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EXISTENTIAL PREDICTORS OF PSYCHOLOGICAL
WELL-BEING

by

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ABSTRACT

Existential Predictors of Psychological Well-Being

by

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The purpose of this study was to examine the relationship between various existential variables and overall well-being in a sample of 251 university students. Subjects completed self-report instruments assessing their levels of self-actualization, death anxiety, spirituality, purpose in life, satisfaction with life, psychological well-being, positive affect, and negative affect. The main purpose of this study was to examine the degree to which these existential variables predicted overall well-being. Results revealed that most of the aforementioned existential variables (except death anxiety) significantly predicted overall well-being. Purpose in life was the most significant predictor in the regression analysis. These results are considered within the context of limitations and implications for psychotherapy and future psychological research.
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CHAPTER 1

INTRODUCTION

The field of psychology is replete with studies examining the negative aspects of psychological functioning such as anxiety, depression, etc. There exists a propensity to focus on the etiology and amelioration of dysfunctional behavior (Robbins & Kliewer, 2000). During a 10-year span there were seventeen articles published on psychological dysfunction for every one article published on psychological well-being (Myers & Diener, 1995). In addition, various scientific journals in psychology (e.g., Journal of Abnormal Psychology) focus exclusively on topics associated with pathological functioning (i.e., psychopathology; Christopher, 1999). Conversely, psychological well-being has not received the same theoretical and research focus of attention (as psychopathology), even though it is one of the most pivotal concepts in psychology (Christopher, 1999). That is, psychological well-being provides a baseline from which we determine psychopathology, as well as it being a critical aspect in theories of personality and development (Christopher, 1999). Clinically, knowledge of psychological well-being assists the therapist in determining the possible direction that therapy should take in ameliorating psychological distress and in informing the goals for psychological interventions (Christopher, 1999).

In addition to psychological well-being being crucial in the theoretical and clinical realms, it is significant because, generally, all individuals strive for well-being. In other words, human beings desire to be more than just free of certain pathological
symptoms or clinical diagnosis. They yearn to get the most out of life by living optimally and by performing at peak levels. While it is certainly crucial to understand and ameliorate psychopathology, it is equally critical to comprehend and promote the positive aspects of psychological functioning. Thus, the focus of this study and paper will be on psychological health and well-being. Specifically, four existential constructs (death anxiety, spirituality, self-actualization, and purpose in life) will be explored in regards to predicting psychological health and well-being. However, before discussing each one of them individually, it is imperative to discuss the general concept of well-being.

**Well-Being**

The field of well-being has been traditionally conceptualized and researched in two distinct, though related, ways: subjective well-being and psychological well-being (Keyes, Shmotkin, & Ryff, 2002). Subjective well-being researchers have examined how individuals assess their lives, both cognitively and affectively (Diener, 1984). In contrast, psychological well-being researchers have analyzed how well individuals have met the existential challenges of life (Keyes, Shmotkin, & Ryff, 2002). A review of the research conducted in the areas of subjective well-being and psychological well-being is warranted and will be discussed next, respectively.

**Subjective Well-Being**

As mentioned previously, subjective well-being has been theorized and defined as the way an individual cognitively and affectively evaluates his or her own life (Diener, 1984). Subjective well-being has three components: 1) an overall cognitive evaluation of life or domain satisfaction, 2) the presence of pleasant affect, and 3) the absence of negative affect (Diener, 2000). The first component refers to an overall judgment that one
makes in regards to life satisfaction (Myers & Diener, 1995). The second component refers to the individual experiencing a preponderance of positive emotions (e.g., happiness; Myers & Diener, 1995). The third component entails the individual not or infrequently experiencing negative emotions (e.g., depression; Myers & Diener, 1995). Therefore, an individual with high subjective well-being would feel satisfied with his or her life conditions and frequently experience positive emotions while infrequently feeling negative emotions (Lucas & Diener, 2000). Subjective well-being has also been construed as happiness, and as an approach to defining the good life (Diener, 2000).

Diener (1984) has stated that the domain of subjective well-being has several key features. First, it is the individual who determines his or her own well-being (i.e., it is subjective). Second, subjective well-being includes positive (not just the mere absence of negative factors), as well as negative measures. Third, subjective well-being assessment instruments usually consist of a global evaluation of all aspects of an individual's life. However, these instruments can also assess satisfaction within a particular life domain (e.g., marriage or work) and/or within a certain temporal period (e.g., assessing a brief period of a few weeks to over an entire life).

**Correlates of Subjective Well-Being**

A prominent subjective well-being study conducted in the 1960's concluded that the happy person is "a young, healthy, well-educated, well-paid, extroverted, optimistic, worry-free, religious, married person with high self-esteem, high job morale, modest aspirations, of either sex and of a wide range of intelligence (Wilson, 1967, p. 294)." Since that time, research on subjective well-being has advanced considerably with some of the above-mentioned characteristics being no longer accurate (Diener, 1984). The
various factors that have been analyzed in the subjective well-being field since Wilson’s characterization of the happy person will be discussed next.

Even though Wilson (1967) reported that youth predicted happiness, subsequent research has challenged this notion. It has been occasionally reported that there is a marginal decline in life satisfaction with age, but when other variables (e.g., income) are controlled, this relation is not found (Shmotkin, 1990). Other studies have often indicated that satisfaction with life increases with age (or does not drop) (Herzog & Rodgers, 1981; Horley & Lavery, 1995; Stock, Okun, Haring, & Witter, 1983). It has been hypothesized that the discrepancy between Wilson’s findings and current ones may be due to older individuals staying healthier and more engaged in various life domains than previous generations (Bass, 1995).

In regards to health, an individual’s perception has more of an effect on his or her subjective well-being than does objective measures of health (Diener, Suh, Lucas, & Smith, 1999). However, if a person’s health consists of multiple or severe problems, this could negatively affect an individual’s subjective well-being, irrespective of one’s subjective evaluation (Diener, Suh, Lucas, & Smith, 1999). Nonetheless, if one’s health condition is less severe, then a substantial amount of adapting to the situation is possible (Diener, Suh, Lucas, & Smith, 1999). Although we do not fully understand what variables are involved in successfully adapting to disability and illness, it has been hypothesized that ill health might negatively affect well-being because it interferes with important goal attainment, and therefore, adaptation to illness might mean that one has to adjust his or her goals in life (Diener, Suh, Lucas, & Smith, 1999).

There are small, but significant, correlations between education and subjective well-being (Campbell, Converse, & Rodgers, 1976; Cantril, 1965; Diener, Sandvik,
Seidlitz, & Diener, 1993), with education being more highly associated with well-being for low-income individuals (Campbell, 1981; Diener et al., 1993) and in impoverished nations (Veenhoven, 1994). It has been found that income and occupational status covaries with education (Campbell, 1981; Witter, Okun, Stock, & Haring, 1984). It seems that education might be indirectly associated with subjective well-being, with supporting research showing that this small relationship in the United States becomes nonsignificant or negative, when income (Campbell et al., 1976; Diener et al., 1993) and occupational status (Witter et al., 1984) are controlled. Thus, a significant part of the relation between education and subjective well-being is attributable to the correlation of education with income and occupational status (Diener, Suh, Lucas, & Smith, 1999).

When analyzing the relation between wealth/income and subjective well-being, there does not seem to be a significant relationship between these two variables (Diener, Suh, Lucas, & Smith, 1999). However, there is a trend for wealthy individuals to be somewhat happier than impoverished people in affluent nations, and wealthier nations seem to be much happier than poorer ones (Diener, Suh, Lucas, & Smith, 1999). In addition, income changes sometimes do not have the expected effects (e.g., individuals who have acquired large sums of money will have higher subjective well-being; Diener, Suh, Lucas, & Smith, 1999).

Religion is a factor that is related to subjective well-being. Research has shown that religious individuals usually report elevated levels of life satisfaction and happiness (Poloma & Pendleton, 1990), while being slightly less susceptible to depression (Brown, 1993; Gartner, Larson, Allen, & Gartner, 1991). They are much less likely to break the law, abuse substances, commit suicide, and be unhappily married or divorced (Batson, Schoenrade, & Ventis, 1993; Colasanto & Shriver, 1989). Religious people also have
been found to live longer and be physically healthier (Koenig, Smiley, & Gonzales, 1988; Levin & Schiller, 1987; Mc Intosh & Spilka, 1990). One meta-analytic study found that health and religiosity were the two best predictors of subjective well-being among the elderly (Okun & Stock, 1987).

The association between subjective well-being and marriage that Wilson (1967) noted has been substantiated by other researchers. Large-scale studies have found that married individuals report higher levels of happiness than those never married, divorced, separated, or widowed (Diener, Suh, Lucas, & Smith, 1999). The causal direction of this association is still unresolved (Diener, Suh, Lucas, & Smith, 1999). There has been longitudinal research that has shown that well-adjusted and happy individuals are more likely to marry and remain married longer (Mastekaasa, 1992, 1994; Veenhoven, 1989). Research has suggested that the healthy effects of marriage (e.g., emotional and economic support) creates positive states of subjective well-being (Coombs, 1991; Gove, Style, & Hughes, 1990; Kessler & Essex, 1982). Waite and Gallagher (2000) state that it is marriage that causes better mental and emotional health for men and women, which cannot be explained by selection effects, and not that happier and healthier individuals get and keep mates more easily. They reported various benefits of being married such as emotional support and intimacy, improved psychological health including reduced levels of depression, reduced problem drinking, and providing individuals with a sense of meaning and purpose in life (Waite & Gallagher, 2000).

Subjective well-being research has found modest correlations between job satisfaction and life satisfaction (Tait, Padgett, & Baldwin, 1989), even though this relation has become stronger for women in recent decades, attributable to the availability of new careers and their changing roles in society (Tait et al., 1989). Certain job
characteristics that predict satisfaction have been researched and some conclusions have been ascertained (Diener, Suh, Lucas, & Smith, 1999). For example, it has been found that person-organization fit (Bretz & Judge, 1994), intrinsic rewards (Mottaz, 1985), and social benefits (Mottaz, 1985) are predictive of work satisfaction. Due to the correlational association between job satisfaction and life satisfaction, the causal direction is not very well known and other variables influence both type of ratings (Diener, Suh, Lucas, & Smith, 1999).

