

Existential Concern And Spiritual Well-Being in Post-Pandemic Survivors

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This present study is designed to examine the correlation between Existential Anxiety and Spiritual Well-being on demographic variables like gender and residential area in COVID-19 post-pandemic survivors. The effects of COVID-19 had a major impact on people's mind which caused health related anxiety or inferiority, which further intervened as a major stressor to spiritual health. People started coping in several ways to deal with the fear of death of oneself or their loved ones, loneliness, and fear of aging. A purposive sample of 71 people aged above 18 years who were tested positive for COVID-19 RT-PCR test and later recovered were selected as the sample from the areas around Sanatorium hospital situated in the district of Erode, Tamil Nadu. Data were analysed using t-test and correlation. Results revealed a significant relationship between the two variables measured here viz. Existential Anxiety and Spiritual Well-being. There were also wide differences found in experiencing Existential Anxiety between males' and females' participants. There were higher differences between urban and rural participants for the variable, Existential Anxiety.

Keywords: Existential Anxiety, Spiritual Well-being, COVID-19, post-pandemic

Existential anxiety is characterized by a struggle to comprehend oneself, life in general, and what one wants from it. This worry is about our very existence in life, and it includes concerns about large topics like life's freedom and our impending mortality. It could be because of getting older, as well as climate change and political events. Existential dread can lead to all-consuming doubt and serious worries about one's purpose and future.

Existential therapists distinguish between normal and neurotic anxiety and consider anxiety as a source of potential progress. This type of anxiety cannot be suppressed and can be used as a motivator to change. As we grow more aware of our freedom and the repercussions of accepting or rejecting that freedom, we experience worry. Existential anxiety cannot always have adverse consequences. This struggle can be constructive and provide enormous rewards. When people become conscious of their anxiety and confront their struggle, they can put their life in perspective, build a sense of direction, and accept their mortality to pursue a meaning and generate a

feeling of purpose. Confronting our existential fear often leads to more pleasant experiences. An existential crisis (EC) is a scenario in which a person experiences a wave of dread about the meaning, purpose, or worth of existence in addition to being uncomfortably disturbed by a series of ideas in their lives. With the COVID-19 epidemic, the EC on humanity grew stronger. Although researchers have investigated the impacts of EC on humans, but there is little research towards it, especially about the Covid-19 pandemic.

Spiritual care refers to the activities that improve the quality of life and its well-being. Compassionate presence, listening to patients' concerns, hopes, and dreams, obtaining a spiritual history, and being attentive to all spheres of patients' life and their families are among the activities that healthcare personnel and people with COVID-19 engage in. Spirituality is important in healthcare because it encourages coping mechanisms, promotes healing and resilience, and prevents burnout. COVID-19's catastrophic and irreversible nature has resulted

in a slew of disastrous economic, societal, and psychological implications.

The purpose of the study on existential anxiety related to post-COVID-19 symptoms is to inform the research community that there are some critical issues that need to be addressed, including worries about a meaningless and daily existence, inferiority toward loneliness, and the possibility of aging and death that poses a threat to one's health or the environment, all of which have an impact on a person's consciousness and the state of well-being.

Objectives

1. Assess the level of Existential Concern among people who have recovered from COVID-19.
2. Assess the level of Spiritual Well-being and its dimensions (Religious and Existential well-being) among people who have recovered from COVID-19.
3. Measure the Relationship between Existential Concern and Spiritual Well-being and its dimensions (Religious and Existential Well-being) among people who have recovered from COVID-19.
4. Find out the differences in Existential Concern and Spiritual Well-being between Male and Female participants.
5. Find out the differences in Existential Concern and Spiritual Well-being between Urban and Rural participants.

Hypotheses

- The level of Existential Anxiety of people who have recovered from COVID-19 will be high.
- The level of Spiritual Well-being and its dimensions (Religious and Existential Well-being) in the participants will be poor.
- There will be a significant relationship between Existential Anxiety and Spiritual Well-being and its dimensions (Religious and Existential Well-being) in the participants.
- There will be significant differences in Existential Anxiety & Spiritual Well-

being and its dimensions (Religious and Existential Well-being) in male and female participants.

