Pakistan Journal of Positive Psychology

Print ISSN : 3078-6428 | Online ISSN : 3078-6436
Pakistan Journal of Positive Psychology

Original Article

EXISTENTIAL ANXIETY, RELIGIOSITY, AND QUALITY OF LIFE IN ADULTS

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KEYWORDS:
Existential Anxiety, Religiosity, Quality of Life

CITE THIS ARTICLE:
Batool, A., & Fatima, H. (2026). Existential anxiety, religiosity, and quality of life in adults. Pakistan Journal of Positive Psychology, 3(9), 147-153.

ABSTRACT

The main objective of this study was to investigate the relationship between existential anxiety, religiosity, and quality of life in adults. A correlational research design was used to explore the associations between the variables. A sample of 300 individuals, aged 21 to 40 years, was selected using a non-probability convenience sampling technique. To assess the variables, the Existential Anxiety Questionnaire, the Islamic Behavioral Religiosity Scale, and the Quality of Life scale were administered. Data were analyzed using SPSS through Pearson product-moment correlation, multiple linear regression, and independent samples t-tests. The findings revealed that existential anxiety was negatively associated with QoL, while religiosity showed a significant positive relationship with QoL. Both existential anxiety and religiosity significantly predicted quality of life, with religiosity emerging as a stronger predictor. Demographic variables such as age, gender, marital status, education, socioeconomic status, family structure, and residential background were also examined for their influence on the variables. Independent sample t-test results showed that males reported significantly lower existential anxiety and higher QoL than females, whereas females scored higher on religiosity. These findings underscore the importance of addressing existential and spiritual dimensions in psychological interventions aimed at enhancing adult well-being. Implications suggest that enhancing religiosity and reducing existential anxiety can improve quality of life, and mental health programs may benefit from including spiritual and existential components.

I. INTRODUCTION

In the complex landscape of adult psychological development, individuals often confront profound questions concerning the meaning, purpose, and inevitability of death dimensions that fall under the umbrella of existential anxiety (EA). Existential anxiety is distinguished from everyday stressors as it arises from fundamental human concerns such as mortality, freedom, isolation, and meaninglessness (Yalom, 1980). As adults progress through life, particularly in transitional or crisis phases, existential questions become more salient, often influencing their psychological functioning and worldview. Amidst these existential concerns, religiosity emerges as a salient coping mechanism. Religiosity, which encompasses beliefs, practices, and personal commitment to a religious worldview, offers existential security and moral guidance (Pargament, 1997). QoL has gained increasing attention, this broad and multidimensional construct encompasses physical health, psychological state, level of independence, social relationships, personal beliefs, and their relationship to salient features of the environment. This study aims to investigate these variables within the adult population, providing a nuanced understanding of how existential fears and religious commitment collectively influence perceived life quality.

Existential Anxiety

Unlike neurotic or situational anxieties, which are triggered by identifiable external threats, existential anxiety is more pervasive and philosophical in nature. It stems from the realization of one's finite existence and the inherent uncertainties of life, evoking a deep sense of vulnerability, dread, and internal conflict. In the field of psychology, Irvin Yalom (1980) synthesized these philosophical ideas into clinical constructs, identifying death, freedom, existential isolation, and meaninglessness as the "ultimate concerns" that underlie existential anxiety.In the context of adulthood, existential anxiety tends to intensify during life transitions, crises, or exposure to mortality-related events. Studies have shown that middle and late adulthood are particularly sensitive periods for existential reflection, as individuals confront aging, loss, and questions about legacy and purpose (Längle, 2015). Moreover, cultural and religious worldviews significantly influence how existential anxiety is interpreted and managed. As a field of inquiry within the social sciences, existential anxiety is gaining attention for its relevance to mental health, life satisfaction, and spiritual well-being.

