

## RELIGIOSITY, EXISTENTIAL ANXIETY AND PSYCHOLOGICAL DISTRESS IN YOUNG ADULTS

Hoor Fatima<sup>1</sup>, Dr. Tehreem Arshad<sup>\*2</sup>

<sup>1</sup>Centre for Clinical Psychology (CCP), University of the Punjab, Pakistan

<sup>2</sup>Assistant Professor, Centre for Clinical Psychology (CCP), University of the Punjab, Pakistan

<sup>1</sup>hoorf1717@gmail.com, <sup>2</sup>tehreem.ccpsy@pu.edu.pk

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Corresponding Author:

Hoor Fatima

### Abstract

The present study examined the relationship between religiosity, existential anxiety and psychological distress in young adults. It was hypothesized that there would be a significant correlation in religiosity, existential anxiety, and psychological distress and religiosity will be the predictor of existential anxiety and psychological distress. Convenient sampling was employed to select the study sample. The sample comprised of 200 young adults (Males = 60, Females = 140) within an age range of 18-25 years (M = 20.88, SD = 2.35). The data was collected from 3 universities of Lahore. The correlational research design was employed in which different tools were used to measure the study variables such as demographic sheet, Centrality of Religiosity Scale-15 (CRS; Huber & Huber, 2012), Existential Anxiety Questionnaire (EAQ; Weems et al., 2009), Depression, Anxiety and Stress Scale- 21(DASS-21; Lovibond & Lovibond, 1995). Statistical Package for Social Science- Version 23 was used to analyze data. The findings of correlational analysis revealed the subscales of religiosity (intellect, ideology, public practice, private practice and experience) has significant negative correlation with existential anxiety (anxiety about death and fate, condemnation and guilt emptiness and meaninglessness). Moreover, the subscales of religiosity had significant negative correlation with stress, depression and anxiety. The results of hierarchal regression revealed that intellect was the significant negative predictor of anxiety about death and fate, emptiness and meaninglessness, condemnation and guilt, depression and anxiety. Private practice was a significant negative predictor of anxiety about death and fate, stress, depression and anxiety. Public practice was a significant negative predictor of anxiety about condemnation and guilt. Experience was a significant negative predictor of emptiness and meaninglessness.

### Introduction

Religion is a structured tradition of beliefs, values, and practices that are transmitted across generations and are rooted in trust in divine revelation and the interpretative wisdom of ancestors. Far beyond a private belief system, religion shapes moral codes, social behaviours, and existential meaning. In this sense, religion provides a comprehensive worldview that guides how people live, what they consider right and wrong, and their understanding of life's

ultimate purpose. In Islam, dīn is not merely a collection of rituals or theological claims; it is an all-encompassing framework for spiritual, legal, ethical, and social life. The Qur'an teaches that true religion is full submission to the will of Allah, manifest through worship (‘ibādah), interpersonal dealings (mu‘āmalāt), and justice-oriented living (Haqqi, 2019; Warsah & Imron, 2019).

Pakistan is an ethnically diverse Muslim-majority country in which religion plays a

significant role in public and private life Qudas et al., (2012). Most citizens turn to their faith for moral guidance and existential clarity. Religion is often defined as a shared system of practices, beliefs, and rituals grounded in a relationship with the transcendent (Koenig et al., 2012). It addresses concepts of truth, the afterlife, and the moral consequences of human actions. Gertz, (1966) argued that religion helps humans make sense of suffering by framing it as temporary and meaningful. Similarly, Wuthnow, (2020) characterized religion as a personal response to existential questions concerning life, death, and the human condition.

One of the most overlooked aspects of psychological well-being is existential anxiety—the inner conflict that arises from contemplating death, meaninglessness, and moral guilt (Mahapatra, 2024). According to (Tillich, 1952), existential anxiety encompasses three core domains: fear of fate and death, fear of meaninglessness, and fear of guilt and condemnation. Emerging evidence shows that religiosity can mitigate existential anxiety by providing a structured belief system and a sense of divine purpose. For instance, individuals who frequently experience a connection with God tend to report significantly lower levels of hopelessness on psychological scales compared to those who do not (Yapici et al., 2014).

While much of the literature focuses on older populations, young adults remain underrepresented in these studies. Yet recent global research suggests a sharp rise in psychological distress among youth. Young adulthood is a developmental period characterized by significant transitions, including identity exploration, career establishment, and financial independence, all of which contribute to heightened stress vulnerability (Arnett, 2000). Young adulthood is a unique developmental period that occurs between the ages of 18 and 25 years (Higley, 2019). Young adults go through a transitional developmental stage, which is characterized by uncertainty, identity discovery, and the constant pressure to make life-defining decisions, is the primary cause of existential anxiety. This phase is known as "emerging adulthood" and it is characterized by a heightened awareness of issues related to self-worth, death, and meaning (Bonnie et al., 2015). At the stage of young

adulthood, an individual makes significant and personal decisions and engage in various activities such as starting a job, forming close relationship and so forth (Oles, 2013). A comprehensive meta-analysis of 89 studies reported increases of up to 164% in anxiety and 135% in psychological distress among young people since the mid-1990s, signalling a worldwide mental health crisis (McGorry et al., 2025). High prevalence of existential symptoms—such as guilt, emotional emptiness, and lack of purpose—has been reported. One recent survey found that 69% of young adults felt emotionally empty, and 44% experienced anxiety related to a lack of life purpose (Summaiya et al., 2024). According to research by Gawada, 2022, young adults report higher levels of existential anxiety and lower level of hope in contrast to older adults. The population of university students comprises individuals that are currently enrolled in a university in order to pursue higher education and are mostly young adults (Buchanan, 2011).

