

Fear of war in Germany: An observational study

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ABSTRACT

Background: Given the very limited knowledge, the purpose of this study was to identify the current prevalence and correlates of fear of conventional and of nuclear war in the general adult population (Germany).

Methods: Data were taken from a representative survey (n = 3091 participants; mid-March 2022). Established items were used to quantify fear of conventional war and fear of nuclear war. Linear regressions were used to examine the correlates of fear of conventional war and fear of nuclear war, adjusting for several covariates.

Results: While 5.3 % of the respondents were not at all worried about a conventional war, 44.2 % of the respondents reported some fear and 50.5 % of the respondents reported severe fear of a conventional war. Similarly, 7.7 % of the respondents were not at all worried about a nuclear war, whereas 45.7 % of the respondents reported some fear and 46.6 % of the respondents reported severe fear of a nuclear war. The prevalence rates mainly slightly differed between sociodemographic groups (with the exception of gender and having children) and were thus consistently high. Regressions showed that both higher fear of a conventional war and higher fear of a nuclear war were associated with being female, having children in own household, being married and living together with spouse, having at least one chronic illness and poor self-rated health.

Conclusion: Our study showed high prevalence rates for fear of war (both, conventional war and nuclear war). Knowledge about the correlates may assist in tackling individuals at risk for severe fear. Against the background of the current events in Eastern Europe, future research in this area is urgently required.

1. Introduction

About two years after the beginning of the Covid-19 pandemic, a new global challenge arises. More precisely, we refer to the armed hostilities and humanitarian emergency unfolding in Eastern Europe. These events can markedly increase the fear of war, particularly in people living in countries which are not that far away (in terms of geographic distance). Germany is such a country. Particularly in this country, it might be that individuals may be afraid of future wars. Fear of war is associated with adverse outcomes such as trait anxiety [1]. Moreover, based on recent data from students and faculty/staff who remained in Ukraine (May 2022) demonstrated a negative impact of the military conflict in Eastern Europe on psychosocial well-being [2]. Similar results have been shown among Ukrainian civilian refugees who were resettled [3]. Thus, in total, it is important to identify the factors associated with fear of war.

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Other former studies focusing on fear of war mostly refer to the 1980s (Cold War Era [4]) and 1990s [1]. For example, low levels of fear war were identified in the 1990s among German students (which are generally not generalizable to the general adult population in Germany) [1]. However, there is a lack of original studies identifying the prevalence and correlates of conventional and of nuclear war considering the ongoing conflict in Eastern Europe. Only some public surveys exist which are nevertheless worth describing since they often rely on nationally representative data.

With regard to international public surveys, individuals in the United Kingdom were asked whether there may be a nuclear war in their lifetime and how concerned they feel “about the Russian invasion into Ukraine”. In sum, 24 % of the surveyed individuals believed that a nuclear war would occur during their lifetime (29 %: no nuclear war; 47 %: do not know) at the beginning of March 2022 [5]. Moreover, 56 % of the individuals felt very concerned and 32 % felt fairly concerned “about the Russian invasion into Ukraine” (12 %: not very concerned/not concerned at all; do not know) at the end of February 2022 [6]. Similarly, more than eight out of ten individuals (living in the United States; data collection in Mid-March 2022) were afraid that such a conflict would result in a nuclear warfare [7] (for similar results: please see Ref. [8]). Based on a ten-item Likert scale (higher values reflect higher levels of fear), a former study (using a convenience sample in March/April 2022; Poland) showed an average fear of war score of 5.76 (SD: 2.68) [9].

