would not want anyone to know if they had seen a therapist or counsellor (just over four in ten), that they would not know how to find a therapist or counsellor (just over three in ten), that they feel counselling or therapy is only for people with really serious problems (three in ten) and that they don't really know anything about therapy or counselling (around three in ten). Taken together, these findings certainly do not seem to paint a picture of a culture in which therapeutic ideas and practices are universally accepted or understood.

Table 7.3 Attitudes towards therapy and counselling

		Agree	Neither	Disagree
Would feel comfortable talking to GP if feeling worried, stressed or down	%	58	14	25
Would feel comfortable talking to a therapist or counsellor if feeling worried, stressed or down	%	38	23	35
Would know how to find counsellor/ therapist if needed	%	50	12	33
Counselling or therapy only for people with really serious problems	%	31	23	42
Doesn't really know anything about counselling or therapy	%	35	19	43
Wouldn't want anyone to know if had seen a counsellor or therapist	%	43	27	26

Base: 1025

These aggregate figures obscure some wide differences by age, which suggest that older people are much more likely than younger groups to feel comfortable discussing these sorts of issues with their GP but are not nearly as enthusiastic about doing so with a therapist or counsellor. This is illustrated in Figure 7.1. The smallest proportion agreeing that they would feel comfortable talking to a counsellor or therapist is found among those in the youngest age group (27 per cent), followed by those in the oldest (31 per cent). It is those in the middle two age groups who are least resistant to this idea. Again, the relationship between attitudes and age suggests a slightly more complex picture than might be expected from a simple narrative of a growing cultural acceptance of therapeutic ideas developing over time. There may, for example, be a life-stage

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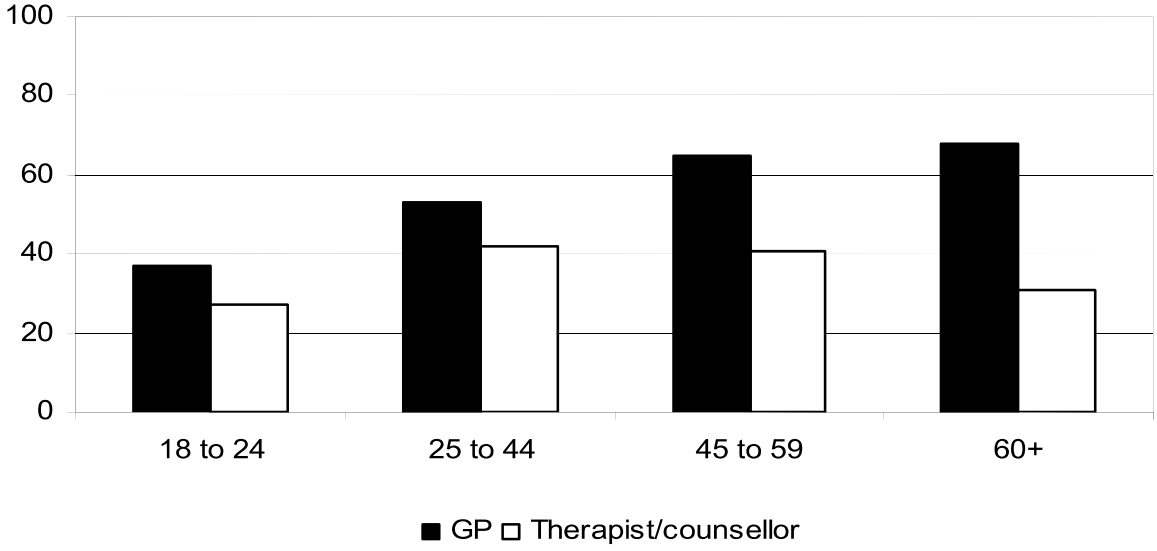
effect which delays, for young men in particular, the acceptability of discussing one's emotions with those outside one's immediate family or social network.