### **Religiosity**

The word religiosity derives from the Latin *religiōsitas*, which is commonly viewed as excessive devotion to religion. Religion is an important aspect of life for a large part of the world's population. Different definitions have been proposed by different authors over the decade. Huber, 2003 identified five dimensions of religiosity that use the following characteristics to assess religiosity: Ideology, intellect, public practice, private practice, and religious experience. This measures how important religion is in a person's psyche. Huber's five-dimensional model of religiosity, developed by Stefan Huber and Odilo W. Huber, provides a comprehensive framework for understanding the cognitive, behavioral, and experiential aspects of religious life. Unlike earlier models, it focuses on the centrality of religion in shaping an individual's worldview and everyday behavior. The model comprises five core dimensions. The intellectual dimension refers to one's interest in and knowledge of religious content, including theology and sacred texts, capturing how often individuals engage with religious ideas. The ideological dimension assesses the strength of personal belief in key religious tenets, such as

belief in God, divine will, or the afterlife, reflecting the depth of one's faith. The public practice dimension covers participation in organized religious activities like worship services and rituals, while the private practice dimension looks at individual behaviors such as prayer, meditation, and private reading of religious texts. Finally, the religious experience dimension measures the frequency and intensity of personal spiritual experiences, such as feelings of divine presence or mystical encounters.

Religiosity may contribute to people's psychological and social life, by offering, for example, life values and social connectedness (Jokela, 2021). In Pakistan, most practiced religion is Islam. According to the Pakistan Bureau of Statistics (2017 census), approximately 96.5% of the 240 million population identify as Muslim, with small minorities of Hindus ( $\approx 2.1\%$ ), Christians ( $\approx 1.3\%$ ), Ahmadis ( $\approx 0.09\%$ ), and others  $\approx 0.03\%$ .

## Existential Anxiety

Tillich delineates three principal domains of existential anxiety. The first concerns death and fate, emphasizing that the moment one becomes conscious of mortality, death's inevitability provokes profound unease. Threats arising from one's predetermined destiny further exacerbate this anxiety, as deep analysis of these phenomena intensifies existential worry (Berman, Stickle, & Weems, 2006). The second realm—meaninglessness and emptiness—captures the fear that life lacks significance and that there is insufficient care or purpose, rendering existence trivial. The third realm—guilt and condemnation—evokes anxiety that transcends moral coherence and personal worth, disrupting one's ethical identity (Berman, Stickle, & Weems, 2006). Existential psychology, drawing primarily from the works of Viktor Frankl and Rollo May, explores the inherent human desire to find meaning in life, particularly in the face of suffering, disorder, and ambiguity (Frankl, 1985). Both authors were heavily influenced by the existentialist school of philosophical thought, which asserts that human beings have the ability to create their own meaning while having to make the effort in a world that is typically indifferent or

even hostile to human existence (Sartre, 1946). Existential anxiety takes the form of a feeling of dread or panic when an individual is faced with the limitations of his or her existence (Yalom, 1980). Death thoughts, the perceived meaninglessness of life, or the inconsequentiality of the self can all trigger existential anxiety Sherrell, (2022). As the American Psychological Association has well stated, existential anxiety is "a general sense of anguish or despair associated with an individual's recognition of the inevitability of death" (APA, 2020). Existential anxiety – also known as existential dread or existential angst – is most frequently found to be manifested as intrusive and distressing thoughts regarding death, the purpose of life, and their own existence Tillich, (1952). Existential anxiety is the psychological process that explains the feeling of fear and uncertainty that individuals may have regarding their life, purpose, and eventual death (Becker, 1973). This type of anxiety usually arises during introspection or periods of major changes in life, causing individuals to question their existence and purpose (Frankl, 1985).

## Psychological Distress

Psychological distress is a multifaceted construct that includes emotional suffering, cognitive disruption, and behavioral dysfunction, often manifesting as symptoms of anxiety, depression, and stress (Lovibond & Lovibond, 1995). Psychological distress refers to a condition of emotional suffering that disrupts an individual's daily functioning and overall well-being. It can range from temporary emotional discomfort to severe psychological disorders American Psychiatric Association. Peter Lovibond significantly contributed to the understanding and measurement of psychological distress through the development of the Depression Anxiety Stress Scales (DASS-21), which differentiates between related but distinct emotional conditions such as depression, anxiety, and stress. According to his model, anxiety is mainly associated with heightened arousal and perceived threat, whereas depression is characterized by feelings of hopelessness and loss of pleasure. Psychological distress is particularly prevalent among university students and has been strongly linked

with suicidal behaviors, with female students reporting higher rates compared to male students. Young adulthood is a developmental period characterized by significant transitions, including identity exploration, career establishment, and financial independence, all of which contribute to heightened stress vulnerability (Arnett, 2000). According to Peter Lovibond, stress among young adults is characterized by ongoing tension, irritability, and feelings of being overwhelmed, particularly when individuals perceive that environmental demands exceed their ability to cope. This perspective is supported by research indicating that young adults encounter multiple stressors, including academic demands, financial difficulties, and interpersonal challenges, all of which may contribute to maladaptive stress responses American Psychiatric Association. Anxiety represents a significant mental health concern among young adults, characterized by excessive worry, physiological arousal, and avoidance behaviors that interfere with daily functioning (American Psychiatric Association [APA], 2013). Anxiety is defined as state of automatic arousal, skeletal muscle effect or situational anxiety and subject experience of anxiety (Lovibond & Lovibond, 1995). Contemporary research identifies several key anxiety triggers in this population, including academic pressures, career uncertainty, and financial instability, with nearly 30% of college students reporting clinically significant anxiety (American College Health Association, 2021).

### **Theoretical Framework**

Huber's Centrality of Religiosity Theory offers a comprehensive framework for understanding how religion functions as a central guiding force in an individual's life. According to Huber and Huber (2012), religiosity is not a single-dimensional concept but rather consists of five core dimensions: intellect (interest in religious questions and reflection), ideology (belief in core religious teachings), public practice (participation in communal religious rituals), private practice (individual religious activities such as prayer), and religious experience (personal encounters with the divine or sacred). These dimensions reflect the degree to which religious meaning is integrated into a person's cognitive and emotional framework. The theory

emphasizes that the more central religion is to an individual's personality structure, the greater its influence on their thoughts, behaviors, and coping mechanisms. This model, operationalized through the Centrality of Religiosity Scale (CRS), is especially useful in culturally religious societies, as it captures both the internalized and practiced aspects of faith. In the context of the present study, this theory supports the idea that religiosity—when central to an individual's life—may serve as a buffer against existential anxiety and psychological distress by providing meaning, structure, and emotional comfort (Huber & Huber, 2012).