In regards to gender and subjective well-being, research has indicated that women and men have approximately equal amounts of global happiness (Myers & Diener, 1995). In a meta-analysis examining 146 studies, it was reported that gender accounted for less than 1% of global well-being (Haring, Stock, & Okun, 1984) and these findings tend to generalize across nations (Inglehart, 1990; Michalos, 1991). This finding seems paradoxical because women experience depression more frequently than men in the general population (Diagnostic and Statistical Manual of Mental Disorders-Text Revision, 2000). A possible explanation for this discrepancy is that women generally experience stronger, and with more frequency, positive and negative emotions (as compared to men) (Diener, Suh, Lucas, & Smith, 1999). In regards to intelligence, there are contradictory findings, but it probably does not directly influence subjective well-being (Diener, Suh, Lucas, & Smith, 1999).

Race was not a variable that Wilson (1967) mentioned in his influential subjective well-being study. Since then it has been analyzed and it does not seem to be related to subjective well-being (Myers & Diener, 1995). For example, African-Americans are marginally less susceptible to depression (Diener, Sandvik, Seidlitz, & Diener, 1993; Robins & Regier, 1991) indicate being nearly as happy as European-Americans (Diener
et al., 1993), and tend to score similarly on self-esteem tests (Crocker & Major, 1989). This is noteworthy considering the racial discrimination they experience. Possible explanations for their self-esteem maintenance include attributing difficulties to things outside of themselves (e.g., racism and prejudice) and valuing the things they are successful in (Myers & Diener, 1995). Cultural differences, however, do seem to affect subjective well-being. When research has analyzed levels of subjective well-being across various cultures, it has been found that nations vary greatly in their levels of happiness, even while controlling for income (Diener, Diener, & Diener, 1995). For example, collectivist cultures generally experience lower levels of subjective well-being compared to individualistic cultures (Diener, Suh, Smith, & Shao, in press).

In addition to demographic information, research has focused on the relation between personality traits and subjective well-being. It has been found that happy individuals can be characterized as having four internal traits: positive self-esteem, a sense of personal control, optimism, and extraversion (Myers & Diener, 1995). First, happy individuals feel good about themselves (Campbell, 1981). Second, people who are happy feel like they have a sense of control over their life and circumstances (Campbell, 1981; Larson, 1989). In other words, they feel empowered rather than helpless. Third, these individuals tend to be usually optimistic (Myers & Diener, 1995). Lastly, happy people are usually extraverted (Costa & Mc Crae, 1980; Diener, Sandvik, Pavot, & Fujita, 1992; Emmons & Diener, 1986a, 1986b; Headey & Wearing, 1992). Extraversion has been characterized as sociability, dominance, high activity, and warmth and has been clearly related to positive affect (Diener, 1998).

Thus, research on the traits of positive self-esteem, optimism, and extraversion seem to confirm Wilson's findings (1967) on these very same factors. That is, these
variables do seem to characterize the happy person. Wilson also mentioned that being worry-free is another trait that describes the happy person. Subsequent research seems to confirm this trait as well, with neuroticism being strongly associated with negative affect while being inversely related with positive affect (Diener, 1998). Neuroticism is characterized by anxiety, pessimism, interpersonal sensitivity, and irritability (Diener, 1998). As discussed up to this point, there have been great advances in our knowledge of subjective well-being. The following section will discuss the other research tradition in the field of well-being, namely psychological well-being.

*Psychological Well-Being*

Psychological well-being, or psychological health, has been theorized as consisting of six conceptually distinct domains of psychological functioning: Self-Acceptance, Environmental Mastery, Positive Relations with Others, Purpose in Life, Personal Growth, and Autonomy (Schmutte & Ryff, 1997). Before discussing each of these domains in further detail, it is essential to state some features of this approach to examining psychological well-being.

First, an assumption of the above-mentioned paradigm is that subjective well-being is not necessarily a condition for mental health (Robbins & Kliewer, 2000). For example, psychotic individuals might report being happy despite being psychologically distressed (Robbins & Kliewer, 2000). Therefore, additional features (besides subjective well-being) are essential in evaluating psychological health (Robbins & Kliewer, 2000). Subjective well-being researchers have criticized this model of well-being because it places too much authority on the outside evaluations of behavioral experts, rather than the individual (Diener, Sapyta, & Suh, 1998).
Ryff and Keyes (1995) have criticized previous research for not really answering the fundamental question: What does being psychologically healthy mean? Another criticism has been that prior formulations of well-being have largely been atheoretical (Ryff & Keyes, 1995). Ryff (1989) developed a theory-derived, multidimensional model of psychological well-being that does not equate psychological health with the mere absence of psychopathology. The six dimensions of psychological well-being have been derived from clinical accounts of full and mature psychological functioning, synthesized from positive mental health criteria, and grounded in life-span developmental theories (Ryff, Magee, Kling, & Wing, 1999). A detailed description of the six domains of psychological well-being, along with high and low scorer characteristics, is warranted and will be discussed next.

The first dimension of psychological well-being to be discussed is self-acceptance. Ryff and Singer (1996) contend that this is a cardinal feature of positive psychological functioning and is characteristic of the mature, self-actualized, and optimal functioning human being. That is, having self-accepting and positive attitudes towards oneself is a central quality of good mental health (Ryff & Singer, 1996). Individuals with high self-acceptance, by definition, would possess positive attitudes towards themselves, feel good about their past and present, and accept their good and bad qualities (Ryff & Singer, 1996). Conversely, people with low self-acceptance would be defined as either feeling dissatisfied with themselves, being unhappy with certain personal qualities, or feeling disappointed with their past (Ryff & Singer, 1996).

Positive relations with others is another realm of psychological well-being. This is similar to self-acceptance, however, it involves interpersonal relationships (Keyes & Ryff, 1999). Having positive regard for other individuals, as well as oneself, is essential
for the psychologically healthy person (Keyes & Ryff, 1999). Positive relations with others has been defined as the development and maintenance of warm and trusting interpersonal relationships, feeling empathy and affection for others, having the ability to love, and having a sense of responsibility to others (Keyes & Ryff, 1999). In addition to having these features, an individual with this characteristic is concerned about the welfare of others and comprehends that relationships are “give and take” (Keyes & Ryff, 1999). In contrast, a person who does not have positive relations with others is defined as being interpersonally isolated and frustrated, unempathic, is unwilling to make compromises to maintain friendship ties, and has few intimate and trusting relationships (Keyes & Ryff, 1999).

A third dimension of psychological well-being is autonomy, which is characterized by independence and self-determination (Ryff & Essex, 1992). Individuals who are self-actualizers and fully functioning have been described as having self-regulating behavior and as being immune to societal enculturation (Ryff & Essex, 1992). They do not seek the approval of others because they evaluate themselves based on their own standards (Ryff & Essex, 1992). Therefore, individuals with high autonomy are defined as resistant to thinking and behaving according to societal conventions, whereas people with low autonomy are defined as being more likely to conform to social pressures, are concerned about others’ judgments and evaluations of them, and rely on others’ opinions in order to make decisions (Ryff & Essex, 1992).

A fourth domain of psychological well-being is environmental mastery, which refers to the individual being able to tailor his or her environment so it is reflective of his or her personality, along with his or her psychological and physical needs (Keyes & Ryff, 1999). Those with high environmental mastery are defined as making maximum use of
their surrounding opportunities, are competent in managing the environment, and select contexts that are compatible with their subjective values and personal needs (Keyes & Ryff, 1999). Conversely, individuals with low environmental mastery lack a sense of control over their external environment, are not able to change their surrounding context, and have difficulty in managing their daily affairs (Keyes & Ryff, 1999).

The fifth dimension of psychological well-being is purpose in life, which includes the belief that life has meaning and purpose (Ryff, 1989). An individual who functions optimally has goals, acts intentionally, and has a sense of directedness, which, in turn, contributes to the feeling that life is meaningful (Ryff, 1989). A person with high purpose in life would be characterized by beliefs that connote life purpose, objectives for living, feeling that one’s past and present have significance, and have a sense of directionality (Ryff, 1989). This is in direct contrast to an individual with low purpose in life who would be described as having few goals in life, lacking a sense of direction, holding no beliefs that affirm life meaning, and lacking an overall sense of life purpose and meaning (Ryff, 1989).

The last dimension of psychological well-being to be discussed is personal growth, which can be described as continuing to achieve one’s potential in expanding and developing as a human being (Ryff & Essex, 1992). Having an openness to new experiences and confronting new challenges are characteristics of this psychological dimension (Ryff & Essex, 1992). Those who score high on this domain tend to see themselves as continuously growing and developing, changing in ways that are based on further self-knowledge, and seeing improvements in themselves and their actions over time (Ryff & Essex, 1992). In contrast, an individual who scores low on personal growth
may feel personally stagnated, feels he or she has not improved over time, and lacks zest and interest for life (Ryff & Essex, 1992).

**Correlates of Psychological Well-Being**

Research has been conducted in order to determine differences (if any) in psychological well-being across various factors such as age, gender, culture, and socioeconomic status. The studies that will be discussed next have been conducted within the six-dimension psychological well-being paradigm utilizing structured self-report scales (Ryff, 1995; Ryff & Singer, 2002).

Studies analyzing age differences in psychological well-being have reported consistent findings. In one empirical study conducted (Ryff, 1995), individuals divided into young, middle-aged, and old-aged were asked to rate themselves on each of the six psychological well-being dimensions. Their responses revealed a varied pattern of significant age differences (Ryff, 1995). For example, results indicated that environmental mastery and autonomy increased with age, particularly from an individual’s young adulthood to his or her midlife years (Ryff, 1995). Conversely, personal growth and purpose in life decreased, particularly from the midlife years to the old age years (Ryff, 1995). In regards to positive relations with others and self-acceptance, there were no significant age differences that were found across the three age groups (Ryff, 1995). Another study utilizing the same three age groups found highly similar findings, although lacking generalizability due to the sample of community volunteers (Ryff, 1995). One possible explanation for these results lack generalizability could be because those who volunteered for this study might have been more motivated and psychologically sophisticated, and therefore, different from the rest of the community. One study (Ryff, 1995) utilized a national sample and a reduced version of
the original scales, revealing highly complementary findings (with the two above studies), with the exception being that results varied between no differences to increases with age on the dimension of positive relations with others. Further research (e.g., longitudinal studies) is needed in order to determine if these age patterns are reflective of cohort differences, or if they signify developmental changes (Ryff, 1995). A possible explanation is that older adults might have limited opportunities for continued growth and development (Ryff, 1995). The recurring low ratings of older individuals on personal growth and purpose in life suggests that later life might have significant psychological challenges, which warrants further attention (Ryff, 1995).