Figure 7.1 Agree would feel comfortable talking to GP or therapist/counsellor, by age group



Not surprisingly, responses to the three other attitude statements included in Table 7.3 followed a similar pattern, with those aged 25–44 showing the highest levels of understanding and awareness, and those in the youngest and oldest age groups showing the lowest. And again, the contrast between those aged 45–59 and those aged 60 and over is very striking: for example, only 30 per cent of the former say they "don't really know anything about counselling or therapy" compared with 52 per cent of the latter. This provides more evidence of an important generational shift in cultural sensitivities to the talking therapies that can be dated, more or less, to the transition between the pre- and post-war generations. It is less clear, though, that this forms part of an inevitable march towards the therapeutic, with each generation more predisposed to such ideas and practices than the last. In fact, the youngest age group – those who would arguably have been most exposed to therapeutic precepts throughout their lifetimes – are the group least likely to say they would feel comfortable talking to either a GP *or* a therapist or counsellor.

On all the measures shown in Table 7.3, women are again more likely than men to have a positive orientation towards counselling and therapy. Men are *more* likely than women to think counselling is only for people with very serious problems (35 and 28 per cent respectively) and to say they don't really know anything about it (38 and 32 per cent respectively). Conversely, men are *less* likely than women to say they would feel comfortable talking to a therapist or counsellor (35 and 40 per cent respectively) or know how they would find one (46 and 55 per cent).

There are also clear educational and income effects here, with those educated to degree level and living in more affluent households being markedly more

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likely to be aware that therapy/counselling is not only for those with serious problems, to say they know something about it and that they would know how to find a therapist or counsellor. For example, 51 per cent of graduates would feel comfortable talking to a therapist or counsellor, and 62 per cent would know how to find one. This compares with figures of just 35 and 48 per cent respectively among non-graduates. While such a finding is not unexpected, it nevertheless could signal a degree of cultural resistance to the idea of therapy or counselling among groups who may actually have significant need of such services. This suggests that the simple expansion of provision may not be enough without work to change prevailing attitudes and awareness.

Agreement with the statement, "If I had seen a counsellor or therapist, I wouldn't want anyone else to know" is also clearly related to awareness and understanding. In other words, those whose responses suggest they know or understand more about therapy/counselling are *less* likely to be concerned about the idea of anyone else knowing about it.

Use of formal emotional support

In *Therapy Culture*, Furedi (2004) refers to research suggesting that, by the turn of the 21st century, around 80 per cent of the American public had experienced some form of therapeutic intervention. While acknowledging that therapy is sometimes depicted as an American eccentricity, he goes on to assert that "the impact of therapeutic intervention on British society is *no less significant*" (2004: 9). It is not entirely clear whether he means to suggest that levels of 'therapeutic intervention' are at a similar level in the UK – what is striking, however, is that he offers no evidence from studies of the general population in the UK in support of this general assertion.

So what do our data tell us about how many people are actually accessing formal emotional support in the UK? It needs to be remembered that – unlike most previous studies which have focused on service user populations – this is based on a nationally representative sample of the British adult population. We asked:

> *Again thinking specifically about times when you have felt especially worried, stressed or down, have you ever actually talked to any of the people on this card about how you were feeling?*

We then showed respondents the list of people shown in Table 7.4. As the table shows, there is little evidence of current widespread reliance on professionalised or formal emotional support in Britain. A substantial minority of all adults, two-fifths, have certainly discussed their emotional lives at some point with a health professional or one of the other people listed in the table. Indeed, around a quarter have done so within the past year. But it is also clear that this contact is overwhelmingly associated with GPs rather than involving more explicitly 'talk-based' forms of therapy or counselling. Three in every ten people have discussed their emotional lives with their GP at some point, nearly double the

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proportion (16 per cent) who have ever spoken to a 'talk-based' professional (that is, a psychologist, psychiatrist, counsellor or therapist). The discrepancy between these two sources of advice and support is even greater if we focus only on those who have sought support in the last year; while two in ten have spoken to their GP, only six per cent have spoken to a talk-based professional.