### **Religious Coping Theory**

The idea of faith as a psychological resource forms the base of Religious Coping Theory. It is a theory from psychology and theology that explains how individuals use religion to find meaning, comfort, and control in difficult situations (Pargament, 1997). It shows how both spiritual beliefs and religious practices play important roles in helping people manage stress, loss, and uncertainty (Pargament, Smith, Koenig, & Perez, 1998). Religious Coping Theory suggests that people turn to faith—whether through prayer, rituals, or community—to cope with life's challenges, particularly those that threaten their sense of security or purpose (Pargament, 2001; Ano & Vasconcelles, 2005). This process can be both conscious and subconscious, shaping emotions, decisions, and behaviors in response to hardship. Research shows that religious coping strategies vary widely and can have either beneficial or harmful effects on well-being (Pargament, Koenig, & Perez, 2000). Positive religious coping includes seeking divine support, finding spiritual meaning in suffering, and trusting in a higher power's plan, which is often linked to greater resilience and lower distress (Wardhani, 2018). In contrast, negative religious coping—such as feeling abandoned by God, believing suffering is punishment, or experiencing conflict with religious communities—can worsen psychological distress (Sanderson, 2000).

### **Terror Management Theory**

The idea of existential anxiety forms the base of Terror Management Theory. It is a theory from multiple fields that explains how people try to

find meaning in life and build self-worth (Sullivan, Kosloff, & Greenberg, 2013). It shows how both culture and self-esteem play important roles in helping people deal with life and death (p. 477). Terror management theory suggests that people try to protect themselves from fear of death, which comes from knowing that life is short and our bodies are fragile (Strachan et al., 2007; Solomon, Greenberg, & Pyszczynski, 2004). But this process mostly happens without us knowing it. Pyszczynski and his team explained that even when we are not thinking directly about death, the awareness of it is always there—just like our sense of who we are or what society expects from us. 14 Research shows that many human behaviors are affected by thoughts of death (called mortality salience), even if the actions seem unrelated. This means that fear of death often works in the background of our minds (Strachan et al., 2007; Williams, Schimel, Hayes, & Martens, 2009).

### **Beck's Cognitive Theory of Depression and Anxiety**

Aaron Beck's Cognitive Theory of Depression and Anxiety (Beck, 1967), provides a comprehensive framework for understanding how maladaptive thought patterns contribute to psychological distress. At the core of Beck's theory lies the cognitive triad - negative views

about oneself, the world, and the future - which creates a self-perpetuating cycle of depression and anxiety (Beck, 1976). These distorted perceptions manifest through specific cognitive distortions such as catastrophizing, overgeneralization, and all-or-nothing thinking, where individuals interpret experiences in excessively negative ways (Beck & Alford, 2009). The theory further posits that early life experiences form deep-seated negative schemas or core beliefs that predispose individuals to psychological distress when activated by stressful life events (Beck, 1967). This cognitive vulnerability aligns well with the diathesis-stress model (Zuckerman, 1999), suggesting an interaction between pre-existing cognitive risk factors and environmental stressors.

### **Literature Review**

This chapter overviews past researches concerning religiosity and its relationship with different aspects of existential anxiety and psychological distress. Through the analysis of previous research studies, the current knowledge is put into perspective, gaps are determined, and the provision of basis for the understanding of the intricate relationships for the current research is enabled.

Author(s)	Year	Method / Design	Main Results / Findings
Paul Tillich	1952	Theoretical conceptualization of existential anxiety	Existential anxiety was categorized into three major domains: death and fate, meaninglessness and emptiness, and guilt and condemnation.
Rababa et al.	2021	Correlational study; purposive sampling; n = 248 older adults; ASDA, Spiritual Wellbeing Scale, Arabic Brief Religious Coping Scale	Females showed lower death anxiety and higher religious coping than males. Spirituality and religious coping were significantly associated with death anxiety.
Veena et al.	2020	Qualitative study; in-depth interviews; grounded theory analysis	Participants experienced both spiritual comfort and distress. Religious beliefs sometimes reduced mortality anxiety, while misunderstanding of religious principles increased psychological distress among terminally ill patients.
Bassett et al.	2018	Cross-sectional survey; n = 328 undergraduate students	Strong religious beliefs and a forgiving perception of God were associated with lower death anxiety. Belief in a punishing God and perceived religious inadequacy increased fear of death.
Ellis et al.	2013	Cross-cultural survey; college students from Malaysia, Turkey, and the United States; linear and curvilinear analyses	Positive relationship found between religiosity and fear of death across countries. Muslim participants reported higher fear of death compared to followers of other religions.

Derek et al.	2019	Cross-sectional survey; n = 353 undergraduates; existential thinking, purpose in life, religiosity, depression, and anxiety measures	Purpose in life significantly mediated the relationship between religiosity and mental health. Religiosity reduced anxiety and depression through enhanced life purpose.
Jackson et al.	2018	Secondary data analysis; n = 529 adults aged 31-88	Perceived control partially mediated the relationship between religiosity/spirituality and subjective well-being. Religious coping and spiritual experiences contributed to well-being through increased perceived control.
Crystal L. Park et al.	2020	Cross-sectional survey of Hindu college students in India; self-constructed measures	Contrary to expectations, higher religiosity was associated with greater anxiety and depression, while only weakly related to positive well-being and life purpose.
Aflakseir	2012	Cross-sectional survey; n = 60 Muslim students in England; LAP-R, SOMPR, Psychological Wellbeing Scales	Muslim participants perceived life as meaningful, mainly through religious activities and relationships. Positive associations were found between meaning in life, spirituality, religiosity, and psychological well-being.
Meek et al.	1995	Experimental study; n = 108 participants; Religious Orientation Scale; ANOVA	Intrinsically religious individuals reported higher guilt and were more likely to confess wrongdoing than extrinsically religious individuals.
Zarzycka, Tomaka, and Rybarski	2023	Cross-sectional study; two Polish adult samples (n = 321; n = 344); GASP, Religious Ingratiation Scale, Prayer Inventory	Guilt and shame positively predicted religious ingratiation. Prayer mediated this relationship, especially among individuals with low intrinsic religiosity.
Luyten et al.	1998	Multi-study research design; four separate studies	Higher religiosity was associated with greater guilt and empathy, but not with shame. Religious individuals were more sensitive to moral behavior without negative self-evaluation.

