Chapter 8 General discussion

8.1 Introduction

Anxiety is a complex and multi-faceted human experience. Different theoretical perspectives have been developed in an attempt to obtain a deeper understanding of anxiety, one of them being the existential perspective. This perspective suggests that anxiety may be a reflection of a fundamental aspect of one’s relationship with the world and with oneself. This relationship may, for instance, be determined by loneliness and isolation, or by fear of death and a concern about one’s finitude. Although these overarching themes seem abstract and remote from empirical psychology, these insights are remarkably in line with first-person reports from clinical practice, for example, Ms. W’s description of her experiences at the start of Chapter 2. The aim of this research project was to find an empirical corroboration for the existence of existential anxiety and for the different concerns that it may express. In this chapter, we elaborate on the theoretical and methodological implications of our findings and give recommendations for future research and clinical practice. Firstly, we answer the research questions that were formulated in Chapter 1.

1) Is it possible to study existential anxiety with self-reporting measures?

Existential anxiety (EA) has been studied with quantitative methods before; examples are survey research on death anxiety and experimental research on defense mechanisms. We performed a systematic review to search for instruments with a broad perspective on EA, and subsequently learned that such instruments are scarce and often outdated or poorly evaluated. To date, no well-validated instruments with a broad perspective on EA seem to exist, except for the Existential Anxiety Questionnaire (EAQ), which we translated from English into Dutch for our research project. However, this measure showed serious problems in the process of translation and adaptation, and we decided to develop a new instrument, the Existential Concerns Questionnaire (ECQ). The ECQ is a relative short and unequivocal measurement instrument, which was easily completed by our respondents. Therefore, it appears possible to use this instrument in future research with large samples of respondents. Since the ECQ is a self-reporting instrument, its results can only provide a limited view on EA. However, our results with regard to its construct validity are greatly in accordance with our expectations, and indicate that the ECQ will be helpful in gaining insight into this abstract
and complex construct. In Section 8.2.2, which summarizes the theoretical implications of our study, we return to the question: To what extent is EA measured by the ECQ?

2) Can different aspects of existential anxiety be distinguished using a self-reporting measure, and if so, how do these aspects interrelate?

In this research project, we could not distinguish between different aspects of EA. The ECQ is a mainly unidimensional instrument, and the different domains that formed the starting point for our item development turned out to be highly related. Only death anxiety, when limited to its more narrow definition, showed a relatively distinct position among the different aspects of our model.

3) Does an existential perspective on anxiety add to existing treatment methods, such as cognitive behavioral therapy?

According to our literature research, cognitive behavioral therapy also considers the existential perspective, although therapists tend to be provided with only limited instructions on how to handle this aspect of anxiety. Therefore, it seems useful to further explore whether new CBT interventions can be developed based on the findings of existential psychology. Another possibility is to deploy existential psychotherapies more often for patients who do not profit from standard treatment and have requested help with issues regarding EA. For both options, it will be important to evaluate the effectiveness of the interventions, and the ECQ can be used as an outcome measure in such evaluations.

8.2 Theoretical reflection

8.2.1 Can clinical and philosophical EA be studied with empirical methods?

Clinical practice can be studied from different levels of reflection, and we used a broad categorisation in three different levels. The lowest level describes what happens in clinical practice itself, for example, through the use of patient stories or reports of therapeutic interaction. On the next level, clinical theory is formulated, for example, by differentiating between clusters of symptoms and developing explanatory models and treatment methods. This intermediate level is reflected within a subject theory framework, such as clinical psychology. The third level of abstraction reflects on the first two, upon which we enter the domain of philosophy. The philosophy of psychiatry examines the way in which theory develops and which presuppositions underlie these developments. It also studies how psychopathological phenomena relate to human functioning in general. All three levels
appeared to be important in our project, with the level of clinical practice being the starting point. Patients reveal how anxiety disrupts their lives, and how these feelings relate to their existence as such. Although such experiences are an obvious part of clinical practice, the theoretical literature seems to have underrated them, as we discovered by studying the resources regularly referred to within cognitive behavioral therapy. One key reason for this finding may be the ever increasing emphasis on evidence-based treatments. Symptom-oriented treatments can be much more easily evaluated in randomized controlled trials and, consequently, attract more attention in research and theory development. The side-effect of this focus is the relative neglect of the existential dimension of anxiety in clinical contexts and psychological theory. Our research project has attempted to bridge these two gaps – the gap between clinical practice and psychological theory on the one hand, and between philosophical reflection and psychological theory on the other. We pursued this aim by developing an instrument that: 1) is based on clinical practice, 2) derives insights from philosophy and 3) can be used at the level of psychological theory.