Table 7.4 Contact with formal emotional support – ever and in the last year

	% contact ever	% contact in last year
GP	31	19
Psychologist	2	1
Psychiatrist	4	2
Therapist or counsellor (in person)	13	4
Therapist or counsellor (by telephone)	2	1
Someone from a support service who is trained to help people or to listen	3	1
Social worker or care worker	2	2
Minister/priest/other religious leader	4	2
Some other kind of professional	2	1
Any of the above	40	25

Base: 2102

So among the population as a whole, then, we have found little evidence of a widespread involvement in formal emotional support. But does this hold true across different groups within the population or are some much more likely than others to have turned to these sources of support?

In terms of age, the pattern across the first three age groups is generally what one might expect: experience accumulates with age. This is shown in Figure 7.2. What is striking, however, is the way that the use of all types of formal support (but especially those associated with the talking therapies) drops sharply among those in the oldest age group. In other words, there appears to be something fundamentally different about the experiences (and, as we have seen, attitudes) of the pre-war generation. However, the pattern is slightly different for contact with GPs and for 'talk-based' professionals. Older people's relationships with their GP is often rather different from that of young people – partly because they tend to experience poorer health and so simply see their GP more often, but also because they are more likely to have built up a relationship with their GP over a number of years. So it is perhaps not surprising that the fall-off in use of GP services for emotional support among the 60-plus age group is less pronounced. It is clear, however, that older people are markedly less likely than younger age groups to have contact with professionals from the 'talk-based' therapies. It is also noticeable that those in the youngest age group are significantly less likely than the oldest to have sought support from their GP, but much *more* likely to have experienced talk-based therapy of some kind.

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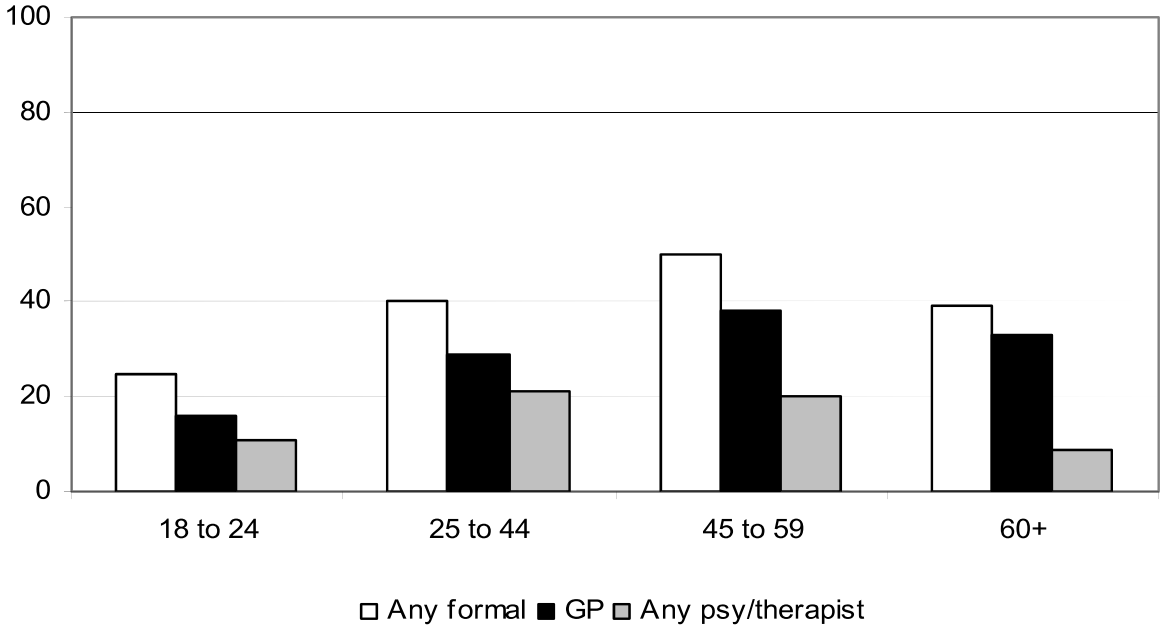
Figure 7.2 Contact with formal emotional support ever, by age group