Gender differences in psychological well-being have also been explored. Studies have shown that women of all ages rate themselves higher than men on positive relations with others and on personal growth (Ryff, 1995). Interpersonal well-being is the dimension that men rate themselves the lowest, although men (in open-ended interviews) have stated that relating to others is a critical feature of positive functioning (Ryff, 1989). For the remaining four dimensions of psychological well-being, research has not indicated any gender differences (Ryff, Magee, Kling, & Wing, 1999). These results are consistent with those found in the subjective well-being literature. These findings on gender are critical to emphasize due to the higher rates of depression among women (Diagnostic and Statistical Manual of Mental Disorders-Text Revision, 2000). However, in order to gain a more complete and accurate assessment of women's psychological functioning, it is imperative to consider that it seems that they have superior psychological resources compared to men in particular areas of well-being and score similarly to men on the other dimensions of well-being (Ryff, 1995).
Studies have examined cultural differences in psychological well-being. In one study (Ryff, 1995) that was comprised of midlife American and South Korean adults, it was reported that Americans tended to ascribe more positive qualities to themselves than Koreans. Within the Korean culture, it was revealed that they displayed high self-ratings on the dimension of positive relations with others, while having low self-ratings on personal growth and self-acceptance. Within the American culture, personal growth was endorsed highest, particularly for women. Surprisingly, in light of our individualistic culture, autonomy was rated the lowest. Gender differences across both cultures revealed that women obtained higher ratings than men on positive relations with others and personal growth. There is evidence which suggests that Koreans, more than Americans, define their own wellness by emphasizing the well-being of other people (e.g., family).

Surprisingly, Ryff and colleagues (as cited in Keyes & Ryff, 1999) reported similar findings in their study that asked open-ended questions to midlife American adults, who conceived of well-being through their family and marital relationships. Moreover, they described a well-adjusted individual to be a caring person connected to others. However, unlike Korean respondents, American adults described the healthy individual as also being assertive and confident, constantly growing and enjoying life. Furthermore, Americans tended to view personal fulfillment as personal achievements, as opposed to accomplishments of their children.

There have been noted socioeconomic differences in psychological well-being. For example, one longitudinal study (as cited in Ryff & Singer, 2002) focused on level of education and it was found that individuals with more education had higher well-being profiles, especially for women. Education is strongly predictive of psychological well-being, even after controlling for other variables such as income, parental education,
occupational status (Ryff, Magee, Kling, & Wing, 1999). Another study based on a representative sample reported that an individual is less likely to have high purpose in life if one has less education (as cited in Ryff & Singer, 2002).

Thus, as discussed up to this juncture, the fields of subjective well-being and psychological well-being have considerably advanced our knowledge of overall well-being. Each of these domains have emphasized different aspects of well-being, both theoretically and in regards to generated research. However, the well-being literature has only given minor attention to existential constructs. Although the psychological well-being literature does include some research on certain existential constructs (e.g., purpose in life), the extent is relatively minimal, with other existential constructs (e.g., death anxiety) being ignored. These oft-neglected constructs are important in comprehending and promoting well-being. To date, no study has examined all of the following existential constructs (as predictors) in regards to psychological well-being: death anxiety, purpose in life, spirituality, and self-actualization. Therefore, a brief review of each of these constructs will be discussed next.

Death Anxiety

Death anxiety has been defined as an aggregate of attitudes towards death marked by apprehension, threat, discomfort, fear, and anxiety (Neimeyer, 1997). It has also been referred to as death threat, death concern, mortal terror, fear of finitude, and fear of death (Tomer, 1994; Yalom, 1980). It has been customarily accepted that the fear of death is universal and that any lack of this fear is indicative of death denial (Bakan, 1971; Becker, 1973). Reasons for fearing death are various such as pain and suffering, loss of the self,
the fear of not having lived a meaningful life, and not knowing what is after death (Butler, 1975; Erikson, 1963; Feifel, 1977; Fry, 1990).

**Theories and Models**

It has been noted that death and dying issues are complex (Kastenbaum & Costa, 1977; Wass, 1979) and that the fear of death is not a one-dimensional construct (Collett & Lester, 1969; Littlefield & Fleming, 1984). Instead, Lonetto and Templer (1986) state that there seems to be four factors that characterize death anxiety. The first major component combines both affective and cognitive reactions to death. A second component focuses on the real and/or anticipated physical changes accompanying serious illness and dying. The third component is an awareness and recognition of the unstoppable passage of time. The last component is the actual and/or anticipated pain and stress due to chronic (or terminal) illness and one’s personal fears. Thus, according to this conceptualization, death anxiety is universal and multidimensional (Lonetto & Templer, 1986). Furthermore, death anxiety can ensue when any one (or more) of these factors attains a subjectively-defined critical level (Lonetto & Templer, 1986).

Tomer and Eliason (1996) have proposed a model of death anxiety. They propose that death anxiety has three determinants: past-related regret, future-related regret, and meaningfulness of death. The first two elements allude to the types of regret that derive from contemplating one’s death. Specifically, past-related regret entails the perception that one has not fulfilled essential goals, while future-related regret refers to the perception of our inability to achieve basic future objectives. The third component, meaningfulness of death, alludes to one’s conceptualization of death as making sense or being senseless, being positive or negative, etc.
According to the paradigm developed by Tomer and Eliason (1996), an individual will encounter high death anxiety if he or she believes death is meaningless and feels much past and future-related regret. These three determinants are associated to the degree that a person contemplates his or her own mortality (death salience). Death salience can be linked to these determinants and hence to death anxiety by the direct activation of feelings of regret and thoughts regarding how meaningful or meaningless death is, by affecting the determinants through modification of one’s beliefs about the self and world, and by activating various coping mechanisms (e.g., life planning) as well as other processes. These processes will influence an individual’s beliefs about the self and the world, and therefore, in turn, on the three death anxiety determinants. These three processes will fuse together to establish death salience’s general effect on an individual’s death anxiety.

Another paradigm that has been promoted is the two-factor model of death anxiety (Lonetto & Templer, 1986). One factor is overall psychological health, as assessed by anxiety and depression measures (Tomer, 1992). The second factor entails an individual’s life experiences regarding death (Tomer, 1992). The first factor is theorized to represent death anxiety and the second factor reflects a direct fear of death (Gilliland & Templer, 1985-86). Death anxiety, along with other psychological difficulties (e.g., depression, psychosis, neurosis, etc.) can arise if one’s defense mechanisms are weakened (Tomer, 1992). There seems to be empirical evidence in the research literature for this model (Lonetto & Templer, 1986).

Terror management theory (Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989) is a paradigm that attempts to explain death anxiety. It assumes that cultural systems act as buffers against human awareness of inevitable mortality and susceptibility.
Cultural systems promote conceptions that the world is just and that symbolic immortality can be achieved by identifying with the system and real immortality with religion. It is proposed that individuals have to abide by the rules of the system and common cultural standards, if one is to enjoy the above-mentioned benefits (i.e., symbolic and real immortality). In this manner an individual achieves the positive feeling of participating in the cultural system (defined as self-esteem). Hence, one is motivated in believing and belonging in the cultural system. This theory presumes that increasing one’s self-esteem will mean that one will experience less anxiety when exposed to threatening stimuli (e.g., scenes of death). Empirical findings support this (Greenberg, Pyszczynski, & Solomon, 1986; Rosenblatt, Greenberg, Solomon, Pyszczynski, & Lyon, 1989) and results have shown a negative correlation between death anxiety and self-esteem (Davis, Martin, Wilee, & Voorhees, 1978).

**Correlates of Death Anxiety**

In regards to age differences, there seem to be differences in levels of death anxiety. For example, one study (Thorson & Powell, 2000) utilizing a large, heterogeneous sample comparing young adults (mean age= 21.6 years) with older adults (mean age= 77.3) found that as age increased there was a decrease in death anxiety. The specific differences between these two groups seems to be related to young adults’ fears of the loss of important things such as being active, having control, and fears of pain and body decomposition (Thorson & Powell, 2000). Similarly, various studies (Bengtson, Cuellar, & Ragan, 1977; Gesser, Wong, & Reker, 1988; Kalish & Reynolds, 1977) have reported higher death anxiety in middle-aged individuals than in elderly ones, indicating that a negative linear relationship between death anxiety and age exists during the last half of adulthood. Moreover, these results revealed that death anxiety stabilizes during
the final decades of life (Fortner & Neimeyer, 1999). However, one study (Galt & Hayslip, 1998) revealed contradictory results. It was reported that older individuals evinced greater levels of overt (conscious) fear, while younger individuals displayed higher levels of covert (unconscious) fears (Galt & Hayslip, 1998).

When analyzing gender differences in death anxiety, research findings have been mixed. Gender seems to be a variable that is related to death anxiety, both nationally and cross-culturally (Mc Mordie & Kumar, 1983). Various studies have reported females having higher death anxiety (Aday, 1984-85; Templer, Ruff, & Franks, 1971; Templer & Ruff, 1971). Previous research has suggested that elderly females specifically had higher death anxiety than elderly males (Neimeyer & Fortner, 1995). However, it has also been reported that gender is not predictive of death anxiety in elderly individuals (Fortner & Neimeyer, 1999; Fortner, Neimeyer, & Rybarczyk, 2000). It is possible that females of younger age cohorts have higher death anxiety (Neimeyer & Van Brunt, 1994), although this does not seem to be generalizable to the older adult population (Fortner & Neimeyer, 1999).