Tongeren et al.	2016	Three-study design; correlational, moderation, and experimental analyses; total N = 1,197	Security-focused religiosity increased meaning in life but reduced tolerance toward others, while growth-focused religiosity increased tolerance but heightened existential anxiety under meaning threats.
Brown et al.	2012	Probability-based survey; n = 451 Black Americans	Females reported higher religiosity than males. Greater religiosity was associated with fewer depressive symptoms. Religion had direct mental health benefits for females and buffering effects for males.
O'Connor et al.	2003	Correlational study; purposive sample of 177 university students; FSAC, GHQ, Stress Arousal Checklist	No significant relationship was found between religiosity, stress, social support, or psychological distress.
Koenig et al.	1997	Cross-sectional study; n = 4,000 adults aged 65+	Church attendance was associated with better physical health and lower depression. Private prayer related positively to social support but not depression, while religious media use was associated with greater depression.

**Rationale of the Current Study**

Young adulthood is considered as a time span from approximately 18 to 25 years (Peter et al., 2015). Young adulthood is a developmental stage that is often marked by identity exploration, instability and awareness of fundamental existential concerns such as immortality, loneliness and meaninglessness (Arnet, 2000). Young adults face transitions that trigger existential concerns (Weems et al., 2004). According to terror management theory, the search for meaning and identity may amplify the fear of mortality (Greenberg et al., 1986) or Futility (existential vacuum; Frankl, 1985). The rate of psychological distress is also reaching to alarming levels in Pakistan. Prior studies indicate that every 1 in 3 Pakistani young adults experience significant psychological distress (Khalid et al., 2022). Transitions during young adulthood are associated with increased risk of behavioral and mental health problems which is a public health concern (Cui, 2016). Religious concepts frequently talk about the absolute truth or reality, beliefs or ideas that are

associated with the Afterlife, and how one's deeds or actions affect one's fate in the hereafter. Religion or Religiosity has a huge influence on how we view our existence or the meaning of our lives (Mahapatra, 2024). Religious beliefs offer cognitive framework to interpret mortality, suffering and meaning (Huber & Huber 2012). Religious practices such as prayer, religious rituals may reduce loneliness and offer emotional regulation (Koenig, 2012). However, negative religious coping such as fear of divine punishment can exacerbate existential distress (Exline, 2022). Religion can be characterized as a person's retaliation to some existential issues while they are considering the distinction between life and death, two ideas that are complementary (Wulff, 2010). There are numerous researches that explored the association of religiosity with different aspects of mental health. Existential anxiety is a part of mental health that is rarely discussed. There is only one research that directly examines the relationship of religiosity and existential anxiety, however that research was based on Indian

sample which revealed a weak but significant negative correlation between religiosity and existential anxiety (Mahapatra, 2024). However, the direction of relationship in Pakistani sample is unknown. Indians have polytheistic culture and they believe in multiple deities. In contrast to that Muslims in Pakistan have monotheistic culture as they believe in one Allah. Moreover, study by Boateng et al., 2023 suggested to study religiosity in those who identify as Muslims since they have different belief systems and may also have different perspectives on psychological distress. Pakistan is an Islamic republic where religion permeates daily life, laws, and identity. Over 96% of Pakistanis identify as Muslim (Pew Research, 2021), making religiosity a dominant cultural force. However, the topic of religiosity is rarely discussed with respect to mental health problems in Pakistani literature. Most of the researches on religiosity and mental health are western which may not be applicable to Muslims as they have different set of beliefs. Some studies show religiosity lowers anxiety by fostering hope and transcendence (Park, 2005). Positive religious coping (prayer, faith community

support) can buffer distress however negative religious coping can exacerbate the distress (Abdul Rashid et al., 2021). So, the current study will address this research gap by exploring the association of religiosity with existential anxiety and psychological distress among young adults.

**Objectives of the Present Study**

The following objectives were formulated for the present study

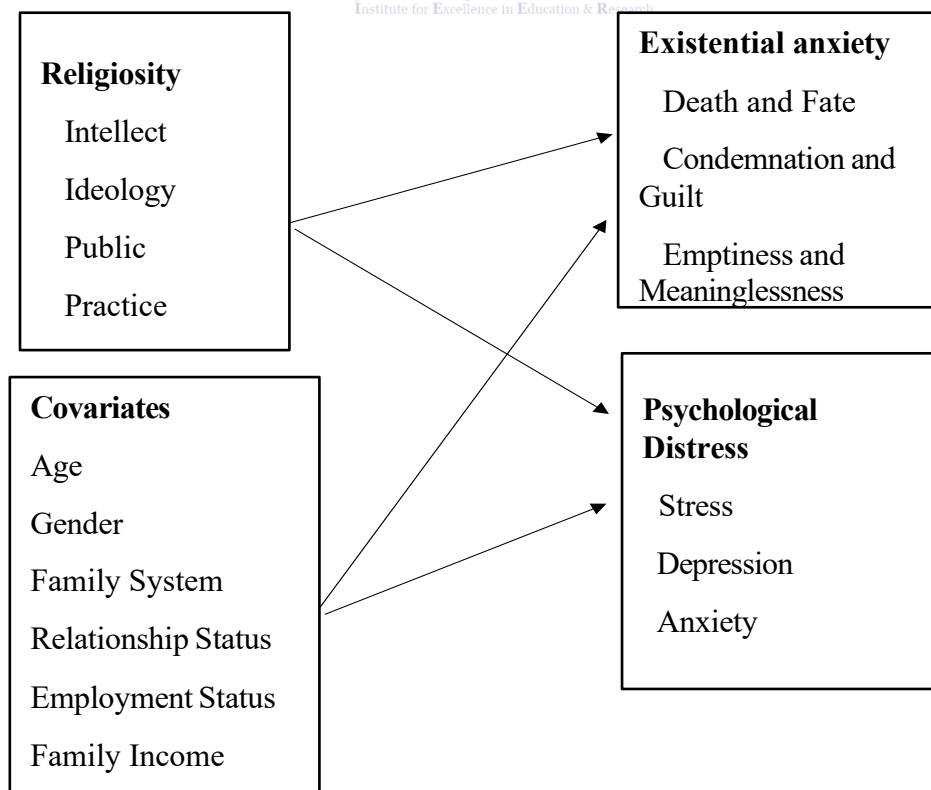
1. To explore the relationship between religiosity, existential anxiety and psychological distress among young adults
2. To determine the predictors of existential anxiety and psychological distress.