With regard to German public surveys, about three out of four German individuals were afraid that there will be an even bigger war in Europe, whereas the remaining respondents did not fear this in early March 2022 [10]. Moreover, two out of three German individuals are worried that the Russian President Putin could also use nuclear weapons (data collection: early March 2022) [10]. Comparable concerns were expressed by German individuals living in the Federal State of Hesse in late February/early March 2022 [11]. Similarly, “in view of the Russian invasion of Ukraine” about two out of three German individuals were worried that NATO’s external borders in Eastern Europe are not sufficiently protected based on data from a survey conducted from late February until late March 2022 [12]. Another study (conducted in March 2022, online survey) showed that fear of the impact of war was associated with mental health [13] (see also: [14,15]). Remaining impairments of mental health have also been observed 6 months later (i.e., first wave: March 2022; second wave: September/October 2022) in Germany [16].

In light of the restricted knowledge described above, the objective of this study was to identify the current prevalence and correlates of fear of conventional and of nuclear war in the general adult population in Germany. It is important to emphasize that we did not start with any predetermined hypotheses. Consequently, our research was carried out in a manner that aimed to explore this topic. This knowledge may assist in a better understanding of fear of war in Germany during these times.

2. Materials and methods

2.1. Sample

Data were derived from an online survey that includes a nationally representative sample of individuals aged 18 to 74 residing in Germany ($n = 3091$ participants). This current survey was performed in Mid-march 2022. The market research firm Bilendi & respondi recruited the participants. Participants were selected from an online sample using a quota-based approach to ensure their age group, gender, and distribution across federal states aligned with that of the broader adult German population [17].

All participants provided informed consent. Moreover, this study was approved (LPEK-0412) by a Local Ethics Committee.

2.2. Outcome

Following former research in this area (e.g., Ref. [1]), fear of conventional war and fear of nuclear were quantified. More precisely, individuals reported the fear level ranging from 0 (not at all worried) to 4 (extremely worried). Thus, the higher the scores, the higher the level of fear of war. Labeling was applied exclusively to the endpoints. The two items referred to “my country getting involved in a war” and “the outbreak of a nuclear war”. Both questions were introduced as follows: “How concerned are you about these two factors”. In past research [1], it has been shown that these variables are only weakly correlated ($r = 0.28$), indicating that they refer to distinct topics. These questions were developed by Boehnke and colleagues [18] (and are adapted from Goldenring and Doctor [4]).

For reasons of readability, these two variables were trichotomized for descriptive purposes (0 = no fear; 1 to 2 = some fear; 3 to 4 = severe fear). In contrast, in linear regression analyses, the continuous outcomes (i.e., fear of a nuclear war; fear of a conventional war) were used.

2.3. Independent variables

Based on prior research and theoretical considerations [1,4], we included these factors: gender (men; women; diverse), age (in years), marital status (distinguishing between: single; widowed; divorced, married, not cohabiting with spouse; married, cohabiting with spouse), having children in the same household (no or yes), migration (yes or no), highest degree (seven categories) and employment situation (retired; full-time employed; other). Moreover, self-rated health (single item with five options) and chronic illnesses (absence or presence of chronic illnesses) were included as control variables (in our regressions).

2.4. Statistical analysis

First, we display prevalence rates for our two outcomes (also stratified by several sociodemographic and chronic illnesses). Following that, multiple linear regressions were run (first regression: fear of conventional war as outcome; second regression: with fear

of nuclear war as outcome). The significance level was set at $p < .05$. For statistical analyses, Stata 16.1 (Stata Corp., College Station, Texas) was applied for statistical analysis.

3. Results

3.1. Key sample characteristics and prevalence rates

In our sample, mean age equaled 46.5 years (SD: 15.3 years) and 49.5 % were female. Prevalence rates for the outcomes are shown in Table 1 (see also Fig. 1 (fear of a conventional war) and Fig. 2 (fear of a nuclear war)). In our study, both outcomes were quite strongly correlated ($r = 0.78$, $p < .001$).