Religiosity

Religiosity, as studied in the social sciences, refers to the degree and nature of an individual's religious beliefs, practices, commitment, and experiences. It is a multidimensional construct encompassing personal faith, institutional affiliation, religious behaviors, and the subjective importance of religion in one's life (Glock & Stark, 1965). Religiosity has examined as a protective factor in the context of stress, anxiety, and existential concerns. It often provides individuals with a cognitive framework to interpret suffering, death, and uncertainty, thus serving as a coping mechanism (Pargament, 1997). Religious beliefs can offer comfort by presenting life as purposeful and suffering as meaningful or redemptive. Empirical studies have consistently shown that religiosity is positively associated with life satisfaction, psychological well-being, and lower levels of depression and anxiety (Koenig, McCullough, & Larson, 2001). In culturally religious societies such as those in South Asia, the Middle East, and parts of Africa religiosity is deeply integrated into everyday life and identity. In such contexts, religious affiliation and observance are not only individual choices but also social expectations that structure interactions, norms, and even public life. Therefore, the study of religiosity in adult populations, particularly in societies where religion forms a core aspect of cultural identity, is vital for understanding its broader psychological and social implications.

Quality of Life

QoL is a broad, multidimensional concept that encompasses an individual's subjective evaluation of their physical, psychological, and social functioning, in the context of their goals, expectations, values, and cultural setting. In medical and psychological research, QoL is increasingly regarded as a crucial outcome variable, particularly in evaluating the impact of disease, disability, and psychosocial factors on an individual's overall well-being. It extends beyond traditional clinical indicators to capture how individuals feel about their health and life circumstances (The WHOQOL Group, 1995). Importantly, the determinants of QoL are diverse. In addition to health and functional status, QoL is influenced by psychological factors (e.g., stress, depression, existential anxiety), social support, spirituality or religiosity, and socio-economic conditions (Diener, Suh, Lucas, & Smith, 1999). For adults especially, life satisfaction and QoL are strongly shaped by perceived meaning, personal goals, emotional stability, and a sense of social connectedness. In culturally and religiously embedded societies, such as those in South Asia and the Middle East, spiritual and religious dimensions significantly shape how individuals interpret adversity and define life satisfaction. In the context of this study, understanding how existential anxiety and religiosity influence QoL in adults can provide deeper insight into the psychological and spiritual dimensions of well-being offering implications for both clinical practice and community-based interventions.

Theoretical Framework

This study is grounded in three major psychological theories that provide the foundation for understanding the dynamics among existential anxiety, religiosity, and QoL in adults. The concept of EA is derived from existential philosophy and psychology, particularly the works of Søren Kierkegaard, Martin Heidegger, and Irvin Yalom. Existential theory posits that human beings are uniquely aware of their own mortality, freedom, and isolation, which leads to a form of anxiety known as existential anxiety (Yalom, 1980). This anxiety stems from confronting four "ultimate concerns": death, freedom, isolation, and meaninglessness. According to Yalom (1980), failing to address these concerns can result in psychological distress and a diminished sense of well-being, thereby negatively affecting QoL. Terror management theory, developed by Greenberg, Pyszczynski, and Solomon (1986),

provides a key theoretical explanation for the relationship between religiosity and existential anxiety. Terror managment theory posits that awareness of the inevitability of death creates potential for overwhelming terror, which individuals manage through the development of cultural worldviews including religious beliefs that provide meaning, order, and the promise of symbolic or literal immortality. Religiosity, therefore, acts as a protective factor that buffers individuals against existential anxiety. Belief in a higher power, life after death, and a moral structure offers existential security, reducing anxiety and enhancing overall well-being and life satisfaction (Pyszczynski, Solomon, & Greenberg, 2003). Terror management theory supports the hypothesis that higher religiosity leads to lower existential anxiety and improved QoL.

The WHO's QoL Framework (WHOQOL, 1995) conceptualizes QoL as a multidimensional construct that includes physical health, psychological well-being, social relationships, level of independence, environmental conditions, and spirituality/religion/personal beliefs. According to this framework, spirituality and personal beliefs are recognized as vital contributors to life satisfaction and well-being, particularly in cultural contexts where religion plays a central role. This model supports the notion that both religiosity and existential anxiety directly influence subjective QoL, through their impact on mental and emotional health, sense of purpose, and existential meaning.