**Hypothesis**

The following hypotheses were formulated

1. There will be a significant relationship between religiosity, existential anxiety and psychological distress among young adults.
2. Religiosity will be likely to predict existential anxiety and psychological distress in young adults.

Proposed Model Figure 1.1



**Chapter II Methodology**

In this chapter, the objectives, hypotheses, operational definitions of the variables, instruments that are used in the study, sample description, and the procedure of the study are discussed.

**Research Design**

The current study employed correlational research design to ascertain the relationship between religiosity, existential anxiety and psychological distress among young adults.

**Sample and Sampling Strategy**

The sample for the current study comprises young adults from 3 universities of Lahore. The obtained sample was 200 participants (N = 200). For the present study, convenient sampling was employed to recruit individuals who met the inclusion criteria.

**Participant Characteristics**

*Inclusion Criteria*

- Participants must be within the age range of 18 to 25 years (Arnett, 2012)
- Both Male and female participants will be included.
- Participants shall be able to understand English well enough to provide genuine opinions on the statements
- Participants must be Muslim.

*Exclusion Criteria*

- Individuals with physical disabilities (Sieh, 2010)
- Individuals with psychological disability (Gregoire, 2009)

**Descriptive Statistics Table 2.1**

*Mean, Standard Deviation, Frequencies, and Percentages of the Demographic Variables*

Demographics	M	SD	f	%
Age	20.98	1.817		
<b>Gender</b>				
Male			54	27%
Female			146	73%
<b>Family System</b>				
Nuclear			133	66.5%
Joint			67	33.5%
<b>Relationship Status</b>				
Single			180	90%
Married			6	3%
Engaged			14	7%
<b>Employment Status</b>				
Full time			2	1.5%
Part time			9	4.5%
Student			173	86.5%
Unemployed			16	7.5%
<b>Family Income</b>				
Low Income			41	20.5%
Moderate			124	62.0%
High Income			35	17.5%

## Measures

### *Demographic Sheet*

A demographic sheet was used in order to obtain general information about the participants including their name, age, gender, family type, employment status and monthly family income. It was solely utilized for the purpose of record keeping.

### *Centrality of Religiosity Scale – 15 (CRS-15; Huber & Huber, 2012)*

This scale was developed by Huber, 2012 to measure religiosity. This scale comprises of 15 closed ended questions (e.g., How much do you participate in religious services?) that are based on five dimensions which are intellect, ideology, public practice, private practice and experience. Each dimension consists of three items. The items are rated on 5-point Likert scale ranging 1 to 5. The mean of all dimensions indicates person's overall religiosity. The high scorers indicate high religiosity and low scorers indicate lower religiosity (Huber & Huber, 2012).

### *Existential Anxiety Questionnaire (EAQ; Weems et al., 2004)*

The Existential Anxiety Questionnaire by Weems et al., 2004 measures the dimensions of existential anxiety proposed by Tillich., (1952). The questionnaire is comprised of 13 items (e.g., I often think about death and this causes me anxiety) that measures three dimensions of existential anxiety namely anxiety related to death and fate (Item no. 1, 2, 10, 11, 12), anxiety related to condemnation and guilt (4, 5, 6, 9) and anxiety related to emptiness and meaninglessness (Item no. 3, 7, 8, 13). Items are rated as Yes or No with 7 items with reverse scores. High scorers indicate higher existential anxiety and low scorers indicate lower existential anxiety.

### *Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995)*

It is a self-report instrument that is developed by Lovibond and Lovibond (1995) and is used to measure depression, anxiety, and stress. DASS-21 is a short-form version of the original DASS-42 and consists of 21 items, with 7 items allotted to each of the three subscales. For example, items include: "I felt that life was meaningless" (Depression), "I felt I was close to panic"

(Anxiety), and "I found it hard to wind down" (Stress).

The respondents rate in accordance to how much the statement is applied to them using a 4-point Likert scale, ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much or most of the time). Scores for each subscale are summed and then multiplied by two to obtain the final scores. Higher scores indicate greater severity of depression, anxiety, or stress symptoms.

## Procedure

After conducting an extensive and thorough literature review, title for the research and its aims were discussed with the supervisor. The research topic of the current study was approved by the Centre for Clinical Psychology Committee. After that, permission of tools was taken from the respective authors through email. Proceeding this, the information sheet, consent form and the demographic sheet were prepared and attached with the respective questionnaires, forming a data collection set. After that, the pilot study was conducted.

## Ethical Consideration

There has been no deception or exaggeration in the aims of the research study.

- Informed consent was taken from the participants before proceeding with the research.
- Anonymity and confidentiality of each participant have been ensured.
- Formal permission was obtained from the authorities of relevant institutions.
- The participant was given the right to choose if they want to participate in the study.
- The participants were informed about their right to withdraw from the research without any coercion.

## Results

This section provides a comprehensive description of the results of the current study

## Statistical Analysis

The analysis of the present study was done using Statistical Package for Social Sciences (SPSS-

23.0). Reliability analysis was done to calculate the Cronbach alpha of the scales, after that inferential statistic was done which included correlational analysis, to investigate the relationship between the subscales of religiosity, existential anxiety and psychological distress. Moreover, regression analysis was performed to determine the prediction of variables.

**Reliability Analysis**

Reliability analysis is a statistical analysis and it

is used for the statistical assessment of consistency and stability of an instrument to ensure that it produces similar results under different situations (Cronbach, 1951). In the present study, reliability analysis was used to determine the internal consistency of variables by using Cronbach alpha values for Centrality of Religiosity Scale and its subscales, Existential Anxiety and its subscales and Depression, Anxiety, Stress Scale.