It has been reported that greater physical problems are predictive of higher death anxiety in the elderly, even though only global measures of physical health were used (Fortner, Neimeyer, & Rybarczyk, 2000). Therefore, further research needs to be conducted in order to determine the specific medical and somatic conditions in which death anxiety is higher for patients with physical illness (Fortner, Neimeyer, & Rybarczyk, 2000).

The relationship between psychological difficulties and death anxiety has been explored. Analogous to the findings from the physical health/death anxiety research, it was revealed that, in the elderly population, having more psychological problems was
predictive of higher death anxiety (Fortner & Neimeyer, 1999). The findings were based on global measures of psychological difficulties, depression, and anxiety (Fortner & Neimeyer, 1999). Depression does seem to be positively associated with death anxiety (Lonetto & Templer, 1986). White and Handal (1990) conducted a study on the relationship between death anxiety and mental health/distress. They reported that the group with high death anxiety had significantly greater levels of psychological distress and lower levels of life satisfaction than the group with low death anxiety.

Religion is another variable that has been examined in relation to death anxiety. Studies reveal that younger individuals who are more religious tend to have lower death anxiety (Neimeyer & Fortner, 1997; Neimeyer & Van Brunt, 1995). This finding has not been replicated with the elderly population (Fortner & Neimeyer, 1999). Moreover, it was found that religious belief (e.g., belief in an afterlife) was predictive of lower death anxiety and religious behaviors (e.g., church attendance) were not (Neimeyer & Van Brunt, 1995).

In regards to racial differences between elderly Caucasians and African-Americans, there has been a paucity of research and the few studies that have been conducted reveal contradictory results (Cicirelli, 2000). That is, some studies report African-Americans having higher death anxiety than Caucasians (Cole, 1978; Dodd & Mills, 1985; Sanders, Poole, & Rivero, 1980; Young & Daniels, 1980), others indicate the opposite (Pandy & Templer, 1972; Thorson & Powell, 1994), and one study found no differences between these two groups (Florian & Snowdon, 1989).

When analyzing income and educational level, research has reported that these variables are inversely related to death anxiety, even though the significant relationships are small (Aday, 1984-85; Berman & Hays, 1973; Cole, 1978-79; Kinlaw & Dixon,
Lower death anxiety also seems to be associated with being well-educated, having a higher IQ, being Caucasian, being male, having a good income, and being from an intact family (Lonetto & Templer, 1986).

Number of children, marital status, and parenthood are other variables that have been researched with death anxiety. One study analyzing all three variables together reported no association with death anxiety (Cole, 1978-79). However, there was another study that revealed that individuals (men and women) who never married had more death concerns, as opposed to those people who were married or widowed (Morrison, Vanderwyst, Cocozza, & Dowling, 1981-82). Another study reported that secondary school students living with one parent had higher levels of death anxiety than those students living with both parents (Iammarino, 1975). It is plausible that those students living with one parent might have more anxiety in general (including death anxiety) because their family life might be more unstable (e.g., emotionally or financially) than those found in a two-parent household. Furthermore, Mc Donald and Carroll (1981) reported that it was only the eldest, or first-born, children who experienced greater levels of death anxiety (compared to later-born children), and this was attributed to older children having a greater need for achievement. It could be hypothesized that, due to the oldest children possibly having greater needs for achievement, they might experience higher levels of death anxiety because they might fear dying before having a chance to fulfill their potential and achieve all the things they desire.

As discussed up to this point, death anxiety seems to be a complex and multidimensional construct, which impacts overall well-being. As previously mentioned,
death anxiety seems to be associated with many factors. Purpose in life is one of those variables and the following section will discuss this construct.

**Purpose in Life**

One of the defining features of being human is having meaning and purpose in life (Moomal, 1999). According to Yalom (1980), meaning and purpose connote different things. He states that meaning refers to sense and a search for meaning entails searching for coherence. He defines as purpose, on the other hand, as alluding to aim or intention. Even though both terms seem to connote different things, they are used interchangeably (Yalom, 1980).

Furthermore, "a meaningful life" has not been clearly defined and no consensus exists on its precise definition. For example, one definition was given by Battista and Almond (1973), who stated that a meaningful life implies the following: an individual is positively committed to some sense of the meaning of life, this sense of the meaning of life gives the individual a framework to view life, the individual perceives his or her life as meeting this sense of life, and this fulfillment is experienced as significant or as a feeling of integration. Despite the lack of a uniform definition, having meaning in life has been associated with moral goodness and personal desirability (King & Napa, 1998).

Purpose in life is a characteristic that has been emphasized by various theorists to be a critical feature of positive human functioning. For example, Jahoda (1958) delineated purpose in life as one of the criteria for positive mental health. From the philosophical viewpoint of what constitutes the good life, Becker (1992) described actively pursuing projects that are meaningful to one's life as one of the criteria. Yalom (1980) stated that those individuals facing death are able to live more zestful and full
lives if they possess a sense of purpose. In sum, interdisciplinary theorists have emphasized the importance of living a purposeful life. A review of empirical studies examining purpose in life will be discussed next.

Prior studies, utilizing nationally representative and community samples, have reported that purpose in life in older individuals was lower compared with younger and middle-aged individuals (Ryff, 1989; Ryff, 1995; Ryff & Keyes, 1995; Ryff & Singer, 1998). Similar studies have revealed that this particular aspect of well-being is valued by older individuals and consider it integral in their definitions of what functioning positively means (Ryff, 1989; Ryff, 1991). Although it is not clear why older people seem to have lower purpose in life, it has been hypothesized that it might be due to their lack of clearly defined roles, resources, and opportunities (Ryff & Singer, 1998).

A study (Reker, Peacock, & Wong, 1987) comprised of 300 men and women from young adulthood (16 to 29 years) to the old-old (over 75 years) revealed that life purpose increased with age, up until middle-age. The authors hypothesized that this may be due to younger individuals being uncertain about their futures and/or lacking clear career goals that, in turn, promote meaninglessness. It is critical to note that elderly individuals, in addition to younger people, had low levels of purpose in life (Reker, Peacock, & Wong, 1987). This is consistent with the above-mentioned studies. It is significant to state that this pattern reflects the pattern of suicide in the United States, that is, suicide rates are highest in young and elderly individuals (Reker, Peacock, & Wong, 1987). It seems that middle-age individuals had the greatest levels of purpose in life, explained as possibly because they have discovered their niche in life (Reker, Peacock, & Wong, 1987).
Purpose in life has been shown to be strongly linked with education (Ryff & Singer, 1998). That is, individuals (especially women) with college degrees have higher purpose in life than those with only a high school degree (Ryff & Singer, 1998). In regards to causality, it has been theorized that the most powerful explanation is that those with a high school degree (or limited education) are limited in their pursuit of meaningful goals in life and in experiencing personal growth (Ryff & Singer, 1998).

Other studies have documented that purpose in life is affected by a person’s life transitions and life experiences. For example, parenthood seems to add to the psychological well-being of parents (Ryff & Singer, 1998). Specifically, Ryff and Singer (1998) found that purpose in life self-ratings (along with other variables) of middle-age fathers and mothers were predicted by their assessments of how well adjusted (personally and socially) their grown children were. Longitudinal research has reported increased levels of psychological well-being (including purpose in life) after a transition in life (Ryff & Singer, 1998).

Research has examined how purpose in life is related to psychopathology and to well-being. For example, Compton (2000), utilizing a sample of over 300 college students and community residents, found that the most significant predictor of subjective well-being (in all analyses) was meaningfulness, or the belief that one’s life has meaning. In a similar study, Moomal (1999) researched, in South Africa, the relationship between mental well-being and meaning in life. The findings revealed a significant negative correlation between the Purpose in Life Test (Crumbaugh & Maholick, 1964) score and most of the clinical subscale scores of the Minnesota Multiphasic Personality Inventory (MMPI; Hathaway & McKinley, 1943), a personality test that assesses psychopathology. Another critical result Moomal reported was the highly significant negative correlations.
between the Purpose in Life test (all three scales) and the F scale from the MMPI. The F scale is indicative of general psychopathology, with elevated scores suggesting greater psychopathology (Graham, 2000). Thus, an inverse relationship between the purpose in life measure and the F scale corroborates the hypothesis that purpose in life is related to psychological well-being, or at least with the absence of psychopathology (Moomal, 1999). One limitation of this study was that the sample consisted of nonclinical university students only, therefore limiting its generalizability (Moomal, 1999). Incorporating clinical subjects, with a wider variety of psychological difficulties, could prove to be useful in future studies (Moomal, 1999).

Robak and Griffin (2000) conducted a study that examined the relationship between purpose in life and happiness, depression, and grieving in a sample of college students. Findings suggest that there is a strong association between self-reported levels of happiness and purpose in life. Specifically, it was reported that the less purpose in life one has the more likely one is to report being depressed. Conversely, happiness is positively correlated with purpose in life, which seems to be corroborated by the inverse relationship between death depression (a person's death-related depression) and life purpose. In addition, this study did not reveal any gender differences in regards to purpose in life.

Another similar study (Reker, 1994) utilized a sample of 300 men and women and reported purpose in life as being significantly associated with physical and psychological well-being, from young people (16-29 years) to old individuals (75-93 years). Physical well-being was assessed by a self-rating of physical health and vitality, along with a lack of physical discomfort. Psychological well-being was measured by the presence of positive emotions (e.g., joy) and a lack of negative ones (e.g., anxiety). Another study
(Debats, 1996), based on cross-sectional and longitudinal data, revealed identical findings as Reker. That is, meaning in life was significantly correlated with psychological well-being and it was related to improvement in psychotherapy.

Kish and Moody (1989) conducted a study whose sample consisted of 48 male patients (mean age= 45 years) in an alcohol dependency treatment program (28-day program). The findings revealed that low purpose in life was associated with neurotic, sociopathic, and psychotic variables from the MMPI. Consistent with the previously mentioned study of Reker, Peacock, and Wong (1987), young individuals were reported as having less meaning than middle-aged participants.

In addition, purpose and meaning in life has been positively correlated with psychic and spiritual experiences, with 91% of those having a spiritual experience considering it valuable (Kennedy, Kanthamani, & Palmer, 1994). Therefore, spirituality which will be discussed next.

