

Background of anxiety and existential angst: A review of literature

Rong Ma

College of Physical Education, Jinan University, Guangzhou 510632, China; rong_ma@byu.edu

ARTICLE INFO

Received: 19 October 2022

Accepted: 12 December 2022

Available online: 21 December 2022

doi: 10.59400/apr.v1i1.260

Copyright © 2022 Author(s).

Applied Psychology Research is published by Academic Publishing Pte. Ltd. This article is licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0).

<https://creativecommons.org/licenses/by/4.0/>

ABSTRACT: Globally, anxiety disorders affect 40 million adults each year and are among the most common mental afflictions in the world. The literature indicates that fear and anxiety are pathologically related. Anxiety and existential angst are also closely related and share many of the same symptoms. This mini-review paper investigates the similarities between fear, anxiety, and existential angst to better conceptualize the internal and emotional difficulties faced by people suffering from anxiety disorders. It also explores the background research into anxiety and existential angst in an attempt to help more people overcome symptoms of anxiety by focusing on the internal locus of control and a Heideggerian philosophical theory on existential challenges. To date, research on internal locus of control and existential angst has inspired many to overcome the fear of mortality and unleash their potential in life to overcome life challenges. This paper provides additional evidence for how these tools may help people cope effectively with anxiety and existential angst.

KEYWORDS: anxiety; fear; existential angst

1. Introduction

Anxiety disorder is becoming increasingly prevalent across the world. Each year, more than 40 million people across the world experience an anxiety-related disorder^[1]. Based on World Health Organization (WHO) data, 1 in 13 people across the globe suffer from anxiety, and about 8% of children and teenagers experience anxiety-related disorders^[1]. *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) and the American Psychiatric Association (APA) define anxiety as excessive worry and fear about a variety of life events and negative memories that may be accompanied by physical tension and vigilance^[2]. According to the DSM-5, anxiety disorder is an umbrella term that encompasses panic disorder (PD), general anxiety disorder (GAD), social anxiety disorder (SAD), and other specific phobias (SP)^[2]. Anxiety disorder may deteriorate into another form of anxiety, such as existential angst that concerns death and the meaning of life. Additionally, anxiety shares similar symptoms/comorbidities with other mental disorders such as depression, mania, and bipolar disorder (BD)^[2]. This literature research investigates the similarities and differences between fear, anxiety, and existential angst to better conceptualize the definition of these internal challenges. Additionally, this paper provides research-based theories for people to overcome life challenges.

2. Literature review

2.1. What is fear, and the difference with panic

The literature describes anxiety as a subjective feeling that derives from an individual's cognitive, emotional, and/or visceral response to threat-relevant events or unpleasant memories^[3]. It is thus useful

to compare anxiety with other threat-relevant cognitive responses, such as “fear”^[4].

Under the Papez circuit theory—posited by biologist James Papez—emotions have two primary characteristics: feeling (subjective aspects, experiences, and perceptions) and behavior (expressions and actions)^[5]. Papez has shown that emotions stem from a connection between the dorsal thalamus, the cerebral hemispheres, and the hypothalamus of the brain. The hypothalamus controls the expression of emotions, while the cerebral cortex stores and is in charge of memories and experiences^[5]. Although recent research indicates that certain aspects of the Papez circuit are outdated or too simplistic, scientists still agree that emotions are combined with visceral response and physical function^[6], even as there is a growing trend to focus on understanding how different functions of the brain work together in more complex ways to facilitate the vital aspects of cognition^[6].

Anthropologist Charles Letourneau further claims that emotions are “intimately linked with organic life”^[7]. This quote from Letourneau and the Papez circuit theory explains that emotions are not only mental stages or certain feelings toward any objectives, but they are also inseparably combined behavioral and biological alterations that are an essential part of emotions^[7,8].

Fear is a survival function that is built to detect threats and activate various adaptive responses^[9]. For example, a herd attempts to escape from fear situations (threat or hazard circumstance) when they are aware the predators are approaching^[9,10]. It is widely understood that fear arises when we are confronted with life-threatening, dangerous events. Even in current times, although most of us are not threatened by wild animal attacks, like our ancestors^[9], there is still an abundance of threats to our survival, including drowning, violent crimes, vehicular accidents, engaging in extreme sports, and watching children get into dangerous situations^[9]. In circumstances like those, fear is the alarm that prepares or mobilizes us to react quickly and initiate active or passive coping strategies^[9]. In many cases, escaping from danger is the primary response to fear scenarios. Occasionally, however, individuals may directly confront the threat, so other innocent people may have a better chance to escape from danger^[9]. For example, in January 2023, when a gunman attacked an Asian community center in Los Angeles, the manager of the dancing hall reacted by directly attacking the gunman.