If we focus only on formal service use in the past year, a similar pattern emerges. It shows a clear peak in formal service use in middle age (specifically 45–59), perhaps reflecting need. After all, numerous studies have identified a 'u-curve' in well-being that suggests that one's middle years are the most difficult in emotional terms (Clark, 2007; Blanchflower *et al.*, 2008). However, it is likely that there is also a cohort effect here; in other words, that the emotional difficulties experienced in mid-life by those born in the period between, roughly, 1945 and 1965 may be combining with a greater sensitivity to, and awareness of, counselling and its possibilities. The figures for 'last year' use of talk-based therapies among the youngest age group suggest that demands on these services will continue to rise, as larger numbers of people enter their 'difficult' middle years with existing experience of talk-based emotional support. In this respect, it could be argued that those who identify an emergent therapeutic culture are simply anticipating future developments. There is, however, no doubt that they overstate the extent to which it currently defines contemporary experience.

However, age is not the best predictor of past use of formal emotional support. The most powerful predictor of use is a low score on our mental well-being scale, or having had experience of serious mental health problems within the last five years. So formal service use appears to be associated more with actual need rather than with what might be characterised as a more voluntaristic "project of the self" (Giddens, 1991). This may partly explain why gender does not predict use of formal emotional support, as despite the fact that women are generally much more predisposed to emotions talk, men and women do not differ significantly in terms of mental health problems or their mental well-being.

Given this link, we might expect to find a higher level of service use among poorer groups, as they are more likely than affluent ones to experience mental

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ill health and/or lower mental well-being. To some extent this is true; a half of those in the lowest income quartile (household income less than £12,000) have used formal sources of emotional support at some point, compared with 38 per cent of those in the highest income quartile (household income of £38,000 or more). But these differences are not as great as we might expect, even once we take account of age; and there is no difference at all in relation to levels of use of more overtly talk-based therapies (such as psychology, psychiatry and counselling). By contrast, poorer people *are* much more likely to have experience of using prescription medication to deal with emotional problems. We asked:

> *At times when you may have felt especially worried, stressed or down, have you ever used prescribed medication, for example, anti-depressants, sedatives or sleeping tablets?*[2]

Three in ten (31 per cent) of those in the lowest income quartile had used medication of this sort, nearly double the rate found among the most affluent quartile (17 per cent). This does not appear to be driven by higher levels of need. Looking only at the experience of those with the lowest mental well-being scores, use of medication stood at 42 per cent in the lowest income quartile, compared with 27 per cent in the highest. Consequently, it seems that among the poorest sections of British society there may be a substitution of a pharmaceutical for a talk-based response to emotional problems.

Potential demand for formal emotional support

We also examined the extent to which there is hidden demand for formal support, by asking:

> *Have there ever been (any other) times when you were feeling especially worried, stressed or down when you thought about talking to any of the people on this card but didn't actually do so?*

Responses to this question allow us to assess whether there is widespread potential demand for such services over and above the level of use we have already found. Overall, around one person in five (22 per cent) indicated that there had been at least one previous occasion on which they had considered contacting some kind of formal support but had not actually done so. Those with previous experience of this sort of support were twice as likely as those without to say they had considered talking to a professional but had not actually done so (31 per cent compared with 16 per cent). It is particularly striking that among those who had ever talked to a psychologist, psychiatrist, therapist or

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counsellor, one in five (19 per cent) said there had been other occasions on which they had considered contacting such services but had not actually done so. This is five times the rate found among those with no previous experience of contact with these professions, only four per cent of whom had thought about contacting similar services. This suggests that, while there is a reasonable level of additional potential demand, so far it comes mainly from those who already have experience of using such services.