While 5.3 % of the respondents were not at all worried about a conventional war, 44.2 % of the respondents reported some fear and 50.5 % of the respondents reported severe fear of a conventional war. Similarly, 7.7 % of the respondents were not at all worried about a nuclear war, whereas 45.7 % of the respondents reported some fear and 46.6 % of the respondents reported severe fear of a nuclear war. The prevalence rates differed only slightly between most sociodemographic groups (except for, for example, gender: for example, 38.5 % of male individuals reported severe fear of a nuclear war, whereas 54.9 % of female individuals reported severe fear of a nuclear war). Thus, overall, quite consistently high prevalence rates were identified.

3.2. Regression analysis

Findings of multiple linear regressions are displayed in Table 2. Regressions showed that higher fear of a conventional war was

Table 1
Prevalence rate for fear of a conventional war and fear of a nuclear war (both, in %) among several groups.

	n	No fear of a conventional war	Some fear of a conventional war	Severe fear of a conventional war	No fear of a nuclear war	Some fear of a nuclear war	Severe fear of a nuclear war
Total sample	3091	5.3	44.2	50.5	7.7	45.7	46.6
Gender							
Male	1554	8.0	48.5	43.6	11.3	50.1	38.5
Female	1531	2.7	39.7	57.6	4.0	41.1	54.9
Diverse	6	0.0	83.3	16.7	0.0	66.7	33.3
Age group							
18–29 years	577	3.1	41.6	55.3	4.0	44.7	51.3
30–49 years	1076	6.4	46.0	47.6	7.7	47.2	45.1
50–64 years	995	5.7	42.8	51.5	9.4	43.6	46.9
65 years and older	443	4.7	46.3	49.0	8.4	48.1	43.6
Children in own household							
No	2158	6.1	45.4	48.6	8.7	47.5	43.8
Yes	933	3.6	41.5	54.9	5.4	41.6	53.1
Marital status							
Married, not living together with spouse/Single/Widowed/Divorced	1266	7.2	44.2	48.6	9.6	46.5	43.9
Married, living together with spouse	1825	4.1	44.2	51.8	6.4	45.2	48.5
Education							
Upper secondary school	1234	4.9	45.4	49.7	7.1	49.7	43.3
Qualification for applied upper secondary school	356	4.2	46.1	49.7	8.1	46.3	45.5
Polytechnic Secondary School	196	7.7	41.3	51.0	10.2	38.3	51.5
Intermediate Secondary School	956	5.1	44.0	50.8	7.5	43.2	49.3
Lower Secondary School	327	6.4	40.4	53.2	8.0	41.9	50.2
Currently in school training/education	16	18.8	31.3	50.0	12.5	37.5	50.0
Without school-leaving qualification	6	16.7	50.0	33.3	16.7	66.7	16.7
Migration background							
No	2721	5.2	44.7	50.1	7.7	45.9	46.4
Yes	370	6.5	40.5	53.0	7.3	44.3	48.4
Employment status							
Full-time employed	1365	6.0	47.1	46.9	9.0	47.1	43.9
Retired	646	5.6	44.0	50.5	8.0	45.7	46.3
Other	1080	4.4	40.6	55.0	5.7	44.0	50.3
Chronic diseases							
Absence	1673	6.0	46.8	47.2	8.6	47.2	44.2
Presence	1418	4.5	41.1	54.4	6.6	43.9	49.5