II. METHOD

Participants

The study used a correlational research design, which allowed for the assessment of the strength of the relationship among the study variables. Non-probability convenience sampling was used to collect data from male and female adults. The sample comprised 300 adults aged 21 to 40 years. Participants were included if they were adults aged between 21 and 40 years and were willing to participate voluntarily and provide informed consent. Individuals with a diagnosed severe psychiatric disorder (e.g., schizophrenia, bipolar disorder) that could affect their ability to respond reliably, and those undergoing major medical treatment (e.g., cancer, major surgery) that could significantly influence their psychological or quality of life measures, were excluded. The sample covered four age groups: 21-25, 26-30, 31-35, and 36-40 years. Regarding age distribution, the largest proportion of participants was between 21 and 25 years (38.7%), followed by those aged 26-30 years (37.7%), 31-35 years (20.3%), and 36-40 years (3.3%). In terms of gender, 115 participants (34.3%) were men, while 185 (65.7%) were women. Regarding educational qualifications, 159 participants (53.0%) held a bachelor's degree, 89 (29.7%) held a master's degree, and 52 (17.3%) had an intermediate education. In terms of marital status, 214 participants (71.3%) were unmarried, while 86 (28.7%) were married. Regarding family structure, 195 participants (65.0%) belonged to nuclear families, while 105 (35.0%) belonged to joint families. In terms of geographical affiliation, 237 participants (79.0%) were from urban areas, while 63 (21.0%) were from rural areas. Regarding socioeconomic status, the majority belonged to the middle class (69.3%), followed by the lower class (23.7%) and upper class (7.0%). Overall, the sample included adults from different age groups, educational backgrounds, marital statuses, family structures, and socioeconomic statuses, providing demographic diversity for examining the study variables.

Measures

The following measures were administered to the participants as research tools: the Informed Consent and Demographics Information Sheet, the Existential Anxiety Questionnaire (EAQ), the Islamic Behavioral Religiosity Scale (IBRS), and the Quality of Life Scale (QOL). The participants' written agreement to take part in the current research was obtained with informed consent. A demographic information sheet was constructed by the researcher to collect information from the participants regarding their age, gender, marital status, education, socioeconomic status, family structure, and residential background. The Existential Anxiety Questionnaire (EAQ; Weems et al., 2004) is a self-report instrument designed to assess the intensity of existential concerns related to death, freedom, isolation, and meaninglessness. The scientific method for carrying out this study is described in detail. The included topics include research design, sampling strategy, inclusion criteria, exclusion criteria, sample strategy, sample, sample characteristics, operational definition, assessment measures, procedure, and ethical considerations for data collection. The EAQ consists of 13 Likert scale items on which participants rate how much each statement applies to them. Researchers are able to quantify the existential fears that individuals experience because it captures the emotional and cognitive dimensions of existential anxiety. The EAQ has demonstrated

good reliability and validity in adult populations and is commonly used in psychological and clinical research exploring existential issues. The Islamic Behavioral Religiosity Scale (IBRS), which Chang-Ho C. developed Ji and Yodi Ibrahim in 2007, measures Islamic religiosity through observable behaviors and practices. This scale was later adapted and modified by Mariam Abou-Youssef, Wael Kortam, Ehab Abou-Aish, and Noha El-Bassiouny in 2011 to create the Modified Religiosity Scale. The modified version consists of 30 items designed to assess various dimensions of Islamic religiosity, such as daily religious practices, ethical conduct, and spiritual beliefs. It measures the intensity and frequency of religious attitudes and behaviors by employing a 5-point Likert scale that ranges from “strongly disagree” to “strongly agree.” The Quality of Life Scale (QOLS), originally developed by John Flanagan with 15 items, was modified to include a 16th item, “Independence, doing for yourself,” to address the importance of self-care in chronic illness groups. It uses a 7-point Likert scale to assess satisfaction across domains like well-being, relationships, and personal development, making it a valid tool for evaluating QoL in healthcare research.

Procedure

Participants were informed about the purpose of the study and assured of confidentiality. After obtaining informed consent, they were provided with a set of standardized questionnaires measuring existential anxiety, religiosity, and QoL. The data were collected in individual or group settings, depending on participant availability, and participants completed the questionnaires voluntarily without time constraints. All ethical guidelines for research involving human subjects were strictly followed.