**Spirituality**

Spirituality and religion are both multidimensional and complex constructs that are difficult to precisely define (Plante & Sherman, 2001). One of the difficulties in defining them is that they are often used together and interchangeably (Stanard, Sandhu, & Painter, 2000). Even though both comprise the sacred, spirituality has been defined as a more personal experience and religion has been characterized as an aggregate of institutionalized doctrines and beliefs (Stanard, Sandhu, & Painter, 2000). For purposes of this paper, both terms will be used interchangeably, except when specifically noted.

Adams, Bezner, Drabbs, Zambarano, and Steinhardt (2000) state that there have been various theorists who have characterized spirituality as a component of overall
wellness. Even though theoretical conceptualizations of spirituality are diverse, there seems to be some common elements that exist: a belief in a unifying force in life, a sense of life purpose and meaning, and a connection to self, the environment, or a higher power (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000). Similarly, spiritual wellness has been hypothesized as consisting of four dimensions: a perspective of transcendence, an intrinsic system of values, a sense of meaning in life, and a sense of being a part of a spiritual community of shared values and support (Westgate, 1996).

It has been stated that the area of spirituality (as a component of wellness) has been mostly ignored by researchers in the field of subjective well-being (Ellison, 1983). Despite this omission, spirituality seems to be an ever-important dimension in the lives of elderly individuals and in their quest for physical and psychological well-being (Fry, 2000). In addition, a poll revealed that 86% of Americans consider their religious beliefs as fairly or very important (Ellison, 1983). Despite spirituality not being heavily emphasized in the research literature, there have been various empirical studies conducted on spirituality and its association with well-being and psychopathology. A description of these studies will be discussed next.

There have been studies conducted that have not used religiosity and spirituality in an interchangeable manner. For example, Rasmussen and Johnson (1994) examined both religiosity and spirituality in regards to death anxiety. Interestingly, the findings revealed that spirituality had a significant negative relationship to death anxiety. However, religiosity had no significant relationship to death anxiety. It seems that it is the spiritual aspect of religion, rather than the practice of religion, which seems to contribute to the lower levels of death anxiety. However, the majority of studies conducted have shown that individuals who are more religiously active seem to have lower levels of

Recent studies have reported that religiosity is related to decreasing levels of depression (Cosar, Kocal, Arikan, & Isik, 1997; Plante & Boccaccini, 1997), although there have been some studies indicating no clear relationship between the two (Koenig, Hays, George, Blazer, Larson, & Landerman, 1997). For example, intrinsic religiosity (based on internal beliefs rather than external benefits) is significantly related to lower depression symptomatology (Mickley, Carson, & Soeken, 1995; Watson, Milliron, Morris, & Hood, 1994). Conversely, particular private religious behaviors (e.g., personal prayer) seem to be positively associated with depression among the elderly. Other studies have found lower levels of depression among individuals with beliefs in the afterlife (Alvarado, Temper, Bresler, & Dobson, 1995), religious individuals with medical difficulties or religious surgical patients (Richards & Bergin, 2000), and the church-attending elderly (Richards & Bergin, 2000).

Besides religiosity being associated with various psychopathologies, research has focused on the relationship between well-being and religiosity. For example, one study (Chamberlain & Zika, 1988b), utilizing a sample of only women, found a small, but positive, association between subjective well-being and religiosity, with the latter accounting for 1 to 3% of variance in well-being. Specifically, of the well-being measures, only life satisfaction was found to be significantly correlated with religiosity, while positive and negative affect were not. The same authors did two other studies, utilizing different samples, that revealed a modest positive relationship between religiosity and psychological well-being (Chamberlain & Zika, 1992).
French and Joseph (1999) examined the relationship between religiosity and happiness, purpose in life, and self-actualization in a sample of college students. The findings reveal that religiosity was positively correlated with happiness, purpose in life, and self-actualization. The authors concluded that the relation between happiness and religiosity might be attributable to purpose in life.

Conversely, two studies conducted by Lewis, Lanigan, Joseph, and de Fockert (1996) was conducted on the relationship between religiosity and happiness. The authors utilized a sample of college students in two different universities in Great Britain. The authors found no association between religiosity and happiness. The authors attribute the discrepant findings possibly to the different manner that happiness was operationally defined. That is, one study could utilize a measure that taps the frequency of happiness while another study uses an assessment instrument that measures the intensity of happiness.

Ellison (1991) examined subjective well-being and religious involvement, in which several findings emerged. First, it seems that firm religious beliefs seem to enhance affective and cognitive perceptions of the quality of one’s life. Second, church attendance and private devotion (aspects of religiosity) seem to contribute to well-being indirectly, mostly by strengthening world views and religious beliefs. Third, religious faith was found to act as a buffer against trauma’s negative effects on well-being, but divine interaction (e.g., identification with a religious figure) does not moderate the stressor effects. Lastly, individuals with liberal, nontraditional, and nondenominational Protestant affiliations endorsed significantly more life satisfaction than those individuals without any affiliation.
Thus, a majority of the research that has examined the association between religion and spirituality and outcomes on mental health reveal positive relationships (Plante & Sharma, 2001). Koenig, McCullough, and Larson (2001) reviewed the relevant research literature and reported that religious involvement seems to be correlated with the following mental health factors: well-being, happiness, and satisfaction with life; optimism and hope; purpose in life; lower rates of depression (in certain studies); lower rates of suicide; less anxiety; less psychosis; lower rates of substance abuse; less delinquency; and greater marital stability/satisfaction.

In addition, Koenig, McCullough, and Larson (2001) further reviewed the relevant research literature and reported that religiosity has been associated with the following physical health conditions: less coronary artery disease, stroke, hypertension, cancer, dysfunction of the immune system; fewer negative health behaviors (e.g., substance abuse); and lower overall mortality. Therefore, it seems to be evident that spirituality is associated with well-being and further study on this construct is warranted. A review of the last existential predictor of well-being, self-actualization, will be discussed next.

**Self-Actualization**

Self-actualization has been defined in various ways. For example, it has been characterized as fully utilizing one’s capacities and talents (Maslow, 1970). It has also been defined as an inherent propensity in attaining fulfillment and expression of the self while being capable of attaining autonomy from external sources (Harre & Lamb, 1983). Therefore, self-actualization is performing optimally in the fulfillment of goals and replacing those goals with new ones as goals become realized (Weiss, 1991). It has been
conceptualized as a highly desirable subjective variable, which is present in varying
degrees of magnitude (Weiss, 1991).

Maslow (1968; 1971) stated the specific characteristics of self-actualization: a
perception of reality that is efficient; general acceptance of oneself, others, and nature;
naturalness, spontaneity, and simplicity; focusing on problems external to themselves;
need for independence and privacy; independent functioning; a continuous freshness of
appreciation; mystical or peak experiences; social interest; interpersonal relations;
character structure that is democratic; differentiating between good and evil and between
means and ends; a sense of humor that is not hostile; creativity; and a resistance to
enculturation. A description of each of these characteristics is essential.

A perception of reality that is efficient refers to how reality is perceived. Healthy
individuals view the world objectively, whereas unhealthy individuals base their
perception on their own needs and fears. A general acceptance of oneself, others, and
nature alludes to healthy individuals being aware and accepting their strengths, as well as
their shortcomings. They do not need to become defensive because they are self-
accepting, as opposed to neurotic individuals who are immobilized by their shortcomings
and weaknesses. Naturalness, spontaneity, and simplicity entails self-actualizers being
open, direct, and emotionally expressive, while being considerate of others. They can also
disagree with social conventions, when necessary. They are secure and confident.
Focusing on problems external to themselves reflects the tendency of self-actualizers to
being committed to their work because they view it as a mission and challenge. The need
for independence and privacy refers to self-actualizing individuals having a strong need
for solitude and being detached from other people. Independent functioning refers to self-
actualizing individuals functioning independent of their physical and social
environments. They developed their own internal resources and thus they did not need to depend on deriving satisfaction from these environments. A continuous freshness of appreciation refers to self-actualizers continuously experiencing life from a fresh perspective that is characterized by awe and wonder. Mystical, or peak experiences refers to the tendency of self-actualizers to experience moments of spiritual ecstasy, akin to a deep religious experience. The individual has a feeling of power and confidence. Social interest is reflective of self-actualizers' desire to help humanity and their possession of affection and empathy for other individuals. Interpersonal relations are facilitated by their ability to form deeper and more loving relationships with others, even though they tend to have fewer relationships. Democratic character structure means that self-actualizing people are tolerant and accepting of individuals from various races, colors, levels of education, and other like demographic variables. Differentiation between good and evil and between means and ends refers to self-actualizing individuals being able to distinguish between good and evil and right and wrong. In addition, they realize the ends or goals they are seeking is more important than the means in attaining them, and that the means, in of themselves, are enjoyable and satisfying. A sense of humor that is not hostile reflects their philosophical humor, which is never directed at an individual, but instead is usually instructive in nature. That is, it is intended to make a point, in addition to producing laughter. Creativity entails these self-actualizing individuals being innovative and original, much like children. The last characteristic, a resistance to enculturation, means that self-actualizers are autonomous and reject socially conventional ways of thinking or behaving. Instead, they rely on their standards and evaluation systems as a guide to acting and thinking.
Ebersole and DeVore (1995) built on Maslow's concept of self-actualization and emphasized the significance of conceptualizing a diversity of paths to self-actualization. These authors criticize Maslow's theory of self-actualization on two grounds. First, they contend that Maslow identified, almost without exception, Caucasian Western Europeans or American males, involved in the arts or politics, as those who were self-actualized, therefore, very narrowly defining a group (those self-actualized) that are supposed to represent the United States and the world. The authors contend that there needs to be more sensitivity to the various lifestyles and values found in our culturally diverse society. Second, the authors posit that Maslow's notion of self-actualization (based on his writings) only allows for the self-actualization of a few individuals rather than many individuals. That is, relatively few individuals are progressing toward self-actualization and there are few clear-cut examples of self-actualized individuals. Therefore, Ebersole and DeVore propose an alternative approach to studying self-actualization that emphasizes diversity and which relies upon empirical research (as opposed to a theorist or outside person as proposed by Maslow) to determine the dimensions by which individuals rate themselves as being self-actualized.