As one might expect, we encountered some difficulties in the development of this instrument. Firstly, on the level of subject-theory, human experience has a central place. While philosophical reflection also pays attention to aspects of being-human, that are not necessarily literally contained in the person’s experience. An example is the notion of ‘self-referentiality,’ which is an essential component in philosophical reflection on EA and means that anxiety, by definition, also refers to the person who displays the emotion, even when this person is not conscious of this referentiality (Glas, 2016, 2017). A self-reporting instrument calls upon the respondent’s ability to reflect upon a certain construct, and this means that ‘self-referentiality’ can only partly be operationalized in such an instrument. For the development of our items, we had to choose wordings that would be clear enough for respondents to understand, but that departed from the philosophical insights that formed our project’s starting point. In line with this, some existential themes proved to be especially difficult to operationalize as items of a questionnaire. A first example is the domain that we named ‘identity’. It could be expected that a substantial part of our respondents seldom reflect from a meta-perspective on what it means to have a certain identity, and that items with a literal transcription of philosophical thoughts about identity would have invoked little recognition. Instead of a literal transcription, we chose more concrete aspects of the anxiety that may be related to identity, for example, the awareness that it is impossible to have full self-knowledge. A comparable problem occurred with the concept of ‘guilt’, as respondents in our pilot study did not recognize this as a possible source for anxiety and mainly associated
Chapter 8: General discussion

it with religiosity and faith. We, therefore, chose a more articulated definition of guilt, namely not fulfilling expectancies about oneself. This choice has as disadvantage, that guilt as a moral emotion, a reaction to failing to fulfill obligations towards a higher power, is not presented in our questionnaire. Certainly, guilt in this moral sense is relevant in a clinical context, for example, for persons with a depressive disorder.

In spite of these difficulties, our project has yielded a relative short and unequivocal instrument that could be easily completed by our respondents, with promising results regarding its reliability and validity. Therefore, it seems feasible to use this instrument in research and clinical practice. The usefulness of the ECQ is illustrated by the fact that already seven translations are in preparation. Since the ECQ is a self-reporting instrument, its results only give a limited view on EA. In the following section about the theoretical implications of our study, we return to the question regarding the extent to which the ECQ indeed measures EA. In Section 8.4, we then suggest the necessary future research that would enable us to learn more about the meaning of the ECQ results.

8.2.2 The implications of our findings for the theory about EA

To what extent does the instrument that we developed indeed measure EA as a construct that was developed on the level of subject-philosophy? This question may be answered by comparing our results with the theoretical model that underlies our project, as we described in Chapter 2. It can be concluded that our findings provide evidence in favour of our model. All our domains loaded on a general factor, which related to almost all relevant constructs in the expected way. Only death anxiety in its narrower sense, namely anxiety in relation to the finiteness of one’s own life, showed a more distinct place, and this could also be expected from our model. Although all domains of our model seem to be relevant for the construct of EA, this does not mean that our model is exhaustive. The model could be expanded to include other EA aspects, such as anxiety in relation to loss of control, being threatened by other people or technology, or happenings in a possible here-after. However, for the operationalizing of a complex construct, it is enough that the most essential aspects are represented. We think we have substantiated that is such the case with the ECQ.