People give a variety of reasons for not actually contacting emotional support services, despite having considered doing so. As Table 7.5 shows, there is little evidence of concrete barriers to the use of such services (such as problems of access or awareness of where or how to contact them). There is some evidence of people worrying about confidentiality or feeling awkward or embarrassed, but by far the main reasons given were that they did not ultimately believe that talking to someone else would help the situation, or that the problem resolved itself in other ways. This reinforces the suggestion that professional therapeutic intervention is not routinely seen as a useful or viable response to everyday emotional difficulties.

Table 7.5 Reasons given for not contacting formal emotional support services

	% mentioning
The problem resolved itself	31
Didn't believe it would make any difference	29
Didn't feel up to it	15
Felt embarrassed or shy	12
Didn't know how to put it into words	9
Didn't really know who to contact	7
Nervous about /afraid of contacting them	7
Worried it would appear on medical record	6
Felt ashamed	5
Didn't feel it was for people like me	5
Couldn't afford it	5
Didn't really know how to contact them	3
Was worried about someone finding out	3
Too difficult to get to	1
Too far to travel	*
Some other reason	7
No particular reason	7
Base	*471*

Base: those who had considered contacting formal emotional support but had not done so

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The relationship between formal and informal emotional support

Furedi (2004) identifies a profound antagonism between therapeutic culture and informal relations and support. Indeed, as he puts it:

> ...the greatest hostility of therapeutic culture is reserved for the sphere of informal relations. Indeed […] the disorganisation of the private sphere is probably the main accomplishment of therapeutic culture. (Furedi, 2004: 21)

There are limits to the extent to which we can test this thesis. Ideally, one would map the level and pattern of use of both formal and informal support over time and establish whether, as Furedi suggests, the former is on an upward and the latter on a downward trajectory. In the absence of time-series data, however, only more tentative analyses are possible. If Furedi is right, we might expect to find evidence that informal relationships and support are ceasing to play a major role in contemporary emotional life. But, like other recent studies (see, for example, Park and Roberts, 2002; Pahl and Spencer, 2006), our data suggest that webs of informal emotional support continue to play a major role in the lives of the majority of the population. There are several clear indicators of this. First of all, when asked how often in the last year they have spoken to a friend or relative "because you were feeling especially worried, stressed or down", around half (47 per cent) say they have done so at least once a month. Among those in relationships, a slightly larger proportion (56 per cent) say they have talked to their spouse or partner with the same frequency. Of course, to some extent these figures may simply reflect need: in other words, many people may *not* have found themselves in situations in which they wanted such support. So an alternative hypothetical measure is how likely people would be to talk to those close to them *if* they found themselves facing emotional difficulties. Fully two-thirds of those in a relationship (67 per cent) say they would be "very likely" to talk to their spouse/partner if they were feeling "especially worried, stressed or down", while a further 24 per cent say they would be "fairly likely" to do so. Four in ten (43 per cent) say they would be very likely to talk to a close friend or relative, and 39 per cent that they would be fairly likely to do so.

On both our actual and hypothetical measures of informal emotional support, women were markedly more likely than men to show a willingness to turn to those close to them. Among those in relationships, for example, two-thirds (66 per cent) of women said they had sought support from their partner at least once a month over the past year, compared with just under a half (47 per cent) of men. By contrast, a quarter of men (25 per cent) said they had *never* sought support from a close friend or relative, compared with only 10 per cent of women.

Whether in a relationship or not, most people – both male and female – continue to have other people around them to whom they say they could and

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would talk if they were feeling worried, stressed or down. We asked respondents how many people they have in their lives that might fill that role:

> *Some people have someone in their life they can talk to if they are feeling especially worried, stressed or down, others do not. Roughly how many people, if any, do you have whom you could talk to if you were feeling like that?*

Seven in ten (70 per cent) indicated that they had at least three such sources of informal support, while 40 per cent had five or more. The average number was 4.6.

