

To be scared or scared to be:

Existential Anxiety as a Mediator between Meaning Experience and Depression

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Abstract

Difficulty in the experience of meaning has been both theoretically and empirically linked with depression. The present cross-sectional study first aimed to replicate the association between difficulty in meaning experience and depression in a sample of 77 psychotherapists and counsellors (77.1% female; M_{age} : 49; SD_{age} = 12.25). Secondly, this study wanted to extend the body of research findings by investigating whether existential anxiety, and focusing manner, i.e. the ability to attend to one's bodily felt experiences, mediated the relation between meaning experience and the severity of depression. Surprisingly, meaning experience did not show a significant association with severity of depression. Furthermore, existential anxiety mediated the association between meaning experience and severity of depression. Focusing manner showed no significant mediating role in the relationship between meaning experience and severity of depression. These findings suggest that existential anxiety might be an important underlying mechanism in depressive disorder. Addressing the anxiety evoked by existential questions in the patient's life might be important in the psychotherapeutic treatment of depression. Future prospective research is needed to further entangle the relationship between meaning experience, depression, focusing, and existential anxiety.

Introduction

Depression is one of the most prevalent psychological disorders affecting 280 million people worldwide (WHO, 2020). The lifetime prevalence of depression ranges from 10 to 15% (Lépine & Briley, 2019). In the DSM-5 (APA, 2013), depressed mood and a loss of interest are seen as the core features of depression. Other symptoms include a loss of energy, thoughts about death, guilt, worthlessness, sleep disturbances, weight or appetite changes, activity changes and fatigue, and problems with concentration. Interestingly, however, difficulties in the experience of meaning are not included as features of depression in the DSM-5. This is remarkable in light of the growing body of research suggesting that problems with meaning play a key role in depression. Cross-sectional survey-based studies in clinical and non-clinical populations of adults (Abu- Raiya et al., 2020; Huo et al., 2021; Volkert et al., 2014), for instance, have shown that the experience of meaning in life is negatively associated with the severity of depression. Patients with higher depressive symptoms showed significantly more difficulty in the experience of meaning, with small to medium effect sizes

(between $d = .30$ en $d = .60$). Moreover, in a two-month follow-up study, Mascaro and Rosen (2008) found that lower levels of meaning predicted higher levels of depression in a sample of 395 university students. Furthermore, a meta-analysis by Dekkers et al. (2020) showed a moderate negative association ($r = -.45$) between meaning and symptoms of depression among elderly.

Meaning in life itself is conceptualized in slightly different ways across humanistic and existential theories (May, 1958; Schneider & Krug, 2017; Wong, 2012; Yalom, 1980), but authors seem to agree on the fact that it refers to the ability to grasp *a sense of purpose, coherence and significance in life* (Costin & Vignoles, 2021; George & Park, 2017; Kim et al., 2022; Martela & Steger, 2016; Martela & Steger, 2022). Recently, ‘experiential appreciation’ was added to this tripartite model (Kim et al., 2022), an affective contributor to meaning that was also reflected in the definition of Wong (Bargdill et al., 2019; Wong, 2012).

The ability to experience meaning is considered a fundamental human need (Bugental, 1963; May, 1958; Rogers, 1951). Pioneering humanistic- existential psychologists balanced the focus on the potential of human being by acknowledging also the limitations of life (May, 1969). From this perspective, our experience of meaning is challenged by the givens of human existence, which are basic conditions that shape our lives, even if we are not aware of them (Bugental, 1963; May, 1969; Yalom, 1980). Although there is no general consensus on the exact set of existential givens in literature, the four *existential givens* as defined by Yalom (1980), inspired by May (1969) and Tillich (1952), have been empirically supported by recent studies (van Bruggen et al., 2017). These are the inevitability of death, the fundamental meaninglessness of human existence, our existential loneliness, and our freedom and responsibility to make choices and make meaning in our personal lives. The interpretation of these givens might be different depending on the cultural context (Hoffman, 2019). For example: In non-Western cultures, ‘freedom’ could represent the experienced liberty of a group, rather than freedom of the individual (Hoffman, 2019; Van Deurzen et al., 2019).