These escaping or fighting reactions are the active coping strategies in Cannon’s fight-or-flight theory^[11]. An individual may choose an active coping strategy when they perceive there is a chance to escape or fight against threatening objects or situations, so the actions are based on an autonomic and unconditional response^[12]. However, the fight or flight response may not always be the best solution in severe, life-threatening situations; in fact, it can be counterproductive. For example, to avoid drowning, it is better for a person to stay calm, lie still, and float rather than waste too much energy trying to wrestle with the water^[9]. In other scenarios, when an individual perceives that danger is inevitable, fear may trigger a passive coping response, for example, freezing or immobilization, causing the body to respond with increasing glucocorticoid secretion and autonomic inhibition (bradycardia, hypotension)^[13]. Engel and Schmale first discovered this form of passive response and categorized it as a conservation-withdrawal strategy^[13].

Feeling afraid is normal for us in many cases; it protects us from danger. Fear in motivational conflict situations acts as a cautious signal for us to be more meticulous in our choices and actions^[6]. For instance, an individual may hate doing certain things in his/her work, but out of fear of losing their job in the future, they choose to continue working.

Although fear is the primary alarm for humans or animals, another emotional response, panic, which originates from fear, is often described as a false alarm for people^[9]. Panic is an explosive, emotional

outbreak in response to the apprehension of imminent danger that may trigger many negative physical reactions, such as rapid heart rate, tingling, and trembling^[9]. Typically, individuals with anxiety disorder are more likely to experience sudden, fearful feelings of panic because anxious thoughts originate from the overloading of fear. However, in many panic attacks, the actual situations are safe or not as dangerous as the panic victims expect; hence, literature often classifies panic as a false alarm in comparison to fear^[2,9].

2.1.1. Fear and anxiety

Some of the literature also asserts that fear and anxiety are pathologically related and that it is difficult to separate the two because anxiety also serves as a signal of danger to help prepare individuals to act accordingly^[6]. Fear is a normal emotional response for most people, but if the feeling of fear is constant or an individual's response to fear becomes overwhelming and maladaptive, fear may turn into panic disorder or other negative emotional responses^[2]. This principle also applies to anxiety. Anxiety is usually healthy within the scope of normal emotional experience^[6] and the capability to anticipate and prepare is associated with the ability to experience fear as we continually attempt to adapt to a fast-changing society^[14]. When anxiety becomes atypically extensive or intense, however, it no longer serves a normal adaptation purpose. Pathological anxiety, neurotic anxiety, or anxiety disorder arises when normal daily functioning is disturbed by inappropriate reactions to internal turmoil or the expectation of some undetermined threats^[14]. These exaggerated responses can be qualified based on the intensity of symptoms or duration. Characteristics of anxiety disorder can include suppressed, intimidated thoughts, counterproductive thought patterns, and poor stress-managing strategies^[14]. Fear and anxiety both have similar symptoms, including various fear-related symptoms and disorders, such as specific phobias (SP), panic disorder (PD), and agoraphobia^[2]. Below are brief definitions and diagnostic features for SP, PD, and agoraphobia.

2.1.2. Specific phobias (SP)

SPs are common, and many individuals will have more than one SP. SP is an irrational, exaggerated fear of something that does not actually pose much danger in reality. People with SP tend to experience severe anxiety symptoms when thinking about the things they fear or certain situations^[2]. The diagnostic criteria for SP are: noticeable fear or anxiety when facing specific situations or objects. Individuals with SP intentionally avoid phobic objects or situations. Fearful, anxious feelings and avoidance behaviors are persistent feelings that normally last for six months or more.

2.1.3. Panic disorder (PD)

There are four principles to classify panic disorder. First, an individual has a history of encountering panic attacks that occur repeatedly and abruptly. A panic attack is the unexpected rush of intense fear that peaks within a short period of time, from a few seconds to minutes. Second, individuals who suffer from panic attacks experience symptoms for at least a month or more. Third, the disruption from PD is not ascribed to the biological effects of any health condition (e.g., cardiopulmonary or hyperthyroidism) or other substance (e.g., drug abuse or other medication). Fourth, there is no other mental disorder that can better explain the disturbance than PD. For example, the panic attack did not happen because of other fear-induced situations (in reaction to reminders of terrifying experiences) or mental disorders such as social anxiety disorder, acrophobia, post-traumatic stress disorder, or other specific phobias^[2].

