

The Effect of Existential Therapy on Divorced Women's Existential Anxiety

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Abstract: The aim of the present study is to investigate the effectiveness of existential therapy on divorced women's existential anxiety. The study is the result of a quasi-experimental research conducted at Babol Islamic Azad University. The sample size included 22 people assigned to experimental and control groups. To do the study, 22 female university students were selected and after carrying out a pre-test were then randomly assigned to two groups, namely, experimental and control. Then, 12 (at maximum) therapy sessions were held for the experimental group. Finally, both the experimental and control groups were evaluated by a post-test. The data was analyzed by using the covariance test analysis (ANCOVA). The results showed that existential therapy decrease existential anxiety ($p < 0/01$). The post-test scores of existential anxiety for the subjects in the experimental group were significantly lower than the pre-test of the same group and the post-test of the control group. According to the results of the study it is predicted that existential therapy can be used as an effective method for treating the problems of divorcee women. The results of this study were in line with the findings about the treatment of cancer, diabetes and traumatic and post-traumatic stress disorder patients.

Keywords: *Existential Anxiety, Existential Therapy, Good & Good Test.*

Introduction

The issue of divorce has become one of the most common and serious social problems in contemporary Iran. According to the Islamic Consultative Assembly News Agency, the divorce rate in Iran has increased disconcertingly during 2011 and 2012 (ICANA). Such an event is not only a crisis in itself but also causes dire consequences like post-divorce depression, psychological problems for the children, suicide or attempts to commit suicide, pessimism about the future, inability to forget the traumatic past events and the inability of the divorcee to effectively interact with others in the society in order to prepare the ground for remarriage.

These are some of the issues which have been repeatedly studied by various scholars and are among the most salient features of what is known as existential anxiety. For example, Bruggen, Westerhof & Bohlmeijer [1] note that existential anxiety is the

description of the state of being preoccupied with those ambitions which are related to death, meaninglessness, loneliness and relationship. Existential anxiety is rooted in despair, alienation and a feeling of emptiness [2].

Some existentialist mental health experts have suggested a few reasons for the fact that in the second half of the twentieth century a lot of people have come to feel so strongly an existential anxiety. First, the extremely rapid changes in the second half of the twentieth century proved to most people that the world is not predictable anymore and also that people are uncertain about their place in the world. Second, the population of the world grew exponentially during 1960s and 1970s which intensified the feeling that one could not know his/her place in the world. Third, it is clear that the contemporary world has become so much unstable and uncertain that it has become

extremely difficult to find a way to adapt one's self to it [3]. Existential anxiety has been defined as the anxiety about the meaning of life, death and the necessity of human choice. Existential therapy is a philosophical approach to therapy which uses different methods of therapy.

Existential therapy encourages the client to establish an authentic relationship with the therapist as to enable the client to strongly feel that he/she is free and has the necessary initiatives for his/her individualism to emphasize his/her differences with the therapist. In the beginning stages of existential therapy sessions, the therapist helps the client to identify and clarify their assumptions about the world. In the middle stages, the client is helped by the therapist to analyze the source and authority of his/her current value systems in a comprehensive way. Finally, existential therapy focuses on turning into action the assumptions that the client has come to realize [4].

The aim of the present study is to test the hypothesis that existential therapy has an effect on the existential anxiety of women. The screening was conducted at the Babol Islamic Azad University whereby more than one thousand university students were screened by the existential anxiety test. Among these students which included divorced, married and widowed people it became clear that a high number of them suffer from existential anxiety. Existential anxiety is a concept which emerged out of the philosophy of existentialism. Existentialism runs parallel to other philosophies like humanism, individualism and pragmatism as the four dominant contemporary philosophies in the world. The main figure in existentialist school was Soren Kierkegaard (1813-1855).

Other prominent existentialist philosophers include Martin Heidegger (1889-1976), Arthur Schopenhauer (1788-1860) and Jean-Paul Sartre (1905-1980). Sartre himself was influenced by the philosophy of Friedrich Nietzsche (1844-1900) (Popkin & Strudel (1972). Among the most important figures who integrated this philosophy into psychology, and especially therapy, one can mention Ludwig Binswanger (1911-1966),

Mildred Boss (1903-1991), Rollo May (1909-1994) and Irvin D. Yalom [5]. Clinical experiences and the existing literature show that there are at least two kinds of existential therapy: existential analysis and existential-humanist therapy. Existential analysis can be considered the intermediary stage between main psychoanalysis and humanistic existentialism [5].