Within humanistic and existential approaches, meaning experience and difficulty in meaning experience are thought to be inextricably linked to the specific way people perceive and deal with these ultimate givens of life (Berra, 2021; May, 1969; Temple & Gall, 2018; Yalom, 1980). More specifically, in case of depression, the patient’s sense of purpose, which refers to the extent to which one perceives one’s life as directed and motivated by goals (Kim et al, 2022), is inhibited (Fuchs, 2019). Being able to have a sense of purpose is understood as an essential component of meaning experience, among other core components of meaning

experience: the sense of significance, the sense of coherence, and experiential appreciation (Kim et al., 2022; Martela & Steger, 2016). Some authors consider the sense of purpose as a prerequisite rather than a component of meaning. When a sense of purpose is understood as a predominant contributor to meaning, it is conceived as a central, self-organizing life aim that provides the person of a sense of meaning (Costin & Vignoles, 2021; Mc Knight & Kasdan, 2009).

The experience of purpose is also a central aspect in phenomenological descriptions of a depressive disorder. A sense of purpose stimulates a person to develop specific life goals and motivates to organize one's behavior in line with these goals (Fuchs, 2019; McKnight and Kashdan, 2009). This process of moving towards life goals is influenced by the way one perceives time (Fuchs, 2019).

Fuchs (2019) conceives a depression as a 'decoupling' process, more specifically a decoupling of the inner time of the patient from the world time, as well as a decoupling of the individual from his environment. The two-fold decoupling process results in a psychophysiological stagnation of the patient (Fuchs, 2019). Fuchs (2019) argues that our sense of purpose shapes the way we perceive the past, present and future. Hence, when someone's sense of purpose is affected, the future may feel like a blank and monotonous landscape, without the aspirations that future life goals in normal circumstances would provide. In this blank, disoriented mode, the future is no longer seen as an open space of possibilities. In contrast, experiences are understood as merely influenced by the past (Angus and Greenberg, 2011; Berra, 2021; Fuchs, 2019; Greening, 2002, May, 1983; Van Deurzen, 2011). The patient's world assumptions, based on earlier negative experiences, are not tested and adjusted (Kelly, 1961). Consequently, depressed persons are caught up in a pessimistic, fatalistic view on themselves, for example: "I can't do anything right".

As all components of meaning are understood as closely intertwined (Kim, 2022), the loss of a sense of purpose might affect the other facets of meaning experience as well. Without goals that commit the individual to the future and his surrounding world, all actions may seem without matter or significance. Consequently, a second important component of meaning experience is affected. Furthermore, without goals to strive for, events in the past are no longer perceived as connected to events and experiences in the present and future, nor can they be framed into the broader scheme of things: The patient cannot see the pattern in his actions, feelings and actions throughout his life any more. In this way, also a sense of coherence, which is seen as a third important element of meaning experience, is missing

(Halford & Mellor, 2017; Kelly, 1991). Finally, the patient might also suffer from a loss of experiential appreciation, referring to engagement, interest, joy and satisfaction that could be distilled from the feeling of being more connected to the future and the environment, which is understood as a fourth contributor to meaning by some authors (Kim, 2022; Wong, 1998-2012). The depressed person withdraws from the world (Kelly, 1991). As a result of losing connection with the future and environment, the patient ‘slows down’, as Fuchs (2019) describes. This stagnation sets through on several dimensions of the patients’ life: socially, cognitively, affectively and bodily.

An existential- integrative approach (Hoffman, 2019; Krug, 2019; Schneider, 2019) recognizes the importance of attuning to the multiple dimensions and specific cultural expressions of patient problems. In the current study, the affective and bodily features of depressive disorder will be discussed in more detail in relation to the experience of meaning.

Problems in the Experience of Meaning and Depression: Existential Anxiety as a Mediator

Despite the fact that the link between problems in the experience of meaning and depression is well established empirically, far less is known about the psychological mechanisms that may underlie the relationship between meaning experience and depression.