Another study (Leclerc, Lefrancois, Dube, Hebert, & Gaulin, 1998) was conducted to clarify the concept of self-actualization. The purpose of this study was to define the essential features of self-actualization by utilizing a panel of international and interdisciplinary experts and see if a consensus could be reached. They were able to agree and identify 36 traits that were characteristic of self-actualization. They identified and categorized the essential features into three domains: openness to experience, reference to self, and a combination of the first two.
Under the category of openness to experience, the following descriptive features of self-actualizing individuals were found (not an exhaustive list): an awareness of feelings, being open to change, capable of empathy, having a positive perception of human life, accepting themselves as they are, capable of spontaneous reactions, giving a meaning to life, and being capable of insight (Leclerc, Lefrancois, Dube, Hebert, & Gaulin, 1998). The following characteristics of self-actualizers were some of those reported under the domain of reference to self: accept responsibility for their actions, consider themselves responsible for their life, enjoy thinking for themselves, have a well developed code of ethics, use personal criteria to evaluate themselves, have positive self-esteem, and give meaning to their life (Leclerc, Lefrancois, Dube, Hebert, & Gaulin, 1998). Examples from the category of openness to experience and reference to self include capable of establishing meaningful relationships and the ability to cope with failure (Leclerc, Lefrancois, Dube, Hebert, & Gaulin, 1998).

In another study, Hightower (1988), utilizing an idiographic approach, studied the essay responses of four subjects to an open-ended question, which assessed their beliefs about those factors that led them to lead more effective lives, and their responses to the Personal Orientation Inventory (POI), an assessment instrument that measures self-actualizing tendencies. Even though the subjects' life circumstances were diverse, there were seven basic common themes that were discovered in how they approached life tasks (Hightower, 1988). These themes were thought to connote positive psychological health: a tolerance of differences among people and an acceptance of individuals as they are, a display of interest in other peoples' lives, seeking to learn from life, being true to oneself, having a unique philosophy of life and a clear value system, being emotionally moved by
life (one case reported transcendent experiences), and the avoidance of over-conforming to societal expectations and blindly rebelling against them as well (Hightower, 1988).

Furthermore, French and Joseph (1999) analyzed religiosity and its association with happiness, purpose in life, and self-actualization. One of the purposes of their study was to examine the relation between self-actualization and religiosity. Although the results of this study might be limited in its generalizability due to its sample of college students, it was reported that self-actualization was positively associated with religiosity. The authors stated that a criticism of this study was that the assessment instrument (i.e., Index of Self-Actualization) utilized to measure self-actualization had low internal reliability. Conversely, Gartner, Larson, and Allen (1991), in a review of the literature, found fifteen studies reporting that religiosity was negatively related to self-actualization.

In sum, death anxiety, purpose in life, spirituality, and self-actualization have been examined in regards to well-being. However, to date, there have been no studies conducted on examining all four existential constructs, taken together, in predicting overall well-being. Investigating the relationship between these variables and well-being could potentially contribute to our overall knowledge of well-being and the respective existential variables.

**Purpose of the Present Study**

The purpose of the present study is to examine the relative influence of each of the four existential variables (death anxiety, purpose in life, spirituality, and self-actualization) on an individual’s well-being. To date, no study has attempted to analyze all four of these existential constructs, taken together, in the prediction of well-being.
This study has the potential of expanding the current knowledge base of factors that contribute to well-being.

_Hypotheses_

**Primary Hypothesis**

Based on the literature reviewed above, it is anticipated that all four of the existential variables will significantly predict well-being. Specifically, it is expected that purpose in life will be the most significant predictor in the regression equation.

**Secondary Hypotheses**

_Death Anxiety_

Based on the death anxiety literature reviewed above, it is hypothesized that death anxiety will significantly predict overall well-being. It is also expected that death anxiety will be negatively correlated with overall well-being.

_Purpose in Life_

It is anticipated that purpose in life will significantly predict overall well-being. It is also hypothesized that purpose in life will be positively correlated to overall well-being.

_Spirituality_

Based on the research literature on spirituality, it is hypothesized that spirituality will significantly predict overall well-being. It is also expected that spirituality will be positively correlated with overall well-being.
**Self-Actualization**

It is hypothesized, based on studies, that self-actualization will significantly predict overall well-being. It is anticipated that self-actualization will be positively correlated with overall well-being.

**Tertiary Hypothesis**

Based on previous research, it is anticipated that gender differences will be revealed in the domains of Positive Relations With Others and Personal Growth (dimensions of psychological well-being).
CHAPTER 2

METHODOLOGY

Participants

Participants were university students ($N = 251$) recruited from the psychology department research subject pool. Specifically, 39.8% of participants were male and 60.2% were female. In regard to marital status, 62.5% were single, 31.5% were in a relationship, 5.2% were married, .4% were divorced, and .4% were widowed. In regard to educational level, 60.6% of participants were freshmen, 22.3% were sophomores, 10.8% were juniors, and 6.4% were seniors. In regard to racial composition, 54.5% of the sample was Caucasian, 11% were African-American, 12.2% were Hispanic American, 11% were Asian American, .8% were Native American, and 10.6% were classified as Other. The ages of the participants ranged from 18 to 48 years ($M = 20.34$, $SD = 3.98$) and their grade point averages ranged from 1.70 to 4.00 ($M = 3.06$, $SD = .52$). In regards to church attendance, 65.5% of participants endorsed attending church or being a member of a church, while 34.5% did not. Of those endorsing the former, 49.7% were Catholic, .6% were Protestant, .6% were Jewish, 9.1% were Baptist, 10.9% were Mormon, 6.1% were Lutheran, and 23% endorsed Other.

Measures

Life Regard Index (LRI; Battista & Almond, 1973). The LRI is a 28-item instrument designed to measure positive life regard, or personal meaning. It consists of two subscales: Framework and Fulfillment. The Framework scale assesses the extent to
which individuals view their lives within a meaningful context or have created life goals and a philosophy of life. The Fulfillment scale is designed to measure the degree to which people view themselves as fulfilling their life goals. Each of the subscales has 14 items with half of the items being stated positively (e.g., “I feel like I have found a really significant meaning for leading my life”) and the other half being stated negatively (e.g., “I just don’t know what I really want to do with my life”). Battista and Almond (1973) reported a test-retest reliability of $r = .94$ and many studies have reported high internal consistency for the LRI and its subscales (Debats, 1990; Chamberlain & Zika, 1988a; Zika & Chamberlain, 1992).

*Death Attitude Profile-Revised* (DAP-R; Wong, Reker, & Gesser, 1994). The DAP-R is a 32-item measure designed to assess attitudes of fear, as well as acceptance, towards death. There are five subscales: Fear of Death, Death Avoidance, Neutral Acceptance, Approach Acceptance, and Escape Acceptance. The response format for each particular item consists of a 7-point Likert rating scale with 1 being “strongly disagree” to 7 representing “strongly agree.” Each of the five subscale scores are calculated by summing together the individual’s scores on the items of each scale and dividing by the total number of items in that subscale. Hence, scores on the subscales vary from 1 to 7. An example from the Fear of Death subscale is “I am disturbed by the finality of death.” An example from the Death Avoidance subscale is “I always try not to think about death.” An example from the Neutral Acceptance subscale is “Death is neither good nor bad.” An example from the Approach Acceptance subscale is “Death is a union with God and eternal bliss.” and an example from the Escape Acceptance subscale is “Death provides an escape from this terrible world.”
Personal Orientation Inventory (POI; Shostrom, 1974). The POI assesses various aspects of self-actualization. It consists of 150 pairs of behavior and value judgments, in which the respondent chooses the statement he or she most agrees with (for each pair). There are 2 ratio scales: Time Ratio and Support Ratio. In addition, there are 10 subscales. The Time Ratio assesses the degree to which an individual is present-oriented or past- or future-oriented. The Support Ratio measures the degree to which an individual is self-oriented or oriented toward others. The ten subscales are Self-Actualizing Value (assesses affirmation of major values of self-actualizers), Existentiality (measures ability to flexibly apply one’s major values), Feeling Reactivity (assesses sensitivity to one’s needs and feelings), Spontaneity (measures ability to be spontaneous in regards to feelings expression), Self Regard (assesses one’s self-worth), Self Acceptance (measures one’s level of self-acceptance despite personal shortcomings), Nature of Man (assesses the nature of humans), Synergy (measures individual’s ability to integrate life’s dichotomies), Acceptance of Aggression (assesses ability to naturally accept one’s angry or aggressive impulses), and Capacity for Intimate Contact (measures ability to form meaningful interpersonal relationships). These ten subscales reflect the various dimensions of the self-actualizing individual.

Spiritual Well-Being Scale (SWBS; Ellison, 1983). The SWBS is a 20-item instrument that measures spiritual well-being. Spiritual well-being is conceptualized as having two dimensions: religious well-being and existential well-being. Religious well-being characterizes well-being in regards to the concept of God. Existential well-being describes well-being in regards to a sense of life purpose and satisfaction apart from religion. SWBS’s design presupposes the acceptance of the concept of God as being a component of spiritual well-being. There are six possible responses connoting the extent
of agreement (strongly agree, moderately agree, agree) or disagreement (strongly disagree, moderately disagree, disagree). There are 10 odd-numbered items assessing religious well-being and 10 even-numbered items measuring existential well-being, with a numerical value of 1 (less well-being) to 6 (more well-being) being assigned to each item. A religious well-being subscale score and an existential well-being subscale score is computed with the two subscale scores being summed in order to provide an overall score. The one-week test-retest reliability is .93 with a coefficient alpha of .89 (Paloutzian & Ellison, 1982).

*Satisfaction with Life Scale* (SWLS; Diener et al., 1985). The SWLS is a 5-item instrument that measures a person’s global judgment of life satisfaction. Individuals respond to the items on a 7-point Likert rating scale with 1 representing “strongly disagree” and 7 representing “strongly agree.” Sample items from the SWLS include “In most ways my life is close to my ideal” and “If I could live my life over, I would change almost nothing.” The SWLS has reliability coefficient alpha of .87 and a two-month test-retest stability coefficient of .82 (Diener et al., 1985).