In existential therapy, the aim is to help the clients to move toward authenticity and come to recognize the times when they deceive themselves [6]. Existential therapy uses different methods. However, what matters the most in existential therapy as a distinct method is the aim of this type of therapy. The following are the four main aims of humanistic-existential therapy: 1) helping the clients to become more aware of themselves and others; 2) helping the clients to recognize those ways of living which prevent a full realization of self; 3) encouraging the clients to accept the responsibility for shaping their own present lives, and 4) encouraging the clients to choose better ways of being in their daily lives [6].

In a study about the correlation between PTSD and existential anxiety it was shown that the clients who suffer from existential anxiety had experienced at least one form of trauma in their lives. These findings prove a positive correlation between existential anxiety and a life trauma ($p<0/05$, $r=0/28$). Moreover, in patients with one traumatic experience in their life, there is an association between the increase in existential therapy and the increase in the total score of trauma checklist ($p<0/001$, $r=0/57$). Similarly, all the symptoms of post-traumatic stress disorder clusters were reexamined ($p<0/001$, $r=0/45$). These were related to too much arousal ($p<0/001$, $r=0/51$) and avoidance ($p<0/01$, $r=0/53$). The article concludes that existential therapy can become an effective basis for measuring and speculating the post-traumatic stress disorder and give the therapist certain ways for empirically analyzing existential anxiety [7].

A research in England about learning from the existential experiences of patients with cancer who have been cured. It was found

that those patients who had recovered from cancer had come to concern more deeply with existential issues (i.e. anxiety of dying, freedom, isolation and meaninglessness). Some of these patients faced serious challenges in their relation to the meaning of life and existence.

A survey shows that the following are needed to control anxiety in care nurses: 1) discovering a deep structure; 2) studying the efficiency of professional statements, and 3) the role of each group's expertise. The people who participated in this survey included: 701 psychoanalysts, 118 psychologists and 372 nurses working in palliative care section in Japan. The results from the 456 received responses (response rate=38%) showed that psychological interventions can be categorized in six groups: A) supportive-dialogic approach; B) creating a comfortable environment; C) meaning-centered approach; D) physical presence; E) teaching and improving defensive skills, and F) religious approach.

In all cases, the supportive-dialogic approach was recommended. As for the patients who suffered from a sense of meaninglessness related to dependency the meaning-centered and physical presence approaches were recommended. It was found out that in the case of patients with advanced form of cancer, a comprehensive interdisciplinary team of care is required [8].

Conducted a systematic research about death anxiety and have stated that according to philosophers and psychologists, it is highly significant to study human thought, emotion, decision-making and mental pathology. In their article, four models of death anxiety were reexamined and then compared with a single definition. Such a definition led to developing a research strategy whereby after initial screening of 523 articles, the definition was implemented. In general, 78 instruments were produced by using this strategy most of which measure death anxiety. Among these, only five instruments were used which shed a comprehensive light on existential anxiety.

The results of these reexaminations, which were based on universally acknowledged standards, led to the development of

Consensus-based Standards for the selection of health Measurement Instruments (COSMIN).

The nurses taking care of patients with cancer who are going to die soon need to constantly prepare themselves to cope with the mental and psychological pressures. In a survey conducted by in Browall [9], patients under palliative care experience various forms of anxieties in their last days of life. These people have been reported to suffer from physical, psychological, existential and spiritual problems. Also, the nurses, patients and their relatives have been reported to suffer from existential anxiety. In the study, it was found out that there is a correlation between the intensity of mental states, especially existential issues, e.g. meaningfulness and purposefulness, and the decrease in the patients' anxiety [9].