- There will be significant differences in Existential Anxiety and Spiritual Well-being and its dimensions (Religious and Existential Well-being) in the urban and rural participants.

Method

Sample:

It comprised of 71 people who were the survivors of COVID-19. A Personal Data sheet was used to collect relevant background of the participants' age, gender, residence, marital status, education, occupation, etc. which also contains the results of the RT-PCR COVID-19 test, the level of symptoms, days of hospitalization and medication, and changes in food consumption.

Instruments

Existential Concern Questionnaire (ECQ): It was developed by Bruggen et al. and contains 25 items. Later in 2017, it was adapted for validation and the measure of existential anxiety was developed by the elimination of three items (because of their extreme response and low correlation of total items), minimizing it into ECQ-22. It was declared as Uni-dimensional. The total ECQ contains good internal consistency, and its Cronbach's alpha is .92 in the nonclinical sample and .91 in the clinical sample.

Spiritual Well-Being Scale (SWBS): It is comprised of 20 items and measures two dimensions of Spiritual Well-Being (Paloutzian & Ellison 1982). The subscale of Religious Well-Being (RWB) provides a self-assessment of one's well-being in a religious sense, while Existential Well-being (EWB) assesses one's sense of life purpose and life satisfaction. Each subscale consists of 10 items that are scored from 1 (strongly disagree) to 6 (strongly agree).

The RWBS, EWBS and SWBS have good reliability. For the RWBS, test-retest reliability coefficients across studies observes a .88 to .99. For the EWBS, the coefficients range from .88 to .99.

Procedure:

Initially, around 97 young adults were contacted and explained about the research. Of these persons only 86 were willing to participate in the research. They were administered with the Existential Concern Questionnaire (ECQ) and Spiritual Well-being Scale (SWBS) individually. After they completed their responses, the completeness of responses was checked. From 86 participants, only 71 people completed all the questions which were retained as participants for the study. Their scores were consolidated and interpreted as per the norms. They were tabulated and acquired for further discussion.

Results

Table 1.a. Level of Existential Anxiety and Spiritual Well-being

Variables	Level	Total Sample (n=71)	Percentage
Existential anxiety	High	4	6%
	Moderate	53	74%
	Low	15	20%
Spiritual Well-being (its dimensions Religious and Existential)	High	0	0
	Moderate	66	93%
	Low	5	7%

Percentages are rounded off.

The above table 1.a shows the distribution of the participants into three levels of Existential Anxiety. There were more participants in moderate (74%) region of Existential Anxiety, whereas 20% of the participants were in low region of the variable, Existential Anxiety. Only 6% of the participants occupied an elevated level of Existential Anxiety.

It is inferred that much of the participants had only a moderate level of Existential Anxiety. Hence, the hypothesis “the level of Existential Anxiety of people who have recovered from COVID-19 will be high” is rejected.

It also shows the distribution of participants into various levels of Spiritual Well-being and its two dimensions. It is noted that most of the

participants experienced a moderate level of total Spiritual Well-being (93%), and a small number of participants’ Spiritual Well-being was low (7%).

None of the participants experienced a high level in the total Spiritual Well-being. It is inferred that the level of Spiritual Well-being is only moderate. Hence, the hypothesis “the level of Spiritual Well-being and its dimensions (Religious and Existential Well-being) in the participants will be low” is rejected.

The above table 1.b shows the correlation between Existential Anxiety and Spiritual Well-being and its dimensions such as Religious Well-being and Existential Well-being. From the calculated r-value for Existential Well-being and Religious Well-being ($r=0.33$), it is inferred that there is a significant, strong, and positive relationship between the two variables.

Similarly, from the calculated r-value for Existential Well-being and Existential anxiety ($r=0.30$), it is inferred that there is a significant, strong, and positive correlation between the two variables.