*Positive and Negative Affect Schedule* (PANAS; Watson, Clark, & Tellegen, 1988). The PANAS is an instrument that consists of 20 words describing various emotions and feelings (10 which characterize positive affect and 10 which indicate negative affect) in which an individual responds on a 5-point Likert scale with 1 representing “very slightly or not at all” and 5 representing “extremely.” Positive affect is reflective of an individual feeling enthusiastic, excited, and inspired. High positive affect is indicative of a state of complete concentration and high energy with low positive affect being indicative of lethargy and sadness. Negative affect connotes subjective distress and
aversive mood states such as anger, guilt, and disgust. Low negative affect would be characterized by a state of serenity and tranquility.

*Scales of Psychological Well-Being (SPWB; Ryff, 1989).* The SPWB is an 84-item instrument designed to measure the multiple domains of psychological well-being. These domains are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (14-item scales assessing each of these six areas). The domains were derived from descriptions of positive mental health, various theories of life span development, and clinical perspectives on positive functioning. The scales have internal consistency (alpha) coefficients ranging from .86 to .93 and a six-week test-retest reliability period ranging from .81 to .88. Scale items were mixed in order to generate a single self-report inventory in which individuals responded according to a 1 (strongly disagree) to 6 (strongly agree) response format.

Due to the large number of subscales involved in this project, total scores were created for some of the constructs. For the DAP-R, all five subscales were added together to create one composite score representing death anxiety. For the POI, all fourteen subscales were added together to create one composite score representing self-actualization. In order to create a composite score for overall well-being, the following scales were added together: the Satisfaction with Life scale, the PANAS scale (both subscales), and the six subscales of the Scales of Psychological Well-Being.

*Procedure*

Participants entered a large classroom. After reading the informed consent form, participants were given a set of assessment instruments to complete. In order to control
for order effects, the assessment instruments were distributed in twelve random orders.

The twelve orders were created by the computer program RANPER.
CHAPTER 3

FINDINGS OF THE STUDY

Descriptive Statistics

Descriptive statistics (number of cases, means, and standard deviations) on all of the thesis variables are presented in Table 1.

Table 1  Descriptive Statistics for Existential Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Predictor Variables</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SWB Total</td>
<td>226</td>
<td>93.42</td>
<td>17.45</td>
</tr>
<tr>
<td>LRI-R Index</td>
<td>237</td>
<td>70.71</td>
<td>10.02</td>
</tr>
<tr>
<td>POI Total</td>
<td>210</td>
<td>286.25</td>
<td>20.57</td>
</tr>
<tr>
<td>DAP-R Total</td>
<td>236</td>
<td>21.95</td>
<td>3.29</td>
</tr>
<tr>
<td><strong>Criterion Variable</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WP Total</td>
<td>208</td>
<td>466.74</td>
<td>54.57</td>
</tr>
</tbody>
</table>

Note. The varying sample sizes for each of the variables are due to incomplete data for some participants. SWB Total = Spiritual Well-Being total score; LRI-R Index = Life Regard Index Revised Index (total) score; POI Total = Personal Orientation Inventory total score; DAP-R Total = Death Attitude Profile Revised total score; WB Total = Well-Being total score.

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Gender Differences

Of the 251 participants in this study, 39.8% were males and 60.2% were females. A one-way Analysis of Variance (ANOVA) was conducted on the various variables, in order to detect any possible gender differences. Gender differences were found on two of the five variables. On the Spiritual Well-Being Scale (SWBS) total score, the overall $F(1, 224) = 10.40, p = .001$, with females scoring higher ($M = 96.32, SD = 15.39$) than males ($M = 88.78, SD = 19.52$). On the Well-Being (WB) total score, the overall $F(1, 206) = 6.99, p = .009$, with females scoring higher ($M = 474.81, SD = 51.39$) than males ($M = 454.82, SD = 56.47$). Gender differences were not found on the following variables: Life Regard Index-Revised total score, $F(1, 235) = .00, p = .983$; Personal Orientation Inventory total score, $F(1, 208) = .55, p = .460$; and the Death Attitude Profile-Revised total score, $F(1, 234) = .73, p = .395$.

Correlations Among the Variables

A correlation analysis was conducted in order to determine the strength of relationships between the variables. Table 2 displays the various correlations and shows that the majority of the correlations were statistically significant. Well-being was found to correlate with purpose in life, self-actualization, and spiritual well-being. The highest correlation was between well-being and purpose in life, $r(200) = .69, p < .01$. Well-being also correlated with self-actualization, $r(178) = .49, p < .01$, and spiritual well-being, $r(191) = .46, p < .01$. The only negative correlation in the analysis was between death anxiety and self-actualization, $r(198) = -.24, p < .01$. Death anxiety was also correlated with spiritual well-being, $r(213) = .21, p < .01$. Purpose in life correlated with
spiritual well-being, \( r (216) = .51, p < .01 \), and with self-actualization, \( r (201) = .36, p < .01 \).

Table 2  Correlations among the Existential Variables

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>—</td>
<td>0.51**</td>
<td>0.01</td>
<td>0.21</td>
<td>0.46</td>
</tr>
<tr>
<td>2</td>
<td>—</td>
<td>—</td>
<td>0.36**</td>
<td>-0.10</td>
<td>0.69</td>
</tr>
<tr>
<td>3</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>-0.24**</td>
<td>0.49**</td>
</tr>
<tr>
<td>4</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>-0.04</td>
</tr>
<tr>
<td>5</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Note. 1 = SWB Total; 2 = LRI-R Index; 3 = POI Total; 4 = DAP=R Total; 5 = Well-Being Total; ** \( p < 0.01 \)

*Multiple Regression*

In order to determine which of the existential variables accounted for most of the variance in well-being, a regression analysis was conducted. The existential variables consisted of death anxiety, self-actualization, spirituality, and purpose in life, and all of them were entered at one time into the regression. Table 3 displays the results of the regression. Overall, the model explains 58% of the variance, with the adjusted R square being 57%. The variables making the largest contribution to the model (in this order) were purpose in life, self-actualization, and spiritual well-being. Death anxiety was the only variable that did not make a contribution to the model.
Table 3  *Summary of Standard Multiple Regression Analysis for Existential Variables*

*Predicting Overall Well-Being (N = 150)*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRI-R Index</td>
<td>2.321</td>
<td>0.365</td>
<td>0.434**</td>
</tr>
<tr>
<td>POI Total</td>
<td>0.980</td>
<td>0.162</td>
<td>0.362**</td>
</tr>
<tr>
<td>DAP-R Total</td>
<td>0.535</td>
<td>1.014</td>
<td>0.030</td>
</tr>
<tr>
<td>SWB Total</td>
<td>0.705</td>
<td>0.204</td>
<td>0.227**</td>
</tr>
</tbody>
</table>

Note: LRI-F Index = Life Regard Index Revised Index (total) score; POI Total = Personal Orientation Inventory total score; DAP-R Total = Death Attitude Profile Revised total score; SWB Total = Spiritual Well-Being total score; ** p < 0.01.
CHAPTER 4

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Results

The present study contributes to the body of knowledge on well-being and the individual existential variables of self-actualization, death anxiety, purpose in life, and spirituality. Results indicated that there were gender differences on two of the five variables. In general, the variables were correlated with one another. The multiple regression equation was found to be highly statistically significant and the previously mentioned existential variables (except death anxiety) were very successful in predicting overall well-being. These results will be discussed in detail next, followed by a discussion of the implications, limitations, and conclusions of the present study.

Gender Differences

Gender differences were revealed on two variables. Females scored significantly higher than males on the dimensions of spirituality and well-being. In regards to spirituality, the developers of the Spiritual Well-Being Scale (SWBS) did not report separate norms for males and females, as they stated that scores on this instrument were not appreciably affected by gender (Paloutzian & Ellison, 1991). A possible explanation for the gender-discrepant finding in this study could be related to church attendance or membership. This study found that only 57% of males in this sample attended church or were a member of a church, compared with 71% of females in this sample. Therefore, it is plausible that females scored higher than males on spiritual well-being because it is a
more salient issue to them as evidenced by their church attendance or church membership. In regards to well-being, females also scored significantly higher than males. Prior research on well-being has yielded mixed results when examining gender differences. For example, Diener (1984) found little or no gender differences in various subjective well-being indices. Haring et al. (1984), in a meta-analysis, reported a slight tendency for men to have higher subjective well-being than women, but this accounted for less than 1% of the variance. Furthermore, prior research has also found gender differences in certain domains of psychological well-being (Ryff, 1995). A possible explanation for the findings in this study could be due to spirituality. Spirituality has been closely associated with well-being in prior studies (e.g., Fabricatore, Handal, & Fenzel, 2000) and had a moderately high correlation ($r = .46$) in this study. Therefore, the gender-discrepant finding in spirituality is consistent with the same finding in well-being, as both constructs seem to be related with one another.

Correlations

In general, as expected, the variables correlated with one another. The highest correlation found was between purpose in life and overall well-being. This is consistent with prior research. For example, Reker, Peacock, and Wong (1987) reported that life purpose predicted overall well-being (psychological and physical). Similarly, Moomal (1999) revealed that purpose in life was positively associated with mental well-being, as evidenced by the negative relationship between purpose in life and most of the clinical subscales on the MMPI. Utilizing a sample of college students, Adams et al. (2000) revealed that purpose in life was related to perceived wellness. Purpose in life was also correlated with spiritual well-being (second highest correlation) and with self-actualization. The relationship between purpose in life and spiritual well-being was
consistent with prior research. For example, French and Joseph (1999), utilizing a sample of college students, reported that purpose in life was positively correlated with religiosity, which is closely related to spirituality. Purpose in life was correlated with self-actualization. This is congruent with prior research. For example, French and Joseph (1999) reported that purpose in life was highly correlated with self-actualization, although the measure utilized in assessing self-actualization had low internal reliability.