Ellerman [10] explains his method of doing existential therapy as in the following:

In order to get existentially anxious patients unstuck, I guide them into a positive confrontation with death during BSFET. I use this strategy discriminatively, in order to awaken a new appreciation of life and a keen awareness of the preciousness of present and future time, all the while pushing patients in the direction of accepting the adventure of solving their primary problems. Often, a simple question about death will stimulate a fruitful discussion of life. For example, when a patient is ripe and it is clinically appropriate, I will ask: "If you learned that you had only nine months to live, exactly what would you do with your remaining time?"

This provocative question is not asked in a heavy-handed way that encourages morbid introspection; rather, it is posed empathically to promote a realistic appraisal of wasted time, life's opportunities, and the identification of achievable goals. If a patient engages the question, in the fashion of an archetypal hero undertaking rites of passage, a carefully employed death reflection can effectively activate pragmatic action resulting in problem solving and authentic self-creation.

Methodology

This study is quasi-experimental and has used a pre-test and post-test in the experimental and control groups. The research sample includes the female students of Babol Islamic Azad University in Iran who were studying in the second semester and summer of 2015. The sampling method was simple random for the classes and in the next step, where the students agreed to attend the therapy sessions, convenience sampling was used. In the next step, among those who agreed to attend the sessions, divorcee women were more than others. These were assigned into two separate groups, namely, experimental and control. In conducting this study, Morgan's table was used to select 181 classes out of the 377 classes that were held in each week at this university. However, since the classes and students overlapped with each other, i.e. one student attended different classes, the repeated classes were deleted, and therefore only those classes which had not been given the questionnaire previously received the questionnaires. All in all, 725 questionnaires were filled.

Following the demographic questions including the marital status, the questionnaire contained an option whereby the respondents chose whether they agreed to attend the therapy sessions or not. Accordingly, those people who had checked the "Divorced" item and had written down their phone numbers as to show their agreement for therapy sessions were randomly assigned into two 20-member groups.

To complete the pre-test questionnaire and announce their agreement as to attend the therapy sessions, these people were invited to the counseling center of the university via the phone calls.

However, some of the study subjects withdrew from the research because of different reasons such as exam periods, Ramadan month or not taking any courses during the summer semester. As a result, only 11 people continued their therapy until the end of the program who were then given the post-test. Also, 11 people from the control group were given the post-test. When the research ended, to follow the ethical principles of academic research and also to check the efficiency of existential therapy, the control group was also given a similar existential therapy just like the experimental group.

In order to involve the independent variable of this study, i.e. existential psychotherapy, the therapy procedure and organization were designed. The existential therapy in this research was designed based on the methods proposed by Corey [4] and Prochaska [5]. The therapy stages were designed as shown in Table 7. However, not all subjects did show similar progress. Some of the subjects showed lesser signs of progress in terms of the aims of the research while some others attended more sessions. Notwithstanding the flexibility in the number of the therapy sessions, the following table summarizes the stages of the therapy.

Table 1: Existential therapy based on Corey (2012) [4]

Session	Plan
Phase 1	The Capacity for Self-Awareness; We are finite and do not have unlimited time to do what we want in life; We have the potential to take action or not to act; inaction is a decision; meaning; feeling; responsibility, etc.
Phase 2	Freedom and Responsibility; freedom; commitment; authenticity
Phase 3	Striving for Identity and Relationship to Others; the courage to be; the experience of aloneness; the experience of relatedness; struggling with our identity
Phase 4	The Search for Meaning; the problem of discarding old values; meaninglessness; creating new meaning
Phase 5	Anxiety as a condition of living; helping the clients to recognize the difference between normal anxiety and neurotic anxiety
Phase 6	Awareness of Death and Nonbeing; giving an insight about life as opposed to death and death as opposed to life; explaining the reality of death
Phase 7	Stopping the dependency of the client on the therapist and encouraging independency in the clients

It must be noted that existential therapy is not limited to one single method. Rather, it concerns itself with the philosophical aspects of human mind and used different methods

such as cognitive therapy, spiritual therapy, gestalt therapy, and in some cases cognitive-behaviorist therapy to achieve the above goals.