**Table 3.1**

*Table Showing the Scales, along with the Number of Items, the Mean Value, the Standard Deviation and the Cronbach’s Alpha*

Measures	No. of Items	M	SD	Ranges	Cronbach’s Alpha
CRS	15	62.7	9.64	15-75	0.94
Intellect	3	10.94	2.71	3-15	0.62
Ideology	3	13.73	2.31	3-15	0.67
Public Practice	3	12.06	2.65	3-15	0.68
Private Practice	3	13.33	2.32	3-15	0.76
Experience	3	12.12	2.70	3-15	0.73
EAQ	13	9.56	3.29	0-13	0.84
Death and Fate	5	3.63	1.36	0-13	0.61
Cond & Guilt	4	2.98	1.10	0-13	0.63
Emp & mean	4	2.95	1.13	0-13	0.621
DASS-21	21	44.87	30.06	6-124	0.90
Depression	7	7.85	5.183	0-42	0.781
Anxiety	7	8.31	4.936	1-42	0.784
Stress	7	8.02	4.213	1-40	0.732

**Inferential Statistics**

Inferential statistics are the statistical procedures which are used to test variables based on the results to make predictions about them and to generalize the results on larger populations (Gravetter & Wallnau, 2017). Pearson correlation, and multiple regression through hierarchal model are the inferential statistics employed in the current study which are discussed below.

**Correlational Analysis**

It is a type of statistical procedure that is used to investigate the direction and strength of a linear relationship between two variables (Field, 2018). In researches of psychology, it is used to determine whether or not changes in one variable is related or associated to changes in the other variable (Pallant, 2020).

The correlational analysis revealed that the subscales of religiosity (Intellect, Ideology, Public Practice, Private Practice, Experience) have significant negative correlation with the subscale of existential anxiety (Anxiety about death and fate, anxiety about emptiness and meaninglessness, anxiety about condemnation and guilt). Moreover, the subscales of religiosity (Intellect, Ideology, Public Practice, Private Practice, Experience) also have significant negative correlation stress, depression and anxiety. Female gender has significant relationship with condemnation and guilt. Unemployment has significant correlation with anxiety about death and fate and anxiety about condemnation and guilt. Occupation of student has significant correlation with emptiness and meaninglessness. Age has a significant correlation with depression.

Table 3.2

The intercorrelation between sociodemographic and subscales of existential anxiety and stress, depression and anxiety

	1	2	3	4	5	6	7	8	9	10	11	12	13
1.Age	1	.21**	-.02	.22**	.09	.09	-.08	-.01	-.02	.01	.06	-.003	-.15*
2.Females		1	-.03	-.03	.17*	-.03	.03	-.01	.04	-.06	.18*	.124	-.04
3.Nuclear			1	-.12	-.05	-.15*	.14	-.01	-.03	-.11	-.07	.057	.12
4.Married				1	-.04	.25**	-.11	-.05	-.01	-.03	-.06	-.079	-.11
5.engaged					1	.04	.05	-.07	-.04	.03	.07	.053	.04
6.Part time						1	-.56**	-.06	-.01	.05	-.04	-.064	-.04
7.Student							1	-.71**	-.09	-.19**	-.06	.034	-.05
8.Unemployed								1	.18**	.22**	.11	.024	.10
9.Death fate									1	.60**	.51**	.573**	.55**
10. Emp mean										1	.52*	.456**	.58**
11. Cond Guilt											1	.548**	.43**
12. Stress												1	.75**
13.Depression													1

NOTE. DeathFate = Death and fate; EMPMEAN = Emptiness and meaninglessness; Cond Guilt = Condemnation and Guilt

Table 3.3

The intercorrelation between subscales of religiosity and subscales of existential anxiety and stress, depression and anxiety



Measures	1	2	3	4	5	6	7	8	9	10	11
1.Intell	1	.66**	.71**	.75**	.67**	-.54**	-.54**	-.29**	-.34**	-.50**	-.36**
2.ideology		1	.73**	.79**	.70**	-.55**	-.53**	-.25**	-.39**	-.44**	-.42**
3.pubPrac			1	.73**	.69**	-.50**	-.49**	-.24**	-.35**	-.41**	-.34**
4.PrivPrac				1	.74**	-.58**	-.57**	-.26**	-.34**	-.42**	-.37**
5.Exper					1	-.51**	-.56**	-.17*	-.29**	-.51**	-.37**
6.Deathfate						1	.60**	.51**	.27*	.15*	.38*
7. Emp mean							1	.52**	.26**	.18**	.33**
8. Cond Guilt								1	.15**	.33**	.22**
9. Stress									1	.75**	.83**
10. Depression										1	.76**
11. Anxiety											1

NOTE. DeathFate = Death and fate; EMPMEAN = Emptiness and meaninglessness; CondGuilt = Condemnation and Guilt

**Regression analysis**

After correlational analysis, multiple regression by hierarchal model was carried out to examine the predictive relation between study variables in accordance with the hypothesis. In the first model, the demographic variables were added for analysis. In the second model, the main predictors of the study such as Intellect, Ideology, Public Practice, Private Practice and Experiences were added. Existential anxiety, its subscales, Stress, Depression and anxiety were entered as dependent variables, one in each hierarchal regression. The results of this analysis are given in the following table.

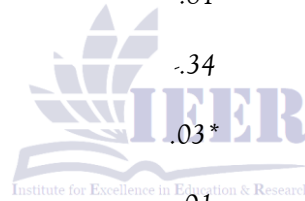
Intellect  $p < 0.05$  and private practice  $p < 0.01$  are the significant negative predictors of anxiety of death and fate. For emptiness and meaninglessness, the negative significant negative predictors in the model are intellect  $p < 0.05$  and experience  $p < 0.05$ . The significant negative predictors of condemnation and guilt are intellect  $p < 0.01$  and public practice  $p < 0.05$  and gender female  $p < 0.05$ . The significant negative predictor of stress is private practice  $p < 0.5$ . For depression significant negative predictors are intellect  $p < 0.01$  and private practice  $p < 0.01$ . For anxiety, The significant negative predictors are intellect  $p < 0.05$  and private practice  $p < 0.05$ .

