

EXISTENTIAL ANXIETY AND POSTTRAUMATIC STRESS DISORDER SYMPTOMS IN A SAMPLE OF PSYCHIATRIC OUTPATIENTS

*N. Khodabux*¹, *C. Tschiedel Belem da Silva*², *P. Birmes*³, *L. Schmitt*⁴, *E. Bui*⁵

¹Psychiatrie, Psychothérapies et Art-Thérapie, Centre Hospitalier Universitaire de Toulouse, Toulouse, France, ²Hospital de Clínicas de Porto Alegre, Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, Brazil, ³Laboratoire du Stress Traumatique, ⁴Psychiatrie et Psychologie Médicale, Centre Hospitalier Universitaire de Toulouse, Hôpital Casselardit, Toulouse, France, ⁵The Center for Anxiety and Traumatic Stress Disorders, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA

Introduction: Existential anxiety (EA) has been described as the anxiety about the meaning of life, death and the necessity to make choices (Tillich, 1953). Although recent research found EA to be associated with trauma and general psychological symptoms in community samples (Weems et al. 2004), to date, no study has investigated its relationship with trauma exposure and posttraumatic stress disorder (PTSD) symptoms in psychiatric outpatients.

Objective: To examine the association between EA and self-reported trauma history and PTSD symptoms in psychiatric outpatients.

Methods: Seventy-two stable psychiatric outpatients (mean(SD) age=46.1(14), 55% females) were assessed with the Existential Anxiety Questionnaire (EAQ; score ranging 0-39), the Trauma History Questionnaire which reports on criminal experiences, natural disasters, death exposure and questioning about physical and sexual experiences, and the PTSD Checklist (PCL; score ranging 17-85).

Results: Mean(SD) EAQ and PCL scores were 20.0(7.8) and 40.0(15), respectively. A majority of participants (93%) reported at least one lifetime trauma exposure. Results revealed a positive correlation between existential anxiety and lifetime trauma exposure ($r=.28$, $p<.05$). Furthermore, in patients with lifetime trauma exposure, increased EA was associated with increased PCL total score ($r=.57$, $p<.001$) as well as with all PTSD symptom clusters: re-experiencing ($r=0.45$, $p<0.001$), hyperarousal ($r=.51$, $p<.001$) and avoidance ($r=.53$, $p<.01$).

Conclusion: Our findings suggest that EA might be an interesting construct to examine further in the assessment and treatment of PTSD and paves the way for empirical investigations of existential therapies.