Research Tools

The research tool includes existential anxiety questionnaire which has been normalized for the context of Iran by Houman, Rezaeie, Rezaeie, Shahriari and Ahmadi. Some of the items of this questionnaire include despair, alienation, sense of emptiness and meaninglessness which add up to one score. This score determines the condition of a person in a normal society.

The method of using the questionnaire (using the research too): The existential anxiety questionnaire is a self-evaluation questionnaire which includes 32 items. This questionnaire was given in two stages to the experimental and control groups. The selected sample attended the therapy sessions. The sessions lasted at most for 12

times. Only three people attended 12 sessions of therapy. The lowest therapy sessions was 3 and the highest was 12. Among the clients some of the following were observed: obsession, mourning disorder, PTSD, child abuse experience, second divorce, marital conflicts leading to divorce and failed love experiences before marriage.

Statistical Methodology

The statistical methods used in this study include descriptive and inferential methods. The demographic information of the clients is shown in descriptive tables and figures. The comparisons and deductions are evaluated by using inferential statistical methods. The data normalcy was checked by the kurtosis indicator.

Table 2: Descriptive indicators of existential anxiety in the groups

Pre-test of Group 1 Post-test 2		No.	Min.	Max.	Mean.	SD	Tilt indicators		Kurtosis indicator	
Experimental	Existential anxiety 1	11	14	27	21/45	3/882	-0/258	0/661	0/064	1/279
	Existential anxiety 2	11	1	20	8/00	5/779	1/178	0/661	0/949	1/279
Control	Existential anxiety 1	11	7	29	17/82	7/195	-0/176	0/661	-0/802	1/279
	Existential anxiety 2	11	6	29	18/09	7/609	-2470	0/661	-1/246	1/279

Table (2) shows that the mean and SD of scores in the experimental group for the pre-test of existential anxiety are respectively 21.45 and 3.882 and in the post-test 8.00 and 5.779. The distribution of the scores of experimental group has negative tilt for the pre-test and positive tilt for the post-test. The distribution of the scores is quite normal

in terms of tilt and kurtosis. The mean and SD of the scores of the control group for the pre-test of existential anxiety are respectively 17.82 and 7.195 and for the post-test 18.09 and 7.609. The distribution of scores of the control group has positive tilt in the pre-test and negative tilt in the post-test. The distribution of scores is quite normal in terms of tilt and kurtosis.

Table 3: The normalcy of the groups after the post-test

Group	Kolmogorov-Smirnov			Shapiro - Wilk		
	Statistics	Degree of freedom	Sig.	Statistics	Degree of freedom	Sig.
Existential anxiety in theTest	0/296	11	0/008	0/861	11	0/059
post-test Control	0/145	11	0/200	0/951	11	0/655

Table (3) shows that the scores of the groups in the post-test for the experimental group are normal. Since these tests are sensitive, the sample size is small. As for the sig. level, alfa level (0.001) of Shapiro-Wilk test was used. On the other hand, if the number of groups is the same, analysis of variance is resistant to this default.

Since the measurement scale in existential

anxiety test is on the basis of zero-one, and a number between zero to 32, it could test the hypothesis of interval scale and therefore enabled the researcher to use parametric methods. To compare the groups and to eliminate the effect of pre-test ANCOVA was used. All of the ANCOVA hypotheses were examined and confirmed as to have the potential to use these methods.

Table 4: The test of inter-group effects in existential anxiety

Source	Sum of squares	Degree of freedom	Mean of squares	F	Sig.	Eta square
Model	4890/082	3	296/694	2/169	0/001	0/604
Group	25/380	1	25/380	0/784	0/388	0/042
Existential anxiety 1	205/780	1	205/780	6/355	0/021	0/261
Existential anxiety 1	2/080	1	2/080	0/064	0/803	0/004
Error	582/872	18	32/382			
Total	1472/955	21				

a. R Squared = .604 (Adjusted R Squared = .538)

Table (4) shows that the interaction slope of the regression line of the groups in terms of existential anxiety is not statistically significant and the assumption to use ANCOVA has been one-way. On the other hand, the results show that the pre-test has a significant effect while its effect is small. Therefore, it is necessary to check its effect by using ANCOVA.