The table 1.c shows the mean difference in Existential Anxiety of the male and female participants. The mean values of male and female in Existential Anxiety are 49.66 with SD of 15.6 and 51.91 with SD of 13.07 respectively; both mean values representing moderate levels of Existential Anxiety.

From the calculation of t-value, it shows that there is no significant difference between the male and female participants. Therefore, the hypothesis “there is a significant difference between male and female in existential anxiety” is rejected. Hence, the null hypothesis is accepted. It also shows the mean difference of Spiritual Well-being and its dimensions of the male and female participants.

From the calculated t-value 0.43 for Spiritual Well-being, it is inferred that there is no significant difference between male participants and female participants in terms of Spiritual Well-being. From the t-value-0.49 for Religious Well-being, it is inferred that there is no significant difference between the male participants and female participants in terms of Religious Well-being.

Table 1.b. Correlation between Existential Anxiety and Spiritual Well-being and its dimension

S. No.	Variables	Mean	Standard Deviation	r-value	p value	Significance
1	Existential Well-being	30.14	7.24	0.33	.004	Significant at $p < 0.05$
	Religious Well-being	33.54	9.5			
2	Existential Well-being	30.14	7.24	0.30	.011	Significant at $p < 0.05$
	Existential Anxiety	50.77	14.26			
3	Religious Well-being	33.54	9.5	0.19	.112	Not Significant at $p < 0.05$
	Existential Anxiety	50.77	14.26			
4	Spiritual Well-being	62.84	13.98	0.23	0.53	Not Significant at $p < 0.05$
	Existential Anxiety	50.77	14.26			

Table 1.c. Mean Difference in Existential Anxiety, Spiritual Well-being, and its dimensions of Urban and Rural

Variables	Gender	Mean	Standard deviation	t-test	p value	Significance
Existential Anxiety	Male	49.66	15.6	-0.66	.51	Not significant at $p < 0.05$
	Female	51.91	13.07			
Religious Well-being	Male	33	8.71	-0.49	.62	Not significant at $p < 0.05$
	Female	34.1	10.34			
Existential Well-being	Male	31.3	6.99	1.48	.14	Not significant at $p < 0.05$
	Female	28.8	7.36			
Spiritual Well-being	Male	63.5	13.2	0.43	.66	Not significant at $p < 0.05$
	Female	62.1	14.09			

From the t-value of 0.43 for Existential Well-being, it is inferred that there is no significant difference between the male participants and female participants in Existential Well-being.

Hence, the hypothesis, "there is significant difference between males and females in Spiritual Well-being and its dimensions" is rejected.

The above table 1.d represents the mean difference between Existential Anxiety of urban and rural participants. The mean values of urban and rural in Existential Anxiety are 54.11 with S.D 12.99 and 47.34 with S.D 14.86 respectively, which means both mean values represent moderate levels of Existential Anxiety.

The calculated t-value indicates that 2.04 is significant at 0.05 levels. Therefore, it is inferred

that there is a significant difference between urban and rural participants in Existential Anxiety. Hence, the hypothesis, "there is significant difference found between urban and rural participants in Existential Anxiety" is accepted. It also represents the mean difference of Spiritual Well-being and its dimensions of urban and rural participants. The calculated r-value for Existential Well-being and Existential Anxiety ($r = 0.19$) infers that there is a non-significant relationship between the two variables. Similarly, from the calculated r-value for Spiritual Well-being and Existential Anxiety ($r = 0.23$), it is inferred that there is a non-significant relationship between the two variables.