Table 3.4

*Multiple Regression through hierarchal model for prediction of Existential Anxiety and Psychological Distress from Components of Religiosity for participants (N=200)*

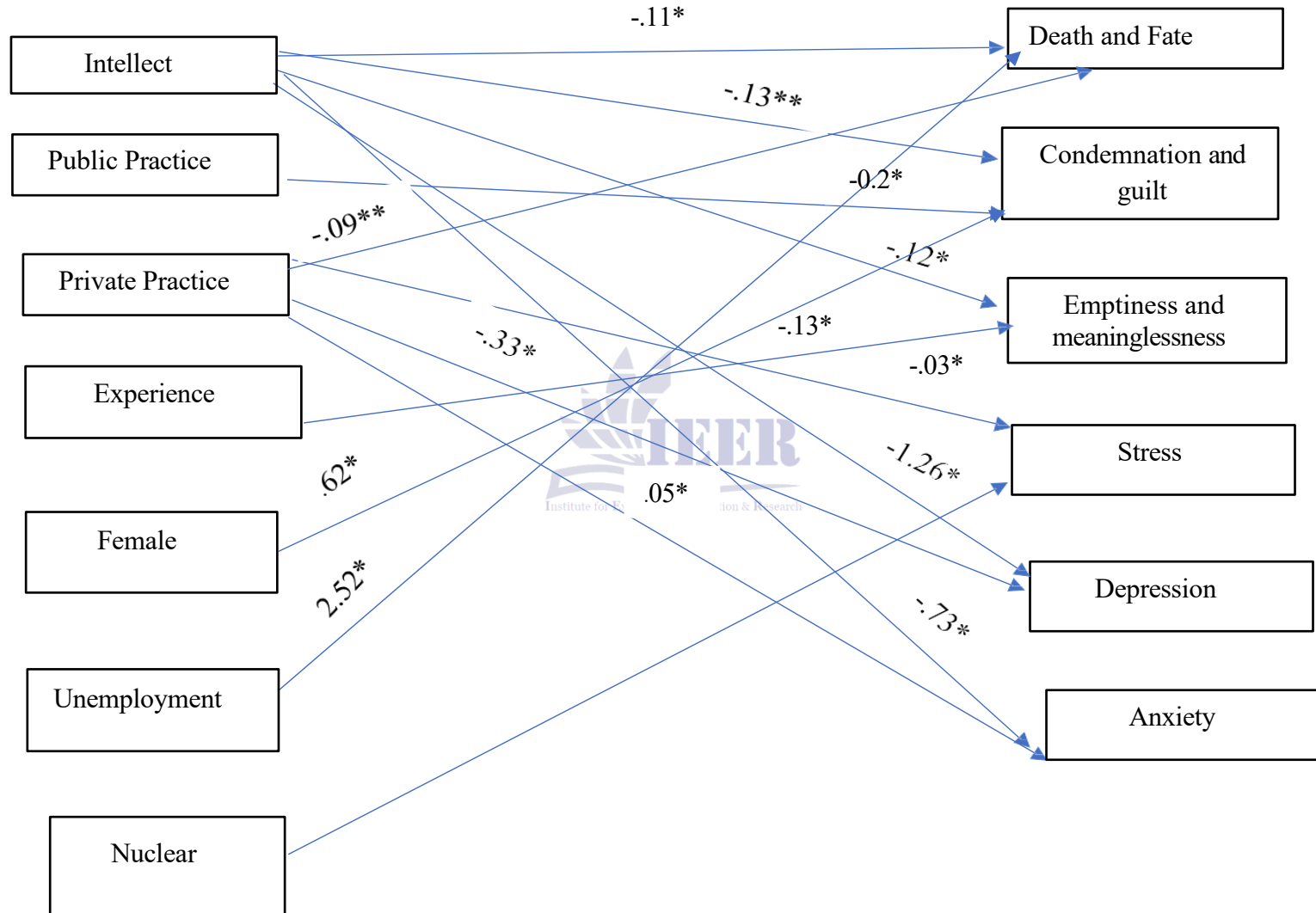
Pred	D&F			E&M			C&G			Stress			Depression			Anxiety		
	B	R <sup>2</sup>	ΔR <sup>2</sup>	B	R <sup>2</sup>	ΔR <sup>2</sup>	B	R <sup>2</sup>	ΔR <sup>2</sup>	B	R <sup>2</sup>	ΔR <sup>2</sup>	B	R <sup>2</sup>	ΔR <sup>2</sup>	B	R <sup>2</sup>	ΔR <sup>2</sup>
Model 1		.06	.06	.07	.07		.06	.06		.04	.04		.08	.08		.07	.07	
Age	-.01			.016						.01			-.627			-.37		
Fem	.14			-.22						2.72			-.460			3.85		
Nuc	-.16			-.31						1.17*			2.80			.39		
Mar	-.04			-.34						-3.89			-4.35			-2.72		
Eng	-.27			.23						1.36			2.795			1.04		
PT	1.48			.51						.63			-1.56			2.79		
Stu	1.53			.25						2.55			-1.74			5.91		
UE	2.52*			1.33						3.55			3.01			6.53		
LI	-.29			-.04						2.46			.825			3.32		
MI	-.49			-.03						-.62			-2.29			-1.66		
Model 2		.45	.39**	.4	.36**		.19	.12***		.26	.22***		.39	.31***		.33***	.26	
Age	.02			.04			.05			.13			-.32			-.16		

Fem	.45	.10	.62*	4.02*	2.91	6.23
Nuc	-.12	-.27	-.16	1.12	2.68	.48
Mar	-.18	-.41	-.58	-5.19	-3.94	-3.69
Eng	-.24	.24	.24	1.74	3.13	1.47
PT	.61	-.22	-.42	-4.60	-6.41	-2.41
Stu	1.18	-.04	.10	.459	-2.99	3.96
UE	1.42	.41	.26	-2.42	-3.44	-.22
LI	.39	.55	.64	5.61	4.80	6.79
MI	-.12	.28	.13	1.42	.002	.36
INT	-.11*	-.12*	-.13**	-.57*	-1.26*	-.73*
IDE	-.06	-.01	-.04	-.81	-.468	-.96
PBP	-.01	-.01	-.02*	-.34	.127	.12
PVP	-.09**	-.07	-.02	.03*	.33*	.054*
EXP	-.06	-.13*	.03	.01	-1.13	-.59