Research Findings

The analysis of the research results shows that existential therapy has an effect on existential anxiety. A comparison of pre-test and post-test shows that the existential anxiety of the subjects have significantly decreased after being treated by existential therapy.

Research hypothesis: Existential therapy has an effect on the existential anxiety of divorcee women.

Table 5: Test of inter-group effects (ANCOVA) on existential anxiety

Source	Sum of squares	Degree of freedom	Mean of squares	F	Sig.	Eta square
Model	4888/002	2	444/001	14/422	0/000	0/603
Existential therapy 1	327/957	1	327/957	10/652	0/004	0/359
Group	792/265	1	792/265	25/734	0/000	0/575
Error	584/953	19	30/787			
Total	1472/955	21				

a. R Squared = .603 (Adjusted R Squared = .561)

(01/0>p 2.19 DF 734/25= F). Table (5) shows that there is a significant difference between the groups in terms of existential anxiety. The size of the effect is 0.575 and is more than intermediate. Therefore, the research

hypothesis is confirmed. To decide about the significant difference between the groups we need to refer to the table of pair comparisons.

Table 6: Descriptive indicators after implementing the effect of pre-test on existential anxiety

Group	Mean.	SD	95% confidence interval	
			Min.	Max.
Experimental	6/726	1/718	3/131	10/322
Control	19/365	1/718	15/769	22/960

Table (6) shows the modified means after checking the effect of pre-test. The mean of

experimental group is lower than the mean of control group; the means have been modified.

Table 7: Pair comparisons in existential anxiety

Group (I)	Group (J)	Mean difference (I-J)	Standard error	Sig. ^a	95% confidence interval	
					Min.	Max.
Experimental	Control	-12/638	2/491	0/000	-17/853	-7/424
Control	Experimental	12/638	2/491	0/000	7/424	17/853

The results of Table (7) show that the mean of existential anxiety in the experimental

group is significantly lower than the mean of existential anxiety in the control group.

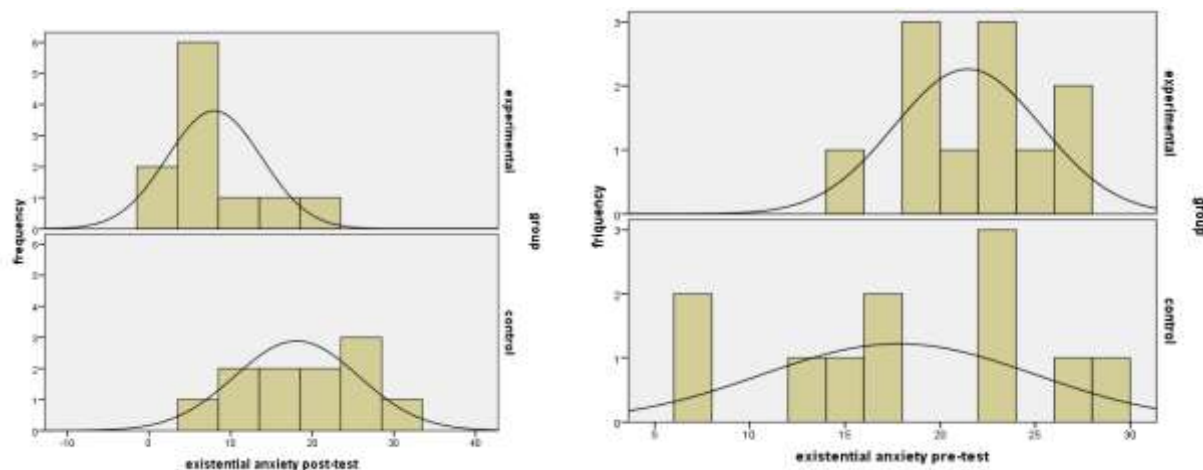


Figure 1: Comparison of pre-test and post-test in the experimental and control groups

Discussion and Conclusion

The present study has been based on one of the most prominent philosophical schools of twentieth century. Existentialism is a philosophical school which has moved beyond philosophy *per se* and well into other disciplines such as social and human sciences and psychology. In other words, it has been influential in many fields of study.