Fuchs (2019) argues that the absence of any direction towards future goals or towards the environment that characterizes depression disorder has a direct impact on the bodily and affective dimension of human experience. With regard to the affective impact, the loss of a sense of purpose in life, and broader meaning in life itself, may catalyze a diffuse and deep-rooted anxiety. This kind of anxiety is referred to by *existential anxiety* (Tillich, 1952). According to Tillich (1952), existential anxiety occurs in moments in which we are aware of our own mortality (death anxiety), as well as in the idea of life having no ultimate meaning. A breakdown of meaning (or ‘ontological death’ in Heideggerian terms) does not only occur at the end of one’s life, but strikes us at numerous times throughout the span of our lives. We ‘die’ whenever our ability to make sense of the world and ourselves collapses (Heidegger, 1927/1962). Existential anxiety is anxiety about existence itself, which is expressed in feelings of powerlessness, emptiness or groundlessness in confrontation with the existential givens (Temple and Gall, 2018). Also, the future is typically experienced as an impending danger or doom (Fuchs, 2019).

Existential anxiety is often induced by life events of loss (Arredondo & Caparrós, 2019) as they remind us of the existential givens: The loss of a loved one, a life threatening illness, natural disasters, but also small daily hassles (e.g., the breaking of a cup), may make us suddenly realize that our life is finite, that we are fundamentally alone and that we are free yet responsible to create meaning in our lives ourselves. This existential awareness can influence psychological functioning profoundly (Arredondo & Caparrós, 2019). On the one hand, reflections on the existential challenges that these givens present to us, are part of normal psychological functioning, and can be adaptive (Berra, 2021). For example, the inevitable finiteness of our lives, can makes us appreciate our life more and can motivate us to engage in our life to the fullest. It may even give rise to a feeling of deep respect or 'awe' for our existence (Schneider, 2022). Yet, on the other hand, when one's ability to grasp meaning in life is limited, the confrontation with the givens of life might also feel overwhelming (Yalom, 1980). In fact, if someone's possibility to experience meaning is limited, and the basic concerns of life are perceived as a constant threat, this might make one more vulnerable for existential anxiety (Schumaker, 2012; Tillich, 1952). In this case, one may feel overwhelmed, nullified and incapable in responding to the existential questions that are uncovered by emotionally or physically threatening life experiences (Berra, 2021; Schumaker, 2012).

Thoughts and feelings related to the challenge to find meaning might become dysfunctional when one gets stuck in a narrow view on existence (Berra, 2021; Greening, 1992). In this narrow mode of functioning one may expect for instance, that something bad may happen any moment, or that death is just around the corner, although there is no objective physical danger. One may also feel that one's life has no meaning, in the light of our inevitable mortality, and therefore live reckless, or the opposite: one may shut oneself off from the world and not live at all (Greening, 1992). As May (1977) explains, by avoiding anxiety-inducing experiences, a person cuts off opportunities for self-actualization and growth. From his perspective, anxiety originates from the gap between the reality and the expectations (e.g. dreams, desires, plans) of a person (May, 1977). It is only by living the experiences that are associated with anxiety, that one develops as a person (May, 1977).

The latter idea presents possibly explains why existential anxiety and depression appeared to be related. When people chronically avoid experiences that evoke existential anxiety, they might be derived from the motivation to bridge the possible discrepancy between their desires and the observed reality (May, 1977). Rather than testing and expanding

their views about themselves and the world, depressed individuals tend to operate within a narrowed field, to avoid the anxiety that accompanies new experiences (Kelly, 1961). This chronic narrowed perspective on existence, where one has to bear a constant feeling of powerlessness in the face of the existential givens, may eventually transform into apathy and depression (Greening, 1992, May, 1983; van Deurzen, 2011). The affective cluster of the DSM-5 criteria for major depressive disorder, i.e. the loss of interest, apathy, and guilt, might reflect this impairment at the emotional dimension.