Hence, the hypothesis that "there is a significant relationship between Existential Anxiety and Spiritual Well-being and its

Table 1.d. Mean Difference in Spiritual Well-being and its dimensions of the Urban and Rural sample

Variables	Residential	Mean	Standard deviation	t-test	p value	Significance
Existential Anxiety	Urban	54.11	12.99	2.04	0.04	Significant at p< 0.05
	Rural	47.34	14.86			
Religious Well-being	Urban	33.05	8.59	0.44	0.66	Not Significant at p< 0.05
	Rural	34.05	10.45			
Existential Well-being	Urban	31.77	7.14	1.90	0.05	Not Significant at p< 0.05
	Rural	28.45	15.39			
Spiritual Well-being	Urban	64	12.57	0.70	.48	Not Significant at p< 0.05
	Rural	61.65	7.04			

dimensions” is accepted only for the dimension of Existential Well-being. For Religious Well-Being and Spiritual Well-Being, the hypothesis is rejected. There is also a strong relationship between the two dimensions of Spiritual Well-Being, Religious and Existential Well-being.

Discussion

Reference to the above literature Existential Anxiety (EA) is a struggle of life in general. Existential dread can lead to all-consuming doubt and serious worries about one’s purpose and future.

Spiritual Well-being (SWB) can be defined as a feeling of communicating with the others, having a meaning and goal in life, and having the belief and relation with a higher power. It includes a psycho-social and a religious component.

It is reported that EA can bring adverse consequences and can aggravate distress specifically in patients who have recovered from Covid-19 and can compromise the quality of life. In recent years, SWB has gradually gained the attention of psychologists who have recognized the importance of improving it in patients who have recovered from Covid-19.

Hence, the current study, “Existential Anxiety and Spiritual Well-being among Covid-19 patients who recovered” was carried out with the aim of measuring the levels, relationship, and gender differences in EA and SWB among the 71 adults who recovered from Covid-19 (36 males and 35 females & 36 urban and 35 rural participants). Personal Data Sheet, Existential

Concern Questionnaire (ECQ) containing 22 items, Spiritual well-being scale (SWBS) containing 20 items were the tools used for the study. The respondents were drawn from the areas around Sanatorium hospital located in Erode district, Tamil Nadu. Data analysis involved the computation of mean, standard deviation, independent sample t-test analysis and Pearson’s Correlation Coefficient test. The results are presented below.

Major Findings:

- Majority of the participants (74%) had a moderate level of existential anxiety.
- Majority of the participants (93%) experienced a moderate level of spiritual well-being.
- There is a strong, significant, and positive relationship between existential anxiety and existential well-being.
- Male and female participants do not differ significantly in their experience of existential anxiety.
- Male and female participants did not differ much in their experience of religious, existential, and spiritual well-being.
- Existential anxiety was experienced by a higher percentage of urban participants than rural participants. There is a significant difference between them.
- There were higher distributions found among urban (86%) than rural (77%) participants in religious well-being.

- There were higher distributions found among urban (94%) than rural (83%) participants in existential well-being.
- There were similar distributions found among urban (94%) and rural (91%) participants in spiritual well-being.
- There is no significant difference between urban and rural participants in spiritual well-being and its dimensions such as religious well-being and spiritual well-being.

Limitations & Suggestions:

- Sample size was small.
- Data were collected only from adults.
- Since Corona was spread widely across all areas in Tamil Nadu, data should be collected from all areas across the state. But only very few areas around Sanatorium hospital situated in the district of Erode, Tamil Nadu were selected to collect data for this study.
- Due to time constraints, no interventions were given.
- Qualitative study can be implemented.
- Interventions to reduce existential anxiety among participants can be planned and administered.

Conclusion

The level of existential anxiety is not high in the participants. It also states that there is only a moderate level of existential anxiety in the survivors of COVID-19 pandemic.

The spiritual well-being is at a moderate level in the COVID-19 survivors.

There is a significant relationship between existential anxiety and spiritual well-being and its dimensions which are accepted only for the dimension of existential well-being.

There is no significant difference between male and female in existential concern.

There is no significant difference between male and female in spiritual well-being and its dimensions such as religious well-being and spiritual well-being.

There is a significant difference between urban and rural participants in terms of their existential concern.

There is no significant difference between urban and rural in spiritual well-being and its dimensions such as religious well-being and spiritual well-being.

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