According to the philosophy of existentialism, human existence precedes its essence. Therefore, in the case of a psychologically disturbed person whose identity has been affected, the therapist tries to guide the person to reconnect his/her identity to the true and authentic self and look at life from a new and authentic perspective.

In most cases, people who are not able to have an authentic human life or whose essence has been violated need existential therapy.

This includes among many the divorcee, a person who has experienced failures, a person from unstable family conditions and the children of divorce. People who live in the past instead of the present moment; people whose values are different from their parents; people whose prospective future if different may feel existential anxiety and thus become disappointed about the present and the future and feel a sense of emptiness and meaninglessness. These people do not

share their problems with others because they assume that other people would not sympathize with them; that is, they consider talking with others useless. Such people lose their connection with God, religion and any optimistic aspect of life.

The research results were analyzed by using ANCOVA to eliminate the effect of pre-test. Fortunately, the analysis shows that the data has confirmed all the initial assumptions and ANCOVA. Therefore, this method has been used successfully. The research hypothesis was as follows: "Existential therapy decreases existential anxiety of divorces women." This hypothesis was confirmed. The analysis of the data shows that existential therapy has decreased existential anxiety in the post-test of experimental group in comparison to control group to the effect of 0/575. However, the control group has not shown any significant difference during the study.

The divorcee women constitute a social group who is highly important in terms of vulnerability and the frequency in contemporary Iran. It is necessary to study the many problems of this social group with regard to economy, emotions, culture and even sexuality. The divorcee women are sometimes separated from their children; may live in poor conditions and may also be abused by other people. This group epitomizes the ideas of anxiety about future, loss of identity and low qualities of life.

Such a group has also been understudies in psychological researches.

While no study was found about the role of existential therapy in treating the existential anxiety of divorcee women which could be compared to the present study the following can be mentioned. The study done by Ellerman [10] shows that existential therapy is effective on existential anxiety. Ellerman's study is similar to the present study in terms of the results but different in terms of the population and sample size.

Moreover, Khodabux [7] shows that PTSD existential anxiety can be treated by using existential therapy. The study is similar in terms of its results to the present study. However, in Khodabux's study the research population and sample size are different.

Pashib [11] has studied the role of two therapy methods, namely, existential therapy and cognitive-behaviorist therapy, on anxiety (not existential anxiety in particular) and has concluded that both of these methods can decrease anxiety. The only similarity between that study and the present one regards the treatment of anxiety which is clearly weakly in line with the present study.

Existential anxiety may be caused by many reasons. Among these one can mention post-traumatic stress, causes which make a person pessimistic about the future, the inability to come to terms with one's choices in the past and the consequent results of one's decisions, the inability to create favorable changes in one's life and separation and lack of affection. If one looks at these causes carefully one can notice that most of them are related in one way or another to the issue of divorce. Divorce is more than anything a traumatic experience which can cause all the symptoms of post-traumatic stress. Most divorcees have failed in their conscious decisions in the past or did not have the freedom to choose. These people use the past as the benchmark for the future and therefore become pessimistic. Since they

have not been able to bring about the desired changes in their lives they feel that they are unable of making any change in the first place. All of these lead to existential anxiety. Existential therapy uses different methods such as creating authentic relationship between people and reshaping the structures by which the therapist-client relationship is based on mutual respect.

In such cases, the client is encouraged to believe that he/she is the person who is expected to live in the present moment and leave the past behind in order to gain authenticity and independence. Such a person becomes needless of asking for affection; he/she who has failed in the past will succeed in the future through looking at the true self. Existential therapy is an effective way in promoting the idea that one's existence precedes his/her essence, especially in the case of the divorcee [12-14].

Research Limitations

Like all other studies, the present study had certain limitations in terms of geography, age, gender and time. However, there is one main limitation in the present study which can function as the topic for further study, namely, the fact that the research population of this study was the divorcee women. It is not certain yet whether these people suffered from existential anxiety before their marriage-which could have been the reason behind their divorce – or it was after the divorce that they came to suffer from it. A comprehensive answer to this question is beyond the scope of the present study. Such an answer could enable the therapist to treat the divorcee women more effectively as well as proving that existential anxiety precedes divorce. All of this could help prevent most of the divorces.

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