Summary

The central question of this dissertation is whether it is possible to measure existential anxiety (EA) with a self-reporting instrument, and if such an instrument can differentiate between the various aspects of EA. This research question is briefly described in Chapter 1, followed by an outline of the dissertation.

Chapter 2 reviews and discusses the current literature about EA, followed by a conceptual model of our own making, which forms the basis for the empirical research in the next chapters. With its background in philosophy, EA can be considered as initially deriving from twentieth century philosophical thought, including that of Kierkegaard, Heidegger, Sartre, Camus and De Beauvoir. Secondly, EA is a relevant construct within the phenomenological analysis of psychiatric phenomena. In addition, a psychotherapeutic tradition currently exists that attempts to help people live with existential questions. Yalom, Frankl and Van Deurzen are important representatives of this tradition. Lastly, empirical research has also been performed on EA. Therein two empirical traditions can be distinguished, namely, survey research on death anxiety and experimental research from the perspective of Terror Management Theory.

The second part of Chapter 2 addresses the construct of EA itself. Firstly, we discuss the idea that EA is not just an expression of psychopathology, but also a part of the human experience in general. Thereby, it is difficult to differentiate between normal and pathological variants, and several characteristics are not necessarily exclusively pathological. These characteristics include the character of the experience itself, the extent to which it is helpful for adaptation to circumstances, and the influence of subsequent learning experiences. In fact, the impact that EA has on someone’s life seems to be the most useful differentiating criterion for distinguishing pathological variants. Next, we examine how EA has reflective, as well as pre-reflective, bodily aspects. While distinct for being more than a reaction to one specific object, EA seems to be related to different themes, namely, death, meaninglessness, guilt, isolation and identity. This chapter concludes with our own conceptual model, which shows that EA is an expression of the tensions that may exist around these five themes.

Chapter 3 explores the instruments and their viability that are currently available to measure EA. We performed a systematic search strategy in three prominent literature databases. This
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strategy yielded many research instruments, most of them being developed to measure death anxiety. Only five instruments were found that measured the different aspects of EA. Among these instruments, only the Existential Anxiety Questionnaire (EAQ) proved to be thoroughly examined with regard to its reliability and validity. The EAQ is based on the theory of Tillich, and distinguishes three domains: death, meaninglessness and guilt.

Chapter 4 addresses the item development and pretesting of a new questionnaire to measure EA. Based on the outcome of the review presented in Chapter 3, we expected the EAQ to be suitable for use in our research project. However, since the EAQ was not yet available in Dutch and was developed for populations in the US, a process of translation and adaptation was a necessary first step. Before any questionnaire can be used in a different culture, its items (naturally) must first be translated into the target language. In addition, however, the questionnaire must also be analysed to determine how each item is understood in the target culture. For this process of adaptation, we used cognitive interviews, namely, Three Step Test Interviewing (TSTI). Respondents completed the questions of the instrument while simultaneously speaking aloud their thoughts about each question. After completing the questionnaire, respondents were interviewed further in order to clarify their experience during their completion of the questionnaire and to obtain additional information about their opinion of EA. Besides the EAQ items, we formulated new items so that our questionnaire might better correspond with the different aspects of EA. A total of 29 respondents took part in this research project, 24 of whom were representatives of the general population, and 5 were being treated for anxiety complaints. Interviews took place in three different rounds, and after each round, adaptations were made to the questionnaire, followed by, in the next round, the testing of the new version with a new group of respondents.

In the first round of data collection, many respondents experienced problems during the process of completing the questionnaire. Respondents did not understand the wording of the items or gave answers that differed from what they intended, especially to items in which a negation was used or that were “double barrelled”. More errors were made in response to items that came from the EAQ in comparison with the items that were newly added. Adaptations that were made in the second and third rounds, resulted in a decrease of failures, and respondents indicated, in general, that they did not find it difficult or very burdensome to complete the questionnaire. The final version of the questionnaire consisted of 25 items about anxiety as a reaction to death, meaninglessness, guilt, isolation, and confusion with regard to
identity. Due to these many changes, a new name was chosen for the questionnaire, namely Existential Concerns Questionnaire (ECQ).