Our questionnaire does not differentiate between all the domains of our conceptual model, and thus cannot be used to distinguish between aspects of EA and their relationship with other constructs. On a conceptual level, this leads to the question whether it makes sense to make such distinctions. After all it seems plausible that, for example being afraid of death,
also means that the person automatically wrestles with feelings of meaninglessness and fundamental loneliness. It must be said that our distinctions are not only based on philosophical theory, but also on clinical practice. In individual cases, it turns out to be very well possible that a person fundamentally does not feel connected to other people, but at the same time is not afraid to die. The fact that our results did not corroborate this distinction between different existential domains may be a result of methodological choices. On a conceptual level, it also seems sensible to keep the distinctions that our model makes between different existential domains, because they relate to aspects of reality that are experienced differently, also separate from feelings of anxiety, for example, the difference between connectedness to physical surroundings and to other people. The differentiation between existential domains has also clinical significance, and has proven to be advantageous for theoretical development. Trust in meaning systems and social bonds has, for example, shown to have a function in the amelioration of death anxiety, and this interrelatedness can only be studied using a model that differentiates between aspects of EA. Consequently, we conclude that making a distinction between different aspects of EA, as we did in our own conceptual model, is essential. The question concerning how these different aspects can best be studied will be addressed in a following section. Next to the importance of differentiating between different aspects stands the value of EA as a unified construct. This is not unusual for psychological constructs, where often the whole is as significant as its different parts. Depression, for example, can be seen as a unified construct, but sleep problems, as one of its aspects, can be studied along with its interrelatedness to depression’s other aspects, or as a construct on its own.

In Chapter 2 we discussed the possible differences between EA and psychopathology. After controlling for distress or a neurotic disposition, we found that the relation between EA and one’s experience of meaning persisted, which is further evidence that EA can be distinguished from psychopathology in general. A similar conclusion can be drawn from the finding that respondents from the nonclinical sample also recognized the experiences represented in the ECQ, which is in line with existential theory. Lastly, we will shortly compare our model of existential anxiety with the theoretical model of shattered assumptions that underlies the WAS and is summarized in Chapter 6. The different assumptions that are worked out in the theory of shattered assumptions, seem to reflect the positive counterpart of existential anxieties as are worked out in our theoretical model in section 2.3.5. In stead of anxiety provoked by for example meaninglessness or loss of control, the positive assumptions focus on thrust in meaningfulness and the ability to have influence.
on one’s own life. The authors of the WAS claim that people develop these positive expectations about life during their first years. This claim seems to conflict with existential theory, which often stresses that people become aware of the intrinsic limitations of life and use (cognitive) defense mechanisms to handle the anxiety that is provoked by these limitations. Following this existential line of reasoning, the positive assumptions of the WAS might be seen as a defense to EA. However, we think that such a view of positive assumptions is too limited, and that both models have their strengths and limitations. A limitation of the theory of shattered assumptions seems to us that people are at many times confronted with the harsh side of life, therefore, the development of the positive assumptions may be less self-evident then suggested by this theory, leading to the conclusion that positive assumptions may be seen more as illusions used to handle anxiety. On the other hand existential theory is often criticized for suggesting that people generally struggle with existential issues while most people actually not do seem to give much attention to this side of life, and this observation is more in line with the theory of shattered assumptions. Of course, human experiences are far too complex to be described by one theoretical model. Positive assumptions may be a genuine expression of trust in life, but also a way of avoiding the anxiety that is provoked by existential concerns. Future research may help to discover what applies to which kind of person and in which situation.

8.3 Reflection on used methods

8.3.1 A comparison of the ECQ with the EAQ

In our systematic review of EA instruments described in Chapter 3, we found five instruments with a broad perspective on EA, each covering different existential concerns. The EAQ was the most recently developed instrument, and the only one that had been well evaluated, with promising results regarding its reliability and validity. As is elaborated in Chapters 4 and 5, we used this instrument as a starting point for our project, but made far-reaching changes during the process of pretesting. We start this section with comparing our own instrument with the EAQ.