Various cross-sectional survey-based studies and experimental studies have shown that meaning experience and existential anxiety are indeed associated. People who find meaning in social relationships, culture, or religion appear to experience less existential anxiety than individuals who lack meaning in life (for an overview, see Kesebir & Pyszczynski, 2014). Furthermore, cross-sectional studies in both clinical and in non-clinical populations have shown that elevated existential anxiety is associated with higher levels of depression, (Iverach et al, 2014; Ongider and Eyabugly, 2013; Thorson and Powell, 2000; Weems et al., 2004). However, empirical findings about the interplay of these three variables are lacking. There are, to our knowledge, no empirical results on the explanatory role of existential anxiety in the relation between meaning experience and depression. In the current study, we want to investigate whether existential anxiety mediates the association between meaning experience and severity of depression.

Problems in the Experience of Meaning and Depression: Focusing Manner as a Mediator

The inevitable finiteness and subsequent fragility of human life, and the anxiety that the realization of our mortality evokes, stems from the fact that we are bound to our bodies (Vos, 2015). Human experience is mainly an embodied experience, since it is through our bodies that we interact with ourselves, others and the surrounding world (Danielsson & Rosberg, 2014). In this interaction, we make sense of our experiences (Gendlin, 1962). Consequently, the process of meaning making also involves an embodied bottom-up process.

The idea of meaning-making as a process that is inextricably linked to our embodied experience is also present in Fuchs' phenomenological description of depression. As noted, according to Fuchs (2019), a loss of purpose, and broader a sense of meaning, may lead to a psycho- physiological slow- down or stasis. This deceleration perpetuates on all dimensions

of human existence, including physical functioning (Fuchs, 2019), as they are inextricably linked with each other. In depression, the body is no longer experienced as accessible for the individual as a medium to interact with oneself, others, and the surrounding world (Fuchs, 2019). Since meaning is created within this interaction (Gendlin, 1973), an important source of meaning is closed off. As a result of this disconnection, depressed patients actually start to live 'slower', according Fuchs (2019): they experience their body as 'slowed down' or 'blocked'.

The qualitative study by Danielsson and Rosberg (2014) in 11 depressed adults illustrates this disconnection of the body versus the individual and the world very clear. The participants experienced their body "as a machine" or "an appendage" and reported how "they mainly live in their heads, while the body is bound to take the back seat." The somatic cluster of the DSM-criteria (APA, 2013) of depressive disorder might reflect this physical deceleration: the patient suffers from a general loss of vitality and a loss of appetite, disturbed sleep, fatigue, weight loss or gain,...

Based on these arguments, depression seems to be characterized by a decoupling between the individual and his body, which results in a decoupling from the outside world. Gendlin (1973- 1996) developed a therapeutic method to help clients to attune and (re)connect more to their bodily felt sensations, which he called *focusing*. A *focusing attitude or focusing manner* refers to the ability to make use of the own body to make sense of one's experiences (Gendlin, 1996). Phenomenological theory (Fuchs, 2019) and qualitative empirical findings (Danielsson and Rosbergs, 2014), suggest that patients suffering from depressive disorder suffer from difficulties in contacting their bodily felt experiences.

Earlier research suggests that people tend to feel better when they have a good contact with the bodily felt appraisal of their life experiences: In a review of 19 studies among clients with a broad range of problems, Aoki and Ikemi (2014) reported that a focusing manner is associated with lower psychological distress, more self-actualization and resilience. A recent cross-sectional survey based study of Vanhooren et al. (2022) among Belgian and Dutch focusing trainers, indicated that a better focusing manner was associated with less existential anxiety, less psychological distress, and more meaning.

However, Fuchs' (2019) theory about depression, connecting meaning experience and the ability to attend to the body to make sense of one's experiences to symptoms of depression, was not tested before. Hence, there is a need for empirical research concerning the

interplay between the meaning in life, existential anxiety, the ability to connect to the bodily felt experience and depression. Particularly, findings about the potential mediating role of the ability to attend to the bodily felt experience, or focusing, in the relation between meaning and depression are lacking. Difficulty to connect to the body to make sense of one's life experiences, i.e. difficulty in adopting a focusing manner, is a potential pathway in the explanation of the relationship between difficulty in meaning experience and severity of depression.