III. RESULTS

Table I: Psychometric Properties of Study Variables

Variables	*N*	*M*	*SD*	Range		*α*
				Actual	Potential	
Existential Anxiety	13	6.92	2.4	0-12	0-13	.566
Religiosity	30	117.42	24.26	30-150	30-150	.94
Quality of Life	16	79.73	82.00	28-112	16-112	.90

Note. M=Mean; SD= Standard Deviation;Value; α= Cronbach apha

The above table shows the means, standard deviations, number of items, reliabilities, and maximum and minimum ranges of the assessment measures. Cronbach's Alpha was used in the reliability analysis for each assessment measure. For the Existential Anxiety scale, the reliability was .566, indicating moderate internal consistency. The excellent internal consistency of the Religiosity scale was reflected in its reliability of.94. The QoL scale showed a reliability of .90, also indicating high internal consistency. The assessment instruments' overall internal reliability ranged from acceptable to excellent.

Table II: Pearson Product Moment Correlation Indicates Association among Demographic Variables, Existential Anxiety, Religiosity and Quality of Life(N=300)

Variables	1	2	3	4	5	6	7	8	9	10
1. Age	--	-.458**	.456**	.121*	.092	.124*	-.084	.015	.248**	-.069
2. Gender		--	.454**	-.300**	-.133*	.010**	.097	.599**	.383**	.600**
3. Marital Status			--	.145*	.047	.105	-.071	.040	-.071	-.052
4. Education				--	-.098	.058	.026	.012	-.024	-.068
5. Socio-Economic Status					--	-.156**	-.018	-.006	-.183**	-.050
6. Family System						--	.116*	.065	.148*	-.033
7. Residential Background							--	-.171**	.146*	-.012
8. Existential Anxiety								--	-.554**	-.771**
9. Religiosity									--	.854**
10. Quality of Life										--

*p< .05, **p<.01

Pearson Product-Moment Correlation was conducted to examine the relationships among study variables: existential anxiety, religiosity, QoL, and demographic variables (age, gender, marital status, education, socio-

economic status, family system, and residential background). Results showed that age had a significant negative correlation with gender and a positive correlation with marital status. Family system showed a positive correlation with residential background and existential anxiety, while residential background was negatively correlated with existential anxiety and positively with religiosity.As for the main study variables, existential anxiety exhibited a strong and significant negative correlation with both religiosity and QoL, indicating that higher levels of existential anxiety were associated with lower religiosity and poorer QoL. Religiosity was strongly positively correlated with QoL, suggesting that individuals with higher religiosity tended to report better QoL.

Table III: Linear Regression Analysis of Existential Anxiety and Religiosity as Predictor of Quality of Life

Predictors	*B*	*SE*	*β*	95% CI LL	95% CI UL	*p*
Age	-1.562	1.520	-.088	.306	-4.560	1.437
Gender	1.787	2.776	.057	.521	-3.690	7.265
Marital Status	-1.642	2.675	-.050	.540	-6.919	3.635
Education	-.893	1.546	-.045	.564	-3.943	2.157
Socio-Economic Status	-2.351	2.480	-.072	.344	-7.245	2.542
Family System	.083	2.194	.003	.970	-4.246	4.411
Residential Background	-.149	2.677	-.004	.956	-5.430	5.132
Existential Anxiety	-.1.120	0.352	-.100	.175	-1.395	.003
Religiosity	0.854	0.030	.162	.538	-.060	.002
F			1.239			
R^2			.239			

Note. B = un standardized B, SE= Standardized Error

To determine whether existential anxiety, religiosity, and demographic variables predict QoL, linear regression analysis was carried out with SPSS Version 23. Higher levels of existential anxiety were correlated with lower QoL, as the findings demonstrated that existential anxiety was a significant negative predictor of QoL. It was discovered that religiosity was a positive predictor, indicating that a higher level of religiosity was associated with a higher QoL. There were no significant predictors among the demographic variables (age, gender, marital status, education, socioeconomic status, family system, and residential background). The overall model was statistically significant, explaining approximately 23.9% of the variance in QoL.