Weems and colleagues (2004) started the development of the EAQ with 21 items and eliminated 8 items that had poor item-total correlations. The final scale consists of 13 items, and was initially tested in two samples of university students (Weems et al., 2004) and, subsequently, in a sample of adolescents (Berman, Weems, & Stickle, 2006), a sample of
survivors of a natural disaster (Scott & Weems, 2013), and a sample of adolescent survivors of a natural disaster (Weems, Russell, Neill, Berman, & Scott, 2016). The EAQ is based on the thinking of Tillich (1952), and three domains of EA are distinguished in the conceptual model that was used for its development: 1) anxiety in reaction to death and fate, 2) anxiety in reaction to emptiness and meaninglessness, and 3) anxiety in reaction to guilt and condemnation. The developers of the EAQ claim that their scale can be used to differentiate between aspects of EA. In contrast, the results with the ECQ show that our scale can best be used as a measure of EA as a unified construct.

The claim that the EAQ indeed consists of three (related) subfactors and, unlike the ECQ, can be used to differentiate between aspects of EA is substantiated with the results of three confirmatory factor analyses. Fit indices were in favour of the model with three related factors, although the fit indices hardly met the thresholds for an acceptable fit in the two samples of the initial study: RMSEA = 0.064 / 0.090 GFI = 0.92 / 0.90 CFI = 0.84 / 0.79 (Weems et al., 2004) and RMSEA = 0.07 CGI = 0.88 en TLI = 0.89 (Berman et al., 2006).

More recently, a Chinese version of the EAQ was validated in a large sample (n = 1205) of students from Hong Kong (To & Chan, 2016). In this study, confirmatory factor analysis was once again performed to test the model of its three correlated factors, but this time the values of the fit indices were below the thresholds for an acceptable fit. Next, these authors split their sample randomly into two halves, performed exploratory factor analysis in one half, and tested the results with confirmatory factor analysis in the second half. This resulted in a model of three factors that was different from the original model. Items regarding fate/death and emptiness/meaninglessness were divided over two subfactors, one with the positively formulated items and the other with the negatively formulated items. The third factor consisted of the items from the original guilt/condemnation scale.

Given the results of the different factor analyses, in our opinion, it is too early to conclude that the EAQ can be used as a scale with three subscales that represent three underlying factors. Furthermore, if we had only conducted a confirmatory factor analysis on the ECQ based on our own model of five related factors, this would have resulted in fit indices that were at least even supportive when compared with the fit indices in the studies with the EAQ (RMSEA = 0.063, SRMR = 0.077, TLI = 0.978 and CFI = 0.981). If the authors of the EAQ would have used a bifactor model to differentiate between the influence of a general factor of EA and subfactors, as we did in the evaluation of the ECQ, they would have probably been less positive about the structure of the EAQ. The ECQ has as advantage above the EAQ in that it is based on a broader description of ultimate concerns. The findings of our project also
show better results regarding its reliability compared to the EAQ, while the results regarding its construct validity are at least comparable. However, to put things into perspective, it must be said that far more results are available regarding the quality of the EAQ in comparison with the ECQ. Therefore, it is, too early to conclude about each of their relative values. More research on the ECQ, especially its use in comparison with the EAQ in the same sample, will give a more complete impression of each instrument.

8.3.2 The possible influence of answer tendencies

Our questionnaire consists of 22 items about aspects of human condition that may be anxiety provoking. Consequently, it can be expected that respondents may also experience feelings of anxiety during the completion of the questionnaire and that these feelings might have influenced their answers. Hereby two phenomena might have played a role: priming and defense mechanisms. The influence of priming occurs when the activation of one subject decreases the threshold of the activation of a related subject (Schuman & Presser, 1981; Tourangeau & Rasinski, 1988). For example, when respondents were reminded of their mortality, they also might have more easily realized their anxious feelings about being left alone in life. We tried to neutralize this effect by asking for the frequency of experiences instead of the intensity, thereby stimulating respondents to direct their attention from the actual moment their experience occurred to their experience with this source of anxiety in general. In research on wellbeing, asking for the frequency of emotional experiences proved more valid (Chamberlain, 1988). Of course this cannot fully have prevented a possible influence of this mechanism, and priming may have contributed to the strong influence of a general factor.