An alternative way of looking at this issue is to consider networks of *potential* support. One measure of this is the frequency with which people are in contact or communication with those close to them. While such contact may not, in itself, constitute active emotional support, it could be argued that it is a form of *extant* support. Moreover, it is in the course of such everyday contact that individuals often seek and receive support of various kinds. In recognition of the wide variety of ways in which people keep in touch with one another, we asked how often people were in contact with family or friends "about how you're feeling or just to catch up". We asked about face-to-face contact, as well as contact by telephone, text, e-mail or letter, or via social networking or internet chat sites.

There is considerable variation here in the use of different forms of communication across different groups (and especially by age), but what is abundantly clear is that the vast majority of those interviewed tend to talk to friends or family (face to face or by phone) at least once a week. Moreover, over four in ten (44 per cent) talk face to face to friends or relatives every day, slightly higher than the proportion who talk to this group on the phone each day (37 per cent).

Age and gender are key predictive variables here, with very striking patterns especially evident in relation to use of communications technology (phone, text, e-mail, web). Overall, it is clear that younger people tend to have a much denser network of regular communication with friends or family and that – across all types of communication and among both men and women – the extent of such contact decreases with age. So, for instance, seven in ten (69 per cent) 18–24 year olds talk face to face to friends or family every day, falling to just under four in ten (38 per cent) of those aged 60 and above. While this tells us nothing about the quality or content of that communication, it does suggest that potential *opportunities* for emotions talk are greater for younger than older people, simply because of frequency of contact.

Overall, then, it appears that informal relationships of support (mediated in a variety of ways) continue to play a major role in most people's lives. Indeed, if one compares the proportion of those who say they have talked to close friends or family when feeling worried, stressed or down in the last month, we find that it remains higher than the proportion who have used any kind of formal emotional support ever (45 compared with 40 per cent). While this is not, of

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course, a like-for-like comparison, it is a useful corrective to the image of an all-pervasive therapeutic culture. For most people, emotional support continues to be sought and given against a backdrop of relationships with partner, friends and family rather than contact with therapeutic professionals.

Perhaps even more importantly, though, is the relationship between use of formal and informal support. Again, if Furedi is correct, one might expect to see less reliance upon friends and family among users of formal emotional support. In fact, the opposite is true. Those who have experience of talking to GPs, counsellors and other professionals are markedly *more likely* to say they would be likely to talk to friends or family, and actually to have done so. So, among those who have used formal support in the past, one in five (22 per cent) talk to friends and family at least once a week (compared with 14 per cent of those who have not used formal support), and one in three (33 per cent) talk to their spouse or partner this often (compared with 21 per cent who have not used formal support).

Conclusions

Furedi and others have posited a society in which therapeutic ideas and practices have become all-pervasive. In the critical realm of emotional support, however, this does not yet appear to be the case. There is undoubtedly an emerging consensus about the general value of 'talking about things' and a sense that we are now more open about difficulties in our emotional lives than we once were. But this does not translate into a universal or even widespread acceptance of formal therapeutic intervention. A sizeable proportion of the population remains wary of the idea of therapy or counselling, or simply understands very little about it. Meanwhile, the number with direct experience of 'professional' emotional support (with the exception of that offered by GPs) remains relatively low, certainly by comparison with the figures Furedi himself cites for the United States, and there is little evidence of a groundswell of unmet everyday demand.