The Present Study

The first aim of this study was to replicate findings concerning the association between meaning and depression in a sample of Belgian and Dutch psychotherapists and counsellors ($N=77$). Psychotherapists and counsellors are known to be particular at risk for mental health problems such as depression (Kleespies et al., 2011, Mi Kyoung Lee et al., 2020). In line with earlier research findings (Abu- Raiya et al., 2020; Huo et al., 2021; Volkert et al., 2014), we hypothesize that the experience of meaning is negatively associated with severity of depression.

Second, we aimed to extend this body of research by further exploring the role of existential anxiety and the ability to attend to the bodily felt experience in the association between meaning experience and depression. Specifically, based on the literature reviewed above (Fuchs, 2019, Tillich, 1952), we expected that the relationship between the experience of meaning and severity of depression was mediated by both existential anxiety and by the degree to which one attends to one's bodily felt experiences, which is called 'focusing manner', within a parallel mediation framework. Gaining a deeper understanding about the pathways through which problems in the experience of meaning are related to symptoms of depression might help to improve the psychotherapeutic treatment of depressive disorder.

Method

Participants and Procedures

The participants of this study were psychotherapists and counsellors enrolled in an online postgraduate course on Existential Well-being. Participants for this study were recruited by means of the platform of the online course. All students of the course received an

invitation to participate in the study, accompanied by information about the protocol and aim of the study. They could not obtain credits by participating in the study. Data were collected between October 2019 and December 2019. The 93 psychotherapists and counsellors who chose to participate in the study, were offered an informed consent, followed by an online questionnaire. A total of 77 of the 93 participants completed the questionnaire: 13 participants stopped immediately after opening the questionnaire, one participant stopped after completing the PHQ and the MiLM, and another two stopped after completing the PHQ, MiLM and ECQ.

Participants were on average 49.06 years old ($SD = 12.25$) and 68.82% were female. Regarding their relational status, 67.74% were married or cohabitating and 36.65 % had children. The online course is a Dutch spoken course, resulting in 80.22% of the participants coming from Belgium, 18.07% from the Netherlands, and one participant from Bulgaria. The participants were mostly highly educated: 4.84% obtained a doctoral degree, 77.11 % were graduated with a master's degree, 16.87% held a bachelor's degree, and for 1.2% of the participants secondary education was the highest degree. The study was approved by the Ethical Review Board (G- 2019 05 1647). The study was pre-registered on OSF: https://osf.io/2k8gy/?view_only=c5f6adcfda784d7cb7514c80244789cf

Measures

The brief *Patient Health Questionnaire* (PHQ- 9; Kroenke, Spitzer, & Williams, 2001) is a shortened version of the PHQ, which assesses the severity of symptoms of depression. The nine items represent symptom criteria of major depressive disorder (e.g. item 2 “feeling down, depressed, ore hopeless”). Items are scored from 0 (not at all) to 3 (nearly every day), depending on how often the respondent was bothered by the particular symptom the last two weeks. The PHQ-9 showed an acceptable reliability in our sample ($\alpha = .79$).

The *Meaning In Life Measure* (MiM; Hill et al., 2018) is composed of eight items assessing two subscales: (1) the MiLM-Experiencing, or the extent to which people experience meaning in their lives (e.g., “I experience my life as meaningful”); and (2) the MiLM-Reflection, or the extent to which people reflect on meaning-related questions (e.g., “I often reflect on issues related to meaning in life). Both scales contain four items that are scored on a 9-point Likert scale ranging from 1 (I strongly disagree) to 9 (I strongly agree). The MiLM showed a good reliability in the present study ($\alpha = .83$).

Existential anxiety was measured by the Dutch version of the *Existential Concerns Questionnaire* (ECQ; van Bruggen et al., 2017). This questionnaire contains 22 items that

have to be rated on a 5- point Likert scale ranging from 1 (never) to 5 (always). The measure is composed of three subscales that assess, respectively, the degree of general existential anxiety (e.g., “The question whether life has meaning frightens me”, item 1), death anxiety (e.g., “It frightens me that at some point I will be dead”, item 6), and avoidance of existential themes (e.g., “I try to push away the thought that life will end”). The ECQ showed a good reliability in the present study ($\alpha = .89$).