Next to priming, defense mechanisms might have also influenced the results of our study. One might expect, based on the findings of Terror Management Theory (TMT) research, that respondents would react with repression directly after being confronted with existential concerns (Arndt, Cook, & Routledge, 2004), which may have, in turn, resulted in the under-reporting of experiences of anxiety. To test this assumption, we compared the results on the first five items with those on the last five. In the clinical sample, the scores on the first five items were higher, but this difference was not significant. In the nonclinical sample, there was a significant difference in the other direction; scores on the last five items were higher than scores on the first five. Of course, this is only preliminary evidence with regard to what
could possibly have been the influence of defense mechanisms on our results. In Section 8.4, we address the need for additional research in this area.

8.3.3 Differentiating between subfactors of EA
In our study with the ECQ, it has been remarkable that the intended structure of subfactors could not be deduced from the results of the factor analyses, while our study with the WAS almost perfectly showed the intended structure of eight factors. This was not caused by the number of items since the WAS (as well as the ECQ) has only four items per factor, (almost) the minimal number for representing a factor (Fabrigar, Wegener, MacCallum, & Strahan, 1999). A possible explanation is that all of the items of the ECQ include an aspect of ‘anxiety’, which may have resulted in a greater influence of the general factor, because the general answer pattern depends on the frequency of feelings of anxiety. Another difference between the ECQ and the WAS is that the latter, in the version that we used, presented the items in a clustered format. It has long been recognized that item order may largely affect the process of answering questionnaires (Tourangeau & Rasinski, 1988). A disadvantage of clustering items may be that respondents consider the content of related questions less seriously, but give the same answers to comparable questions that are placed together. An advantage of clustering items is that it makes the completion of a questionnaire easier, and it decreases the chance of respondents giving wrong answers. Choosing the right solution depends on the purpose of a questionnaire and the content of the items. Clustering of items is only possible if the item content within each cluster has enough variation, and it makes only sense when it is the intention to interpret the outcome of subfactors. Additional research aimed at gaining insight into the consequences of item sequences for the use of the ECQ will be proposed in the next section.

8.4 Limitations and future research
At the start of this project, it was not our intention to develop a new instrument. We hoped to find instruments that were suitable for determining answers to our research questions, perhaps in conjunction with qualitative methods. The promising results of the already published studies with the EAQ gave rise to the expectation that we could use this instrument in our own project. However, the EAQ showed considerable problems throughout the process of translation and adaptation, and we decided to change our plans and develop a new
instrument. If this had been our intention from the outset, it would have been wiser to choose a more extensive procedure for the development of the content, for example, the forming of expert panels or the use of a Delphi discussion format, for which we now lacked the necessary resources. Although we had several discussion rounds regarding the content of the ECQ between the authors of our different papers, we did not formally consult independent scientists for the formulation of our theoretical framework and the items of our questionnaire. However, we think that our conceptual model reflects important insights from the current theory about EA since it greatly resembles the framework of TMT (Koole, Greenberg, & Pyszczynski, 2006), one of the most important EA research traditions. Although our results regarding the reliability and validity of the ECQ are greatly in line with our expectations, it is too early to formulate conclusions about its psychometric qualities. It is necessary to use the ECQ in other research projects, especially with clinical samples, to learn more about its factor structure and other aspects of its validity. Minimal sample size for factor analysis is debatable, but probably a sample of 200 respondents would be sufficient (Fabrigar et al., 1999). To learn more about the possible influence of clustering of items, it would be interesting to deliver a clustered version of the ECQ to one half of a sample of respondents and the format that was used in this study to the other half. Given the results with the WAS, it is quite possible that clustering the items according to the five domains of our theoretical model would make it possible to distinguish between the factors representing these domains. Our pretesting of the translated EAQ, as described in Chapter 4, shows that EA is a highly cultural sensitive phenomenon and that it is not easy to formulate items that are unequivocal for respondents. Therefore, utmost care is needed to prepare the ECQ for use in a different culture. Using cognitive interviewing with an initial version is recommended for detecting problems with translated items and finding phrases that are clear for respondents from the target country. More evidence for the construct validity of the ECQ might be obtained by combining survey research with other methods. We have determined four possible methodological directions that might benefit from the integration of ECQ results and from which the ECQ could be further validated: 1) experimental designs, 2) the use of physical measures, 3) association tasks and 4) qualitative research. Using the ECQ in research with an experimental design can provide insights into the possible role of defense mechanisms. In TMT research, it was found that a time factor influences the defense mechanisms that are used to handle death anxiety. Shortly after the experimental manipulation, respondents tended to use denial, which may
have resulted in lower scores on an EA instrument. In a second instance, for example after doing a short experimental task, accessibility of death thoughts increased and cultural world defense was activated as a way of handling EA (Steinman & Updegraff, 2015). To learn more about the possible influence of defense mechanisms on the ECQ, a comparison could be made between a control condition and an experimental condition, in which existential anxiety is triggered. In both conditions, half of the respondents could be asked to complete the ECQ directly after the experimental manipulation (or the alternative manipulation that is designed for the control condition). The other half of the respondents could complete the ECQ after a time delay, resulting in four groups of respondents that could be compared with regard to the level of EA. Considering that EA is highly related to death anxiety, it may be expected that the highest level would be measured in the experimental condition after a time delay. This research could also compare the scores on the three death anxiety items with those on the other items in order to gain more knowledge of the possible distinct place of death anxiety within the construct of EA. It can be expected that the death anxiety items, being the most concrete example of EA, elicit stronger defense mechanisms, and this would be in line with the finding from our validation study, that the correlation of these items with psychopathology measures is weaker than for the items of the ECQ in general.