Note. B = Beta; \* = Significance level; UE= Unemployed; LI= Lower Income; MI= Moderate Income; INT= Intellect; IDEO= Ideology; PBPT= Public Practice; PRPT= Private Practice; EXP= Experience; D&F= Death and Fate; E&M= Emptiness and Meaninglessness; C&G= Condemnation and Guilt; Fem= Female; Nuc = Nuclear; Stu = Student; Mar=Married; Eng=Engaged; PT = Part Time

Figure 3.1 Emerged model



### Discussion

The findings of the present study revealed that religious intellect significantly predicted reduced condemnation and guilt, death anxiety, depression and anxiety. It is evident in research that religious intellect serves multiple protective functions by enhancing psychological resilience through coping mechanisms (Basri et al., 2020)

Research on Muslims revealed that individuals with high intellectual involvement and religious knowledge show low level of psychological distress (Saged et al., 2022). This aligns with the Quranic verse of surah Taha in which Allah says "We have not revealed the Qur'an upon you to cause distress." According to research, religious involvement is associated with lower level of depression and anxiety (Koenig et al., 2001). A study by Razali et al., (1998) showed that the psychotherapy treatment that incorporated religious teachings improved anxiety and depressive symptoms in patients with high religiosity. Moreover, religious intellect is also significantly negatively correlated with death anxiety. It is evident from research that deep cognitive engagement with religious beliefs is associated with reduced death anxiety in contrast to ritual based religiosity (Rybarski et al., 2023). Intellect is also negatively associated with condemnation and guilt and is a significant negative predictor of condemnation and guilt. Research shows that individuals having high religious cognition exhibit 40% lower maladaptive guilt and 35% higher adaptive guilt. Intellectual engagement with Quranic verses such as "My mercy compasses all thing" (Quran 7:156) can replace fear of eternal punishment and can foster hope in individuals (Khalek, 2014).

The present study also revealed that private practice is negatively associated with death anxiety and is a significant negative predictor of death anxiety. It is evident from research that private religious practices create connection with God this connection acts as a buffer against mortality salience and existential crises (Pandya, 2020). Allah tells believes that "Those who believe and

whose hearts find comfort in the remembrance of Allah. Surely in the remembrance of Allah do hearts find comfort" (Quran 13:28). Moreover, the present study also revealed that private practice is a negative predictor of depression or

anxiety. Research has also shown that engaging in religious practices helps to promote self control and alleviate anxiety and also has significant influence on prevalence of depressive symptoms (Najam et al., 2019). The research also provides neurophysiological evidence that Salat (Private prayer) is associated with brainwave changes that reduces stress and are associated with relaxation and also decreases cortisol level (Doufesh et al., 2014)

The present study also revealed that public practice is a significant negative predictor of condemnation and guilt. It is evident from research that time spent in religious activities is linked with decreased in anxiety, depression and also substance abuse in university students (Sargolzie et al., 2001). Religion acts as a protective factor as in religious individuals, it leads to active involvement in religious activities which expand their social circle and increases the frequency of interaction, support and satisfaction they receive from their social network (Sen et al., 2021).

The results of the present study also revealed that experience was a significant negative predictor of emptiness and meaninglessness. It is mentioned in Quran that "Verily, in the remembrance of Allah do hearts find rest" (Quran 13:28). The results of 12 years longitudinal study revealed that individuals having mystical experience with divine reported 48% lower feeling of purposlessness (Koenig et al., 2012). However, ideological didn't emerged as a significant predictor of existential anxiety or psychological distress. According to research, belief that God or higher power really exist is universal among Pakistani Muslims, creating less variability in ideological religiosity (Sumaiya et al., 2024). This homogeneity prevents religious ideology from functioning as a predictor of mental health outcomes (Omarji, 2022).

Among the sociodemographic, the findings also revealed that unemployment status significantly predicted anxiety about death and fate. It is evident from research that unemployment is strongly correlated with lower life satisfaction and increased pessimism regarding future occupation (Inan et al., 2023). A study in Pakistan (Ali & Javed, 2021) found that unemployed young adults reported having more anxiety about fate, as financial instability creates

uncertainty about future.

The findings also revealed that nuclear family system is a predictor of stress. It is evident from research that joint or extended family system traditionally provide more social support and in contrast to this, nuclear families often experience increased isolation and stress (Nadeem et al., 2022).

### Strengths of the Study

- The study addresses an underexplored domain in psychological literature, specifically the role of religiosity in prediction of existential anxiety and psychological distress among young adults in a muslim majority context.
- The study exclusively focuses on young adults who are Muslims in Pakistan where religiosity plays a significant role in personal and societal life.
- The Centrality of Religiosity Scale allows for a more comprehensive analysis of how different dimensions of religiosity are associated with psychological outcomes as it captures five dimensions of religiosity (Intellect, Ideology, public practice, private practice and experience).
- Existential Anxiety is a rarely discussed psychological construct in empirical research specifically in Asian context.
- By focusing on emerging adults (ages 18–25), a group in a vulnerable developmental stage, the study adds to the limited literature addressing existential and psychological struggles in this critical life period.

### Limitations and suggestions

- The sample is limited to young adults particularly young adults from specific regions of Lahore, Pakistan which may not fully represent the diverse cultural and religious expressions across the country.
- The study employed a cross-sectional research design which limits the ability to identify the causal relationship between religiosity, existential anxiety and psychological distress.
- The study utilised self-reported questionnaires that may have caused social desirability bias.
- The gender imbalance in the study sample with 73% females may have influenced the results. Future researchers should take balanced

sample of both genders.

- The study did not assess other potentially confounding variables, such as past trauma, personality traits, social support, or religious coping styles, which could impact both religiosity and psychological outcomes.

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