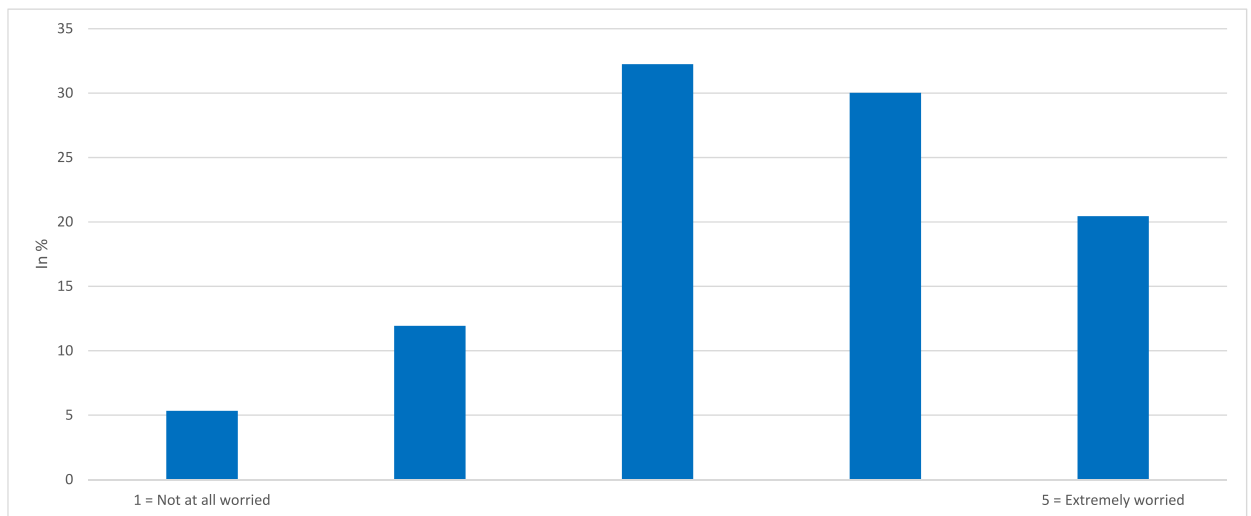


Fig. 1. Fear of a conventional war.

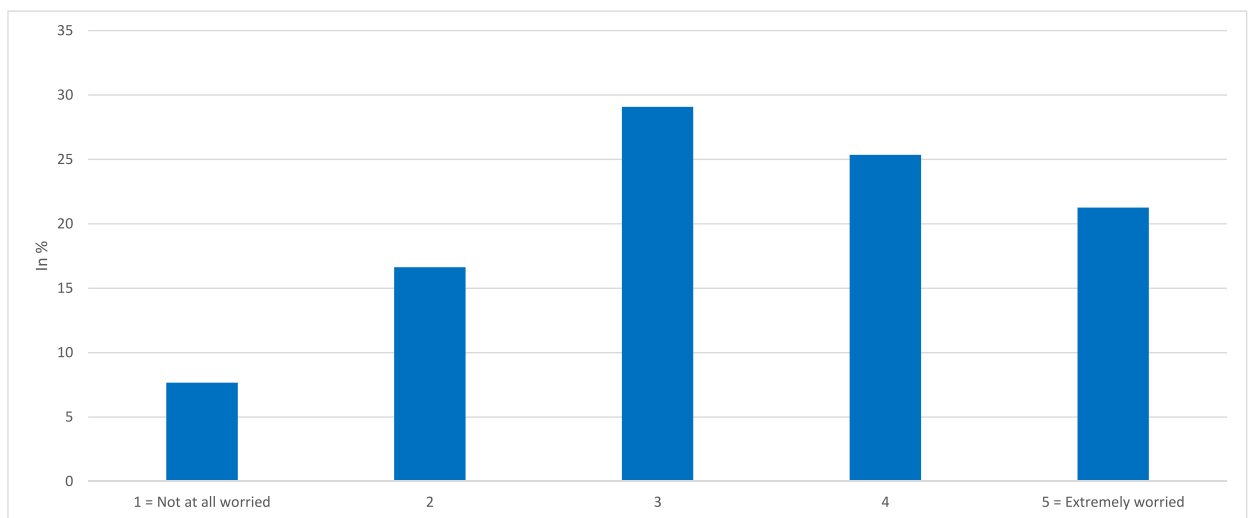


Fig. 2. Fear of a nuclear war.

associated with being female ($\beta = 0.44$, $p < .001$), having children in own household ($\beta = 0.11$, $p < .05$), being married and living together with spouse ($\beta = 0.11$, $p < .01$), having at least one chronic illness ($\beta = 0.12$, $p < .01$) and bad self-rated health ($\beta = -0.10$, $p < .01$; worth repeating: the higher the values, the better self-rated health).