In Chapter 2, we discussed the fact that EA has reflective as well as pre-reflective, bodily aspects. In this research project, we focused mainly on the reflective side of EA, since we made use of a self-reporting measure. Using physical measurements, like the respondent’s heart rate or galvanic skin response, may be helpful in learning more about pre-reflective aspects of EA. Respondents could, for example, be confronted with short stories relating to the existential concerns that underlie the ECQ. Comparing the outcomes of the physical with the self-reporting measures could then give insights into the possible influence of denial as a defense mechanism.

Also helpful may be the use of implicit association task (IAT) measures, which are designed to test implicit associations between different categories. IAT entails respondents completing a task, for example, sorting words in different groups according to two contrasting target categories. It is expected that sorting is easier when the respondent has a strong association between a word and a target category. Differences in response times between conditions are used as an outcome measure (Teige-Mocigemba, Klauer, & Sherman, 2010). In an anxiety IAT, anxiety provoking words and neutral words may, for example, be sorted between the target categories ‘anxious’ and ‘calm’ (Egloff & Schmukle, 2002). Shorter response times to words that are related to the existential concerns from our theoretical model may indicate that
these words are more strongly implicitly associated with anxiety. In former research projects with patients with anxiety and/or mood disorders, IAT measures proved to be a predictor of the course of symptoms, next to the results of self-reporting measures (Glashouwer, de Jong, & Penninx, 2012).

Finally, qualitative data would also be of great value in understanding EA. Items of the ECQ may be used as the starting point for in-depth interviews with respondents about their experiences with EA. Their ECQ results could give more insight into individual differences in EA, the possible place of subfactors, and their interrelatedness. Respondents may be asked to which extent they recognize different aspects of EA, and how an increase in anxiety for the finiteness of life relates to feeling connected to other people.

Although the psychometric qualities of the ECQ need to be more fully explored, the results from our study seem promising enough to justify its use in Dutch samples from the general population and with persons with anxiety and/or mood complaints. One example of its use in clinical research would be to deliver the questions to patients with anxiety and/or mood complaints at different moments in the treatment process, together with measures for psychiatric complaints. This usage may provide more insight into the interrelatedness of psychopathology and EA. Questions that might be examined are: Do levels of EA indeed decrease as the patient recovers from psychopathology, or do some patients still suffer from high levels of EA after (partial) recovery? Another possible question to further examine is the extent to which EA is a predictor of treatment results.