The *Focusing Manner Scale* (FMS; Aoki & Ikemi, 2014) assesses the focusing attitude or the degree to which people attend to their embodied experience or ‘felt sense’ in daily life situations as well as the extent to which they act from this bodily awareness. The FMS contains 25 items (e.g., “I can sense a variety of feelings in my body” and “When talking to someone I check with my inner sense to know the right things to say”) that are scored on a 4-point Likert scale, ranging from 1 (never) to 5 (often). Since the participants of this study were Dutch speaking, a Dutch translation (using back translation) of the FMS was used. The FMS showed a good reliability in the present study ($\alpha = .87$).

Analytic Strategy

Data were analyzed using IBM SPSS statistics 27. Before testing the hypotheses, the assumptions of normality (the residuals of the predicted values of the dependent variable, severity of depression, by the independent variables, meaning experience, existential anxiety, and focusing manner, are normally distributed), linearity (the effect of meaning in life, existential anxiety and focusing manner, on severity of depression, is equal for the lower and the higher values of depression), heteroscedasticity (the values of one variable are equally distributed over the other measured variables) of the model were checked, to interpret the results of this study accurately. Checking the assumptions is seen as particularly important because of the small sample size of this study. First, standardized residuals of estimation were plotted against the standardized predicted values of depression, and the Durbin-Watson Statistic (Durbin & Watson, 1950) was computed to check the assumption of heteroscedasticity. To check linearity, the LOESS (Locally Estimated Scatterplot Smoothing) curve (Cleveland, 1978) was plotted. Furthermore, the expected values of the standardized residuals were plotted against the observed values of depression, to interpret the assumption of normality of the residuals. The influence of outliers on the model was measured by calculating the Cook’s (1979) distance. The Shapiro- Wilk (Shapiro & Wilk, 1965) statistic was computed to check if the residuals were normally distributed.

Standardized residuals were plotted against the standardized predicted values of depression. Variance in the residuals was slightly larger for the higher levels of depression, which indicates heteroscedasticity. Because of the violation of the assumption of homoscedasticity, the Durbin-Watson Statistic (Durbin & Watson, 1950) was computed also; the value of 2.06 did not exceed the range of 0-4, indicating no problematic level of independence of the residuals. Furthermore, the LOESS curve showed no giant departures from the mean, indicating that the assumption of linearity is met. Next, concerning the influence of outliers on our model, two cases were investigated more closely, since they exceeded the 3.0 multiplying rule of interquartile range, which is used as an indication of strong outliers (Dovoedo & Chakraborti, 2014). Therefore, the Cook's distance, as an indication of the influence of outliers on the whole model, was computed. The maximum Cook's distance was 0.22, remaining far below the accepted 1.5 norm. Consequently, no outliers had a substantial influence on our model. Finally, the expected values of the standardized residuals were plotted against the observed values, indicating a small deviation for the higher levels of depressive symptoms. Additionally, the Shapiro-Wilk statistic was computed, showing a significant departure from normality ($W(77) = .89, p < .01$). The violation of the assumption of normally distributed residuals is seen as a limitation of the study. Consequently, the results of the study must be interpreted with caution, taking into account possible influencing parameters that are specific for the current sample, as described in the limitation section.

As literature indicates that gender and relational status are associated with depression (Grundström et al, 2021; Van de Velde et al., 2010), these variables were included as control variables. Means, standard deviations, and bivariate correlations of the predicted variable, severity of depression, with the predictor variables (meaning experience, existential anxiety and focusing manner), and the demographical variables, (gender and relational status), were computed. To check multicollinearity, variance inflation factors (VIF) for the control variables and predictor variables were computed.

Subsequently, the mediation hypotheses were tested using the PROCESS extension in SPSS (Hayes, 2013). We tested the mediation of the relationship of meaning experience and severity of depression by existential anxiety and focusing manner as parallel mediators. Missing data were handled by listwise deletion.