Very similarly, regressions showed that higher fear of a nuclear war was associated with being female ($\beta = 0.48$, $p < .001$), having children in own household ($\beta = 0.17$, $p < .001$), being married and living together with spouse ($\beta = 0.14$, $p < .01$), having at least one chronic illness ($\beta = 0.10$, $p < .05$) and bad self-rated health ($\beta = -0.15$, $p < .01$; worth repeating: the higher the values, the better self-rated health). Moreover, higher fear of a nuclear war was additionally associated with lower education (e.g., lower secondary school: $\beta = 0.27$, $p < .001$; compared to upper secondary school).

Age, migration background, and employment status were not associated with both outcomes. Additional details are given in [Table 2](#).

4. Discussion

4.1. Main findings

Our study revealed that about one out of two individuals reported severe fear of a conventional war. Moreover, nearly one out of two individuals reported severe fear of a nuclear war. The prevalence rates differed only slightly between most sociodemographic

Table 2
Correlates of fear of a conventional war and fear of a nuclear war. Findings of linear regressions.

Independent variables	Fear of a conventional war	Fear of a nuclear war
Sex: - Women (Ref.: Men)	0.44*** (0.04)	0.48*** (0.05)
- Diverse	-0.26 (0.25)	0.19 (0.22)
Age	0.00 (0.00)	-0.00 (0.00)
Children in own household: Yes (Reference: No)	0.11* (0.05)	0.17*** (0.05)
Marital status: Married, living together with spouse (Ref.: Single/Divorced/Widowed/Married, not living together with spouse)	0.11** (0.04)	0.14** (0.05)
Highest educational degree: - Qualification for applied upper secondary school (Ref.: upper secondary school)	0.01 (0.06)	-0.02 (0.07)
- Polytechnic Secondary School	0.14 (0.09)	0.34*** (0.10)
- Intermediate Secondary School	0.02 (0.05)	0.09 (0.05)
- Lower Secondary School	0.12 (0.07)	0.27*** (0.08)
- Currently in school training/education	-0.08 (0.34)	-0.01 (0.32)
- Without school-leaving qualification	-0.32 (0.49)	-0.29 (0.48)
Migration: Migration background (Ref.: no migration background)	0.04 (0.06)	0.07 (0.07)
Employment status: - Retired (Ref.: Full-time employed)	0.01 (0.06)	0.08 (0.07)
- Other	-0.01 (0.05)	0.01 (0.05)
Chronic diseases: Presence (Ref.: Absence)	0.12** (0.04)	0.10* (0.05)
Self-rated health (single item from 1 (very bad) to 5 (very good))	-0.10*** (0.03)	-0.15*** (0.03)
Constant	3.41*** (0.14)	3.53*** (0.15)
R ²	.06	.07
Observations	3091	3091

Unstandardized beta-coefficients are displayed; robust standard errors in parentheses; ***p < .001, **p < .01, *p < .05.

groups (with the exception of gender and having children) and were thus consistently high. Regressions showed that both outcomes were associated with being female, having children in own household, being married and living together with spouse, having at least one chronic illness and bad self-rated health.

Worth repeating, in our study, the two outcomes measures were quite heavily correlated ($r = 0.78$) – which is in contrast to former research [1]. Therefore, it is quite unsurprising that the determinants of the two outcomes do not differ substantially in our current study. Consequently, our discussion section mainly do not distinguishes between different findings since they were mostly not present.

4.2. Previous research and possible explanations

We found comparably high prevalence rates for both fears. In comparison, using the same tools to assess the outcomes, a prior study [1] conducted among German students in spring and summer 1994 showed markedly lower average fear scores: 1.5 (SD: 1.3) for fear of a conventional war and also 1.5 (SD: 1.3) for fear of a nuclear war. These can be considered as large differences (when comparing the former study with our study: effect size (Cohen's d) of about 0.8 for both fear of a conventional war and fear of a nuclear war). In our view, these large differences can be mainly explained by the current events taking place in Eastern Europe. These events may have markedly increased fear of a conventional war and fear of a nuclear war. Significant adverse effects of the military conflict in Eastern Europe on psychosocial outcomes has also been shown by recent research [2,3].