Further research is also needed to discover which interventions can best be used to treat people who suffer from EA. The content of Chapter 7 was published in the Dutch journal of behavioral therapy, and one of the central questions examined was whether cognitive behavioral therapy might also be effective in helping people who suffer from EA. Our paper elicited a reply from two well-known experts from the field of behavioral therapy, who claimed that behavioral therapy from the first and second generation is sufficient for the treatment of EA, and that it is not necessary to use additions from the third generation, for example Acceptance and Commitment Therapy, or from existential psychotherapies. This discussion may be brought to the next stage through effect studies with the ECQ. In addition to the question as to which interventions are the most effective for which patients, such studies may also give more insight into the role of intermediary variables, for example, whether an increase in mindfulness ameliorates suffering from EA.

176
8.5 Implications for clinical practice
Several respondents from our clinical sample told us that they found completing the ECQ a valuable experience and that they recognized the items as a description of the problems for which they were seeking help. One of them wrote at the end of the questionnaire: “Good that research is done on the most important questions of life”. The positive reactions of several respondents alludes to the possibility of using the ECQ in clinical settings to gain greater perspectives into the experiences of an individual patient. A patient may, for example, be asked to complete the ECQ at the beginning of therapy. The therapist could then use the answers to ascertain the place EA has in the life of the patient and to begin discussions on different aspects of EA. After a period, the client could once again complete the ECQ, and the results can be compared with the first responses to determine to which extent the experience of EA has changed during the therapy. The results of our study confirm our clinical experience that patients with psychiatric complaints also struggle with existential concerns to a greater extent than most people in general. Addressing these issues in therapy is recommended. Although it is still unclear whether such attention to EA relates directly to treatment results, paying attention to questions that are of utmost importance to patients is a prerequisite for building a good working alliance, which is, in turn, a prerequisite for positive therapy results (Norcross & Wampold, 2011). Even when EA is not the focus of therapy, it seems wise for the therapist to ensure that all questions can be addressed in psychotherapy, including questions regarding the existential aspects of life. A therapist needs to be able to reflect on his or her own stance toward existential anxiety, and to be comfortable speaking with the patient about existential questions. Otherwise, the possible activation of defense mechanisms in reaction to the confrontation with existential questions might hinder an open therapeutic conversation. Therefore, it is vital that existential issues are covered in schooling, supervision and peer-to-peer coaching of therapists.

As we already discussed in Chapter 7, for a percentage of the patients struggling with EA, these anxieties might vanish when their psychopathology is successfully treated. For this reason, it seems prudent to start with treating the psychiatric complaints with evidence-based treatment methods, unless the patient specifically requests for help with existential issues, and it seems plausible that paying attention to these issues will lead to an improvement in functioning. For these last group of patients, and for patients who still struggle with existential issues after having received the recommended evidence-based treatment methods, a form of existential psychotherapy might be recommended. To date, the meaning therapies are best substantiated with empirical evidence for helping patients to handle existential
concerns (Vos et al., 2016). These therapies have shown to be effective in somatic settings, therefore, they should be available for patients with severe and/or chronic somatic complaints, and at least should be considered for psychiatric patients who request help with regard to existential concerns. Meaning therapy will not always be available or its application may be limited by regulations. In this case, considerations should be made towards the expansion of existing therapies with interventions that are directed at ameliorating existential suffering. In Chapter 7 we mentioned that, within the framework of cognitive behavioral therapy, there is some preliminary evidence for the usefulness of cognitive interventions, exposure and interventions from Acceptance and Commitment Therapy. Also mindfulness based cognitive therapy may be considered, since a mindful attitude has shown to be correlated with lower levels of death anxiety.

To conclude, EA is an important subject in the philosophy of psychiatry. It has been recognized in clinical practice, and psychotherapists have tried to meet the needs of people suffering from EA. These endeavours often have been criticized for lacking empirical support, and our study is part of a development that shows that the empirical methods of clinical psychology are useful in gaining knowledge about EA. The ECQ is one of the first EA self-reporting instruments that can be used in a clinical setting, and the first EA instrument specifically developed for a Dutch context. The next step of evaluating and improving the treatment methods will allow the needs of people suffering from EA to not be overlooked or untreated.

References