Results

Preliminary Analyses

Meaning experience and focusing manner had no significant correlation with severity of depression symptoms (see Table 1). In addition, existential anxiety was negatively correlated with meaning experience, focusing manner and depressive symptoms. Relational status showed a positive correlation with severity of depression, whereas gender showed no significant correlation with severity of depression (Cohen, 1988). An independent samples t-test indicated that the difference in mean depression score between men ($M = 2.8889$; $SD = 2.39826$) and women ($M = 4.3051$; $SD = 3.77950$) was non-significant ($t(83) = -1.497$; $p = .86$).

Primary Analyses

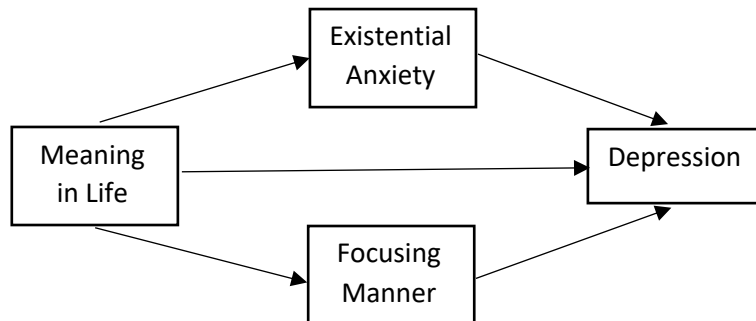
None of the partial correlations exceeded the cut off of $r = .80$ (Bergqvist et al., 2020). In addition, the variance inflation factors (VIF) for the control variables and predictor variables were far below the generally used cut off value of 5 (Craney & Surles, 2002) indicating that multicollinearity does not pose a problem in the present dataset (see Table 2).

With regard to the first research question, about the replication of the association between meaning experience and severity of depression, no significant association was found between these two variables. The direct path from meaning experience to severity of depression was not significant ($\beta = -.0039$; $p = .9319$; $C.I.: [-.0861; .0938]$) (see Figure 1).

To address the second research question, a model with existential anxiety and focusing manner as parallel mediators in the relation between meaning experience and severity of depression was tested. The indirect path of meaning experience to severity of depression through the first mediator, existential anxiety, was significant ($\beta = -.0481$; $S.E. = .0204$; $C.I.: [-.0901; -.0112]$), whereas the indirect path of meaning experience to severity of depression through the second mediator, focusing manner, after controlling for gender and relational status, was not ($\beta = -.0155$; $S.E. = .0215$; $C.I.: [-.0618; .0270]$). (see Figure 1). The mediation model accounted for 16 % of the variance in depressive symptoms.

Figure 1

Mediation model with existential anxiety and focusing manner as parallel mediators



Direct effect: $-.0039$ (n.s.)

Total indirect effect: $-.0636$ (s.)

Note. This figure depicts the direct effect of meaning experience on severity of depression and the total indirect effect of meaning experience on severity of depression through existential anxiety and focusing manner. The total indirect effect is the sum of the indirect effect of meaning experience through existential anxiety and the indirect effect of meaning experience on severity of depression through focusing manner.

Discussion

The first aim of this study was to replicate the association between the experience of meaning and the severity of symptoms of depression in a sample of 77 Belgian and Dutch psychotherapists and counsellors. Secondly, this study aimed to investigate whether existential anxiety and the ability to attend to bodily experiences (i.e., ‘focusing manner’) mediate the relationship between the experience of meaning in life and the severity of symptoms of depression.

With regard to the first research question, the negative association of meaning experience with severity of depression was not replicated in this study. Concerning the second research question, a significant mediation of the relationship between the experience of meaning and severity of depression by existential anxiety was found. These findings suggest

that less meaning experience might lead to more existential anxiety and subsequently to more severe symptoms of depression. Surprisingly, focusing manner showed no significant mediating value in the relationship between the experience of meaning and depressive symptoms: the pathway of meaning experience through focusing manner to severity of symptoms of depression showed to be non-significant.