But perhaps more interesting than the idea of a universal or dominant 'therapeutic culture' is the notion of one that is highly patterned or differentiated. Gender is obviously a key dimension here. While there may be evidence from elsewhere that, despite popular stereotypes, men and women have similar communication skills even if they choose to *behave* differently (Cameron, 2007), these findings suggest that women do tend to be more positive about the value of emotions talk and more attuned to the possibilities of formal emotional support – even if they are no more likely than men to make actual use of talk-based therapies. The point here is to highlight how continuing inequalities within interpersonal relationships – and powerful constructions about how we should act as men and as women – shape our beliefs and practices when it comes to talking about our emotions. The findings also suggest, however, that significant variations between different groups of men and women need to be taken account of.

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There is also a clear cohort effect that can be traced, roughly, to the experiences of the post-war generation. This group is far more positive than its immediate predecessor about emotions talk in general and the use of counselling or therapy in particular. However, this cultural predisposition also appears to be combining with life-stage effects as the baby-boomers confront the difficulties of middle and old age. As the current 'mustn't grumble' generation of older people dies off, will it be replaced by a cohort that places much greater demands on talk-based therapies? Moreover, those currently aged 60 and over tend to have a very different relationship to their GP – one characterised by greater continuity and trust than is perhaps the case for younger generations. Does this mean that the demands placed on GPs (many of which relate – directly or indirectly – to emotional difficulties) will lessen as current generations age? Or will younger generations become more reliant on their GPs as they get older and their health worsens?

Important questions can also be asked about what lies ahead in terms of the emotional lives and needs of the youngest age group we studied. Will the gap between young men and women in terms of their general orientations towards emotions talk narrow, or is there something about the current generation of young men that means they will continue to resist such attitudes and practices, even as they enter long-term relationships and their more emotionally challenging middle years? To what extent is the very high level of social contact among young people (relative to older age groups) simply a function of life-stage and to what extent is it driven by technology? What are the implications of the development of new communications technologies for the maintenance of strong informal networks into one's 30s and beyond?

Finally, it is worth considering the ways in which economic disadvantage and need intersect in relation to the use of different kinds of formal emotional support. In general, the clearest predictor of the use of formal emotional support is need, whether defined in terms of lower levels of 'well-being' or actual experience of serious mental health difficulties. But, despite the fact that poorer people are much more likely to experience serious mental ill health and lower subjective well-being, they are more likely to seek support from their GP than from the 'talking therapies' and remain relatively more likely to be offered drugs than talk.

In summary, our findings suggest that contemporary Britain is now characterised by a relative openness to talking about emotions and there is a widespread perception that this is part of a generational or cultural shift. It is also clear that the attitudes and experiences of those born in the second half of the last century are very different from those of their predecessors. But the conclusion that professional emotional support has come to occupy a dominant or even central role in our lives appears premature. Informal social relationships continue to occupy a hugely important role in most people's lives, while formal emotional support – and especially the use of talk-based therapies – remains relatively rare. Those who do access such support appear to be driven largely by experience of significant mental health problems rather than a reflexive and voluntaristic 'project of the self'. Most people remain wary of (or oblivious to)

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the possibilities of talk-based therapeutic intervention, while for many of those in most need – especially in our poorer communities – the problem may still be one of failing to address the structural adversities which produce such needs and of excessive medication. In such circumstances, talk of the triumph of the therapeutic has a particularly hollow ring.

Notes

1. Subjective mental well-being was measured using the Warwick Edinburgh Mental Well Being Scale (WEMWBS), a recently developed and validated scale for assessing positive mental health (mental well-being). WEMWBS is based on 14 positively worded items with five response categories and covers most aspects of positive mental health (positive thoughts and feelings) currently in the literature, including both hedonic and eudaimonic perspectives. The questions can be found at www.natcen.ac.uk/bsaquestionnaires (see self-completion questionnaire version C, Q.25a-n or version D, Q.29a-n).
2. This question included an interviewer instruction that read as follows "INTERVIEWER - IF ASKED, ONLY INCLUDE MEDICATION PRESCRIBED BY A DOCTOR OR OTHER MEDICAL PROFESSIONAL. DO NOT INCLUDE THINGS BOUGHT OVER THE COUNTER."

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