Overall well-being was found to be correlated with spiritual well-being and with self-actualization. In regards to the relationship between overall well-being and spiritual well-being, it seems that being spiritually well is an important component of one's overall wellness and vice-versa. Furthermore, this relationship is consistent with prior research. For example, Chamberlain and Zika (1992), in two studies, one utilizing a community sample and the other utilizing a religious sample, reported modest positive relationships between religiosity and psychological well-being. In regards to the relationship between overall well-being and self-actualization, this might be explained by the possibility that in order to be a self-actualizing individual, it is also likely that one is psychologically well to start with or that individuals who are psychologically well tend to strive to become healthier and strive for reaching their full potential, or becoming self-actualized. Therefore, self-actualization contributes to one's psychological well-being and one's well-being contributes to the attainment of greater levels of self-actualization. However, it is critical to note that the research in this area is very limited, thus making comparisons extremely difficult.

As expected, death anxiety was negatively correlated with self-actualization, however, the research in this area is also sparse, thus making it difficult to draw comparisons from the research literature. Surprisingly, death anxiety was positively
correlated with spiritual well-being. The finding that death anxiety was positively correlated with spiritual well-being was unexpected and inconsistent with prior research. For example, Rasmussen and Johnson (1994), utilizing a sample of college students and using the same spiritual well-being measure as employed in this study, found that spirituality was negatively correlated with death anxiety. A tentative explanation for the finding in this study might be spirituality’s association with religion. Spirituality is closely associated with religion and many religions tend to prescribe to people proper ways of living (e.g., living a pious life), and if people do not live up to those standards, then they might not enter heaven or other similar place according to each respective religion. College students might not be currently living a pious lifestyle, as they might be experimenting with drugs, alcohol, premarital sex, etc. Therefore, they might fear dying due to not living up to religious standards of appropriate living and thus they exhibit higher death anxiety as a result.

There were two correlations that were expected but not found. Spirituality was not significantly positively correlated with self-actualization and death anxiety was not significantly negatively correlated with overall well-being. In regards to the finding between spirituality and self-actualization, one needs to turn to the research literature on religion (related to spirituality) and self-actualization due to the paucity of research on the relationship between spirituality and self-actualization. Prior research on the relation between religion and self-actualization are mixed. French and Joseph (1999) found religiosity to be positively correlated with self-actualization. Conversely, Gartner, Larson, and Allen (1991) reported, in a review of the literature, that religiosity was negatively correlated with self-actualization. As already mentioned, no significant relationship was found between spirituality and self-actualization. This could suggest
that spiritual well-being is not necessary for self-actualization. In other words, it is plausible that one can be self-actualizing without having to necessarily be spiritual or religious, or alternatively, the level of self-actualization found in this particular sample did not require much spirituality, possibly due to more of a focus on secular and practical issues such as selecting a college major, financing a college education, or finding employment.

Death anxiety was also found not to be significantly correlated with overall well-being, which is inconsistent with previous research. For example, White and Handal (1990) reported that death anxiety was predictive of lower life satisfaction and psychological distress. A plausible explanation for this study’s findings that death anxiety was not significantly related to overall well-being might be due to the young age of the sample. That is, issues related to death may not be salient to younger individuals. For example, younger individuals tend to perceive themselves as invincible, usually do not have major health concerns, and usually have not experienced many losses in regards to death. Furthermore, White and Handal’s (1990) study sample consisted of individuals of varying ages in different regions of the country, while this study utilized a sample of college students. Thus a relationship between death anxiety and overall well-being was not revealed in this study.

Multiple Regression

The standard multiple regression revealed that purpose in life, self-actualization, and spirituality significantly predicted overall well-being. Death anxiety was the only variable that was not significant, possibly because young individuals do not tend to contemplate their own mortality, and therefore, death tends not to be a salient issue for college students. Purpose in life was the most significant predictor in the regression
equation. A potential explanation for this is that college students are in a stage of life where they are learning about and discovering themselves. In addition, many students might be away from their parents for the first time, might be relishing in their new independence, might be critically examining their beliefs and values, and deciding what direction they want to take their lives in. This is all intricately intertwined with finding purpose and meaning in one’s life. Thus, individuals at this age who have confidence in the direction they have chosen and feel comfortable being independent, will tend to have higher well-being. Conversely, those individuals who do not have this sense of purpose in their lives are more likely to have lower well-being.

Self-actualization (second most significant predictor) and spirituality (third most predictor) were also found to be significant in predicting overall well-being. In regards to self-actualization, it might be significant because the essential characteristics (e.g., living by one’s own standards and continual personal growth) that comprise the self-actualizing individual are also important for overall well-being. In regards to spirituality, a potential explanation could be that spirituality is an important domain of overall well-being, hence the significant relation between them.

The rank order of the most significant predictors in the regression equation seem to be consistent with a young college population. Purpose in life may have been the most significant predictor because college students are actively making many decisions that are related to purpose in life such as selecting a major, deciding on a future career, deciding what their values are, and discovering who they really are. Self-actualization and spiritual well-being, while both being significant predictors, are less important (than purpose in life) and more abstract because college students might be too young to have achieved self-actualization and might be reevaluating their parent-inherited religious and
spiritual beliefs for the first time. Therefore, purpose in life is a critical issue that college students are currently attempting to discover, while self-actualization and spirituality are constructs that do not have the same urgency (as purpose in life) during this stage of life and which will take more time for individuals to attain and discover. Death anxiety was the only existential variable that was found to not be significant. The findings from the study were consistent with initial expectations, although it was also expected that death anxiety would have also been a significant predictor of overall well-being. Speculation as to why death anxiety was not a significant predictor as already been previously discussed. It would be interesting for future research to examine the relative contributions of these existential variables to well-being across different age groups.

Implications

This study's findings have various implications for non-clinical and clinical populations. For non-clinical populations, it seems appropriate for societal institutions to emphasize the significance of existential issues to an individual's well-being across his or her lifespan. For example, by infusing these issues into a school curriculum, many societal problems could be ameliorated. For example, this study revealed the significance of purpose in life in predicting well-being. By teaching the importance of this concept in school, it is possible that adolescents will seek meaning as a way to improve well-being instead of other less beneficial methods of enhancing self-esteem such as substance abuse, gang membership, or sexual promiscuity. It is also critical that governments at all levels (e.g., local, state, national) disseminate scientific findings on well-being as a way of improving the overall welfare of its citizens. For example, doing public service announcements on the significance of psychological well-being and/or providing free workshops to the public on ways to improve psychological health could substantially
reduce the cost of healthcare and other social programs. Similarly, teaching about the importance of self-actualization and spirituality to one's well-being (in addition to purpose in life) would be critical at any age, from younger individuals to older ones. This could be done through the above-mentioned formats, or through educational programs at schools up to and including the college and university level.

This study's findings can equally be applied to clinical populations. For example, females scored significantly higher than males on spiritual well-being and overall well-being. These findings have implications for treatment in that spirituality should be viewed as a source of strength for women and utilized as a resource for helping women ameliorate their psychological difficulties. It is likely possible that spiritual wellness might be more of a deficit for men, and thus, could be implemented as a treatment intervention for men. For example, spirituality could prove to be beneficial in treating depression and/or anxiety in men.

It would be beneficial for clinicians and researchers to focus on those factors that cause, or are related, to overall well-being, and find ways to promote them in therapy and society at large. As mentioned previously, in psychology, there is the tendency to focus on the etiology and treatment of psychological dysfunction (Robbins & Kliwer, 2000), while psychological well-being lacks the same theoretical and research focus (Christopher, 1999). In order to gain a broad and comprehensive assessment of an individual's psychological functioning, it seems critical to examine the variables that were included in this study and utilize them to inform one's therapeutic interventions. For example, purpose in life was the most significant predictor in the regression analysis. It would seem therapeutically beneficial for a clinician to assess an individual's level of purpose in life and relate this to his or her current level of psychological functioning.
Robak and Griffin (2000) reported that the less purpose in life an individual experiences the more likely he or she is to report depression, with greater purpose in life being associated with happiness. In psychotherapy, promoting purpose in clients’ lives could have long-lasting salutogenic effects.

Fava and Ruini (2003) discuss the development and implementation of a new psychotherapeutic strategy, well-being therapy, which is based on the six dimensions of psychological well-being discussed in this paper. By applying cognitive-behavioral techniques, the goal of well-being therapy is to improve clients’ overall level of well-being, according to the six dimensions. This therapy (although it is in its preliminary stages) has been utilized in various clinical studies and has shown efficacy in the residual phase of various affective disorders and recurrent depression, although limitations have been noted (e.g., small sample size). Well-being therapy may also be potentially beneficial when clinically applied to individuals with body image disorders, somatization disorders, obsessive-compulsive disorder, and in geriatric populations (Fava & Ruini, 2003). Therefore, although this strategy offers promise, further research needs to be conducted.

Limitations

Although this study contributes to comprehending how various existential variables relate to subjective and psychological well-being, these findings should be interpreted within the context of several limitations. First, even though the sample size was substantial, the sample consisted of university students. This limits the generalizability of the results due to the homogeneous nature of the sample. Second, another limitation is the utilization of strictly self-report instruments. These instruments are convenient in that they are relatively easy and quick to administer and score, are
relatively inexpensive, and are psychometrically sound. However, they do have a few limitations. For example, it is possible that subjects responded in a socially desirable manner in order to appear in a favorable light. Furthermore, individuals’ responses could potentially vary depending on their state at the time of responding. For example, a student might have been more satisfied with his or her life at the time of filling out the measures due to having found out he or she got an ‘A’ on a research paper. Or, for example, thoughts of death might be more salient to a student who just recently experienced a family member die, thus increasing his or her level of death anxiety. Thus, future studies interested in measuring these constructs should attempt to utilize multiple methods of assessment and utilize a more representative sample of the adult population.

Conclusions

This was the first study to examine the relationship between overall well-being and the various existential variables. Several conclusions can be made based on the present findings. First, gender differences were found on spiritual well-being and overall well-being, with females scoring respectively higher on these dimensions than males. In general, self-actualization, spirituality, death anxiety, and purpose in life, and well-being correlated with one another. Purpose in life, self-actualization, and spirituality significantly predicted overall well-being (in this order), while death anxiety did not. It is imperative that future research focus not only on the etiology and treatment of psychological dysfunction, but that it examine the factors that cause and contribute to positive psychological health while finding ways to promote it in the greater society.
REFERENCES


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Greenspun Scholarship (May 2001)

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