These results only partially align with humanistic and existential theory. First, the results of this study indicate that difficulty to experience meaning is related to existential anxiety, which supports the theory of Tillich (1952). Secondly, these findings support the idea of existential anxiety as a prerequisite for depressive disorder, which is in line with existential literature as well (Tillich, 1952, Weems et al., 2004, van Deurzen, 2011). The most remarkable result in this study is that the effect of the experience of meaning on the severity of depression runs entirely through existential anxiety. This means that existential anxiety absorbs the effect of difficulty in meaning experience on the severity of depression. Further longitudinal research is needed to further entangle the relationship between the experience of meaning, existential anxiety and depressive symptoms.

This study contributes to a better understanding of the role of existential anxiety with regard to depressive symptoms. The results indicate existential anxiety as an underlying mechanism for this disorder. This finding might have important clinical implications for the treatment of depression. Concerning the psychotherapeutic treatment of major depressive disorder, this means that addressing the existential anxiety and the specific themes in the patient's life story that are associated with this anxiety, might be a prior aim in the attempt to ease the symptoms of a depression. In addition, clinical assessment and diagnosis should also take into account the personal life story of the patient, to attune to the heterogeneity of depression disorder. The approach of attending to the existential dimension of the patient's problem, is central in existential therapies (Schneider & Krug, 2017). Future research is

needed to investigate the effectiveness of existential practices specific for major depressive disorder.

Nevertheless, this study comes with some limitations as well. First, as the current study has a cross-sectional design, we cannot make causal inferences about whether existential anxiety predicts depressive symptoms or the other way around. Future research with a longitudinal design may provide more information about the direction of the relation between existential anxiety and depressive symptoms. Furthermore, as data were collected using self-report measures, a bias of social desirability must be taken into account when interpreting the results. An experimental design could provide a more reliable assessment of existential anxiety and embodied experience.

A second limitation of the study is the limited sample size ($N = 77$). In addition, the fact that the participants of this study were enrolled in a course on existential well-being, might have increased the bias in our data: all participants shared a specific interest in existential themes. The participants also shared a high education level. This bias might explain the former mentioned violation of the assumption of normally distributed residuals of estimation of depressive symptoms scores. The size and homogeneity of our sample might also explain why we found meaning in life to have no significant association with depressive symptoms, whereas the connection between meaning in life and depressive symptoms is documented in previous research. For these reasons, our results cannot be generalized to the population without further research on these factors. Furthermore, using a clinical sample instead of a sample of psychotherapists and counselors might reveal other relations between meaning in life, existential anxiety, focusing manner and depressive symptoms. Finally, future research with a qualitative design is needed to obtain an in depth understanding of the interplay of existential anxiety, meaning and focusing in case of the depressive disorder.

Conclusion

The results of the current study point to existential anxiety as a potential underlying emotional mechanism in the relation between difficulty in meaning experience and severity of depression. These results suggest that addressing the existential anxiety that appears to be inherent in depression might be an interesting approach concerning the psychotherapeutic treatment of this mental disorder. Longitudinal research is needed to further investigate the relationship between existential anxiety, difficulty in meaning experience and severity of depression, and the effectiveness of psychotherapies with a focus on the existential anxiety in the treatment of depressive disorder.

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Appendix

Table 1

Means, standard deviations and bivariate correlations for study variables

Measure	M	SD	1	2	3	4	5	6
1. Gender	–	–	–	.028	-.032	.078	.025	.170
2. Relational status	–	–	.028	–	.103	-.047	-.098	.261*
3. Meaning in Life (1-9)	7.500	1.074	-.032	.103	–	.404**	-.336**	-.171
4. Focusing Attitude (1-5)	3.2681	.3263	.078	-.047	.404**	–	-.357**	.099
5. Existential Anxiety (0-5)	1.1244	.4614	.025	-.098	-.336**	-.357**	–	.397**
6. Depressive symptoms (0-27)	3.9740	3.5429	.170	-.261*	-.171	.099	.397**	–

Note. $N = 77$, * $p < .05$. ** $p > .01$.

Table 2

Multicollinearity Analysis by means of the Variance Inflation Factor (VIF)

	VIF
Gender	1.02
Relational status	1.03
ECQ	1.22
MILM	1.28
FMS	1.31