Table IV: Independent Sample T-Test Shows gender difference for Existential Anxiety, Religiosity and Quality of Life (N=300)

	Male (n=115)		Females (n=185)			
Variables	*M*	*SD*	*M*	*SD*	*p*	Cohen's d
Existential Anxiety	4.57	2.24	10.35	4.45	.021	1.53
Religiosity	108.42	23.98	121.85	23.22	.01	.57
Quality of life	78.99	5.60	66.95	8.92	.008	1.55

Note. CI= Confidence Interval; M= Mean; SD= Standard Deviation; LL= Lower Limit; UL= Upper Limit

An independent samples t-test was conducted to examine gender differences in existential anxiety, religiosity, and QoL. Equal variances were not assumed ($p > .05$). The results revealed significant gender differences in all three variables. Males reported lower existential anxiety, higher religiosity, and better QoL compared to females. The effect sizes ranged from moderate to large, indicating meaningful gender differences in existential anxiety, religiosity, and QoL.

IV.DISCUSSION

The present study demonstrated significant associations among existential anxiety, religiosity, and quality of life (QoL) in adults. Existential anxiety was negatively related to QoL, indicating that individuals with higher existential anxiety tended to report poorer life quality. These findings suggest that unresolved concerns such as fear of death, uncertainty, and lack of meaning may undermine overall well-being. The results are consistent with previous

research by Lin et al. (2022), which showed that existential distress negatively affects QoL, particularly among individuals facing serious health challenges. Similarly, Kalyani et al. (2020) emphasized that existential concerns diminish well-being. Religiosity was negatively associated with existential anxiety and positively associated with QoL, suggesting that religious beliefs may provide a framework of meaning, hope, and resilience. This is in line with Ahmed and Patel (2024) and Evram and Çakici Eş (2020), who highlighted the protective role of religiosity against existential fears. Borges et al. (2021) and Krägeloh et al. (2014) likewise reported that religious beliefs and practices enhance emotional well-being and inner peace, while Munawar and Tariq (2018) found that religiosity improves life satisfaction among Pakistani adults. The regression analysis partially supported the predictive hypotheses, as existential anxiety negatively predicted QoL while religiosity positively predicted it. These results are consistent with Davidov and Russo-Netzer (2022), who viewed existential anxiety as a disruptive force whose impact may be buffered by meaning-providing frameworks such as religiosity. Overall, the findings highlight the importance of addressing existential concerns and strengthening religious and meaning-based resources to support adults' quality of life.

The findings also revealed significant gender differences in existential anxiety, religiosity, and QoL, with moderate to large effect sizes. Males reported lower existential anxiety, higher religiosity, and better QoL than females. These results suggest that psychological experiences and coping resources may vary across gender groups, and that females in the present sample may be more vulnerable to existential distress. The findings are consistent with Robah (2017), who reported that females tend to experience higher existential distress and death anxiety than males. The observed differences may be attributed to differential coping styles, socio-cultural expectations, and variations in religious engagement, as suggested by Ghayas and Batool (2021). However, these differences should be interpreted with caution and not generalized without considering the characteristics of the sample and cultural context. Taken together, these findings underscore the importance of considering both psychological and socio-cultural factors when understanding adults' existential well-being. Mental health professionals and community programs may benefit from developing gender-sensitive interventions that reduce existential anxiety, foster meaning and resilience, and promote quality of life.

V. CONCLUSION

According to the first hypothesis, there may be a significant connection between adults' QoL and existential anxiety. This hypothesis was supported by the findings, which demonstrated a significant negative relationship between QoL and existential anxiety. Individuals reporting higher existential anxiety experienced lower QoL. This aligns with previous research by Lin et al. (2022), who found that existential distress negatively impacts the QoL, particularly among individuals confronting serious health challenges. Similarly, Kalyani et al. (2020) emphasized that existential concerns such as fear of death and uncertainty diminish overall well-being. These findings collectively highlight the detrimental effect of unresolved existential concerns on an individual's perception of life quality.

Disclosure Statement
No potential conflict of interest was reported by the authors.

Funding
The author received no funding from any organizations.

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