Chapter 5 describes how the ECQ, as developed by us, was tested and validated in a non-clinical and a clinical sample. The ECQ was completed by 389 persons from the general population, together with questionnaires measuring death anxiety, intolerance of uncertainty, neuroticism, distress, meaning in life, social desirability and life events. Adaptations were made based on item analysis and factor analysis. A final version of the scale, consisting of 22 questions, was completed by 99 adults who had an anxiety and/or depressive disorder. Factor analysis showed that the ECQ is essentially unidimensional, as demonstrated by the fact that the five dimensions of our theoretical model could not be deduced from the factor structure, although subfactors emerged regarding death anxiety and avoidance. Correlations with other measures were almost within the expected range of strength, except for an unexpected weak association with negative life events. Consistency and test-retest reliability were both very good.

Chapter 6 addresses the structural validity of the World Assumptions Scale (WAS). This questionnaire was completed by a subset of the respondents, namely students only, from the ECQ study. However for this chapter we made use of a dataset with 1) trauma survivors and 2) health professionals. Developed by Janoff-Bulman, the WAS is an operationalization of her theory of Shattered Assumptions. According to this theory, people have positive assumptions about the world in general, the meaning of events and their own self-worth. Because of the fundamental and general character of these assumptions, they do not change immediately in reaction to counter proof in the form of daily hassles or information about negative events. However, these positive assumptions will come under pressure as a result of a confrontation with traumatic events. In this case, a process of adaption is necessary, whereby the new information is integrated and existing assumptions are changed. When this process of adaption is unsuccessful, people may develop mental health complaints. Although the WAS has been used in dozens of studies, discussion is ongoing about its factor structure. While some studies have results that support its theoretical structure of eight different positive assumptions, other studies have found a different factor structure. These various studies are discussed, followed by the results of a new factor analytic study, performed with 1791 respondents who asked for help after a traumatic event and 236 health professionals. By splitting the first sample into three parts, it was possible to perform explorative as well as
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confirmative factor analyses. These analyses were in favour of the original model of eight factors, and this model could be replicated with our sample of health professionals. This study, therefore, provided support for the structural validity of the WAS. Important to note is that in our version of the WAS items were clustered according to the eight theoretical domains, which might have influenced our results.

Chapter 7 explores how EA comes to the forefront in therapeutic practice. Currently, cognitive behavioral therapy is often the most commonly used therapeutic method. Within cognitive behavioral therapy, EA receives attention, but the instructions for its therapeutic treatment are limited, especially when compared to the therapeutic tradition of existential psychotherapies. The third generation of cognitive behavioral therapies, especially Acceptance and Commitment Therapy, seems to pay proportionally more attention to EA. Differences between therapeutic directions are clarified by using the example of death anxiety. Within existential therapies, therapists are advised to not avoid the topic of death anxiety, but to explore with their patients what this anxiety means for them and to clarify it from the context of one’s life situation. The first and second generation of cognitive behavioral therapies advises, for example, the use of exposure or cognitive therapy. Beside this, it is possible to choose tailor-made interventions, based on individual clinical formulations. From the perspective of Acceptance and Commitment Therapy, rather can be thought of learning to mindful accept that which cannot be avoided, and learning to experience more distance to thoughts about death. To date, there is not enough scientific evidence available to determine which approach is the most effective.

Chapter 8, as the final chapter, reviews the research project in its entirety, and discusses implications for theory and methodological development. Our research results support the model that we developed and show that different aspects of EA are strongly interconnected, with death anxiety having a relatively distinct position. This project contributes to the theoretical development of EA, as we have developed and tested a new self-reporting instrument that can be delivered to larger groups of respondents. The administration of this instrument can help gain further insights into EA and help determine how EA might best be approached within a clinical practice.