In accordance with former research [1], we found that women reported higher fear of war (both, outcomes). As suggested by Boehnke and Schwartz [1] this may be attributed to role socialization and stereotypic response bias.

We also found that higher fear of a nuclear war was associated with lower education. Possible explanations could refer to the lack of information and understanding. They may have difficulties to evaluate risks accurately [19] or cope [20] with uncertain conditions – which could increase the fear of a nuclear war. Another way to explain this association may be that individuals with lower education may have a limited access to different viewpoints and lower social skills – both could contribute to higher fears. Individuals with lower educational levels might engage with media in distinct ways or possess restricted exposure to essential media literacy education. Consequently, they could be more vulnerable to sensationalized or fear-inducing media materials [21,22] (in general, see also: [23])

which in turn could drive fear of a nuclear war [24].

Furthermore, higher levels of fear of war (both outcomes) were identified among individuals having children in own household and among married individuals. We think that such associations can be explained by the fear of losing close relatives (such as children or one's own spouse; see also: [25]). Such a fear of loss may drive fear of war [26]. Similarly, the fear of suffering of close relatives due to war may also contribute to higher levels of fear of war [26].

We also found that worse health (in terms of bad self-rated health and the presence of one or more chronic illnesses) was associated with higher levels of fear of war. This appears plausible to us because individuals with a bad health may be particularly concerned about the health consequences (also in terms of death) of such a hypothetical war. In other words: War injuries could have worse health consequences for individuals with pre-existing conditions (compared to healthy individuals). However, evidence supporting this pathway described in this paragraph is currently missing. Thus, future research is required to test this assumption. This explanatory approach is at least somewhat comparable with recent research demonstrating an association between bad health and higher coronavirus anxiety (where individuals in bad health tend to fear an infection with Covid-19 due to the potential health consequences) [27]. Thus, potential threats to health could cause particular fear in chronically ill individuals. Another way to explain an association between health and fear of war is that individuals in bad health may also fear that they would hardly be able to escape the hypothetical war because of their poor health (including potential immobility). Moreover, they may be concerned about restrictions of medical care.

4.3. Strengths and limitations

It is important to recognize certain strengths and limitations. Data quality was comparably good (e.g., compared to convenience samples with unclear generalizability). Future research, however, is required among children/adolescents and particularly among very old individuals (who may have, at least partly, experienced World War II). Additionally, several determinants were included in the regression model. Moreover, established items with a high face validity were used to quantify the outcomes. However, validation studies are missing. Overall, our findings should be confirmed with more sophisticated tools. For example, in the past year, a new tool was created to assess fear of war [28]. Moreover, our study is limited to one country. In future research, cross-country comparisons would be desirable.

5. Conclusions

In conclusion, our study showed high prevalence rates for fear of war (both outcomes). Knowledge about the correlates may assist in tackling individuals at risk for severe fear. Against the background of the current events, future research in this area is required. For example, different subgroups (e.g., individuals experiencing war as a civilian or as a soldier) could be examined. Moreover, the consequences (e.g., in terms of psychosocial factors or health) of fear of war could be investigated in upcoming studies. Additionally, the refugees from Ukraine should be examined in terms of fear of war and associated factors.

Data availability statement

Data will be made available on request.

Additional information

No additional information is available for this paper.

CRedit authorship contribution statement

André Hajek: Writing – review & editing, Writing – original draft, Visualization, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **Benedikt Kretzler:** Writing – review & editing, Visualization, Project administration. **Hans-Helmut König:** Writing – review & editing, Visualization, Supervision, Resources, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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