2.1.4. Agoraphobia

The definition of agoraphobia is the discernible anxiety or fear activated by the anticipated exposure to any of five circumstances. 1) Going outside of the home alone. 2) Using public transportation (e.g., planes, trains, buses). 3) Being in a confined or surrounded space (e.g., elevator, movie theater). 4) Being

surrounded by a crowd. 5) Being in a specific area (e.g., marketplaces, squares). People with agoraphobia avoid or fear the above-mentioned situations because of the belief that escape may be challenging or that they may not obtain assistance to get out of the situation, thereby causing the symptoms of panic attacks and/or potential embarrassment in front of others. The diagnostic criteria for agoraphobia are: the agoraphobic situations trigger severe anxiety or fear almost every time; the victim of agoraphobia always tries to avoid any of the five mentioned situations or requires assistance; and the fear, anxiety, or avoidance caused by agoraphobia lasts for a long period of time (at least 6 months or more). Underlying medical conditions may exacerbate the symptoms of agoraphobia (e.g., Parkinson's disease, inflammatory bowel disease). The fear and anxiety from agoraphobia are not better elucidated by another mental disorder; for instance, the symptoms are not limited to social situations (such as social anxiety), specific phobias (situational settings), obsessions (such as obsessive-compulsive disorder), perceiving deformation in physical appearance (symptoms of body dysmorphic disorder), or any reminders of traumatic experiences (as in posttraumatic stress disorder)^[2].

2.2. Difference between fear and anxiety

Fear and anxiety are remarkably related to each other due to the coexistence and comorbidity between the two^[2,6]. However, many authors believe there are distinctive aspects that distinguish between fear and anxiety^[6,15]. Anxiety has long been studied in the fields of philosophy and medicine. The word “anxiety” originates from Greek and Latin. The Roman Stoic philosopher Marcus Tullius Cicero first tried to translate the Greek word (*παθος*) *pathos*, meaning illness or disorder, into Latin^[16]. Hence, Cicero wrote *sollicitudo* as worry, *molestia* as an affliction, and *angor* as anxiety, then combined these three clinical terms together as *aegritudo* or disorder to describe the analogy between a sick body and a vexed mind to conceptualize the term *pathos* in the Latin medical field^[16]. Cicero further made a significant distinction between *anxietas* and *angor*. *Anxietas* is used to describe a person who tends to be anxious or has a trait of anxiety, and *angor* refers to being anxious in the present^[16]. The word anxiety itself comes from *angor*, the Latin noun, and *ango* (to constrict), the corresponding verb, and the related word *angustus* (narrow). These terms derive from an Indo-European root that produced *angst* as fear and anxiety in German and *anxiété* as anxiety in French^[16]. In the nineteenth century, the word anxiety was formally used or recognized in the medical field^[17]. Generally, the definitions of anxiety are frequently associated with fear, but it also involves additional meaning to connote apprehension with many uncertainties in the future^[2]. The salient features to differentiate between fear and anxiety are the duration, intensities of the etiologies, behavioral responses, and the prototype of the symptoms^[18].

From the temporal aspect of fear and anxiety, research states that fear signals that the danger or threat is more imminent and present^[18,19]. In contrast, anxiety comes from uncontrolled worries and excessive fears that arise when a threat is uncertain, multidimensional, and distal in time and space^[2,18]. From the etiology standpoint, fear is related to external danger, i.e., the origin of the object(s) that are causing the symptoms of fear are “tangible”, “known”, “external”, or “specific objectives”. Fear links to a sudden eruptive response (perceived) to imminent, real, and present danger^[6]. Anxiety is the somatic and cognitive response to internal struggle or an unidentified threat; a key indicator of anxiety is uncertainty. Barlow described anxiety as “... a unique and coherent cognitive-affective structure within our defensive and motivational system ... At the heart of this structure is a sense of uncontrollability focused largely on possible future threats, dangers, or other upcoming potentially negative events”^[9]. Anxiety is distinguishable from fear in that the fearful impulse is either not directly threatening or present but is based on the anticipation of danger; the same arousal, vigilance, physiologic preparedness, and negative rumination occurs^[20]. Various types of internal or external stressors easily generate the

anxious symptoms of panic disorder, agoraphobia, post-traumatic stress disorders, specific phobias, generalized anxiety disorders, and the prominent anxiety that commonly occurs in major depression^[2,15]. Anxiety is a more complex and sophisticated form of fear because the objects that induce anxious, wary feelings are profound, indeterminate, complicated, overwhelming, and chronic^[9]. People suffering from anxiety-related disorders perceive their deficiencies as indicative of an ongoing inability to overcome negative events that they cannot control or predict^[21].

In the behavioral response, fear is predominantly related to thoughts of impending dangers, thus triggering the autonomic arousal for flight or fight behavioral responses^[22]. Anxiety, on the other hand, is more often connected with awareness in preparation for the dangers in the future, or avoidant behaviors. Anxiety additionally makes it more difficult for individuals to adapt, plan, and execute^[9]. For example, a student who is anxious about his/her final research paper for graduation should actively do research and work on the writing as the appropriate response to overcome the “danger” (failing to complete the final assignment). To execute the proper behavioral response, the student must have great discipline for his/her actions. In other words, to cope with anxiety, one must be engaged in intentional, well-prepared, and persistent actions that rely on a positive mindset that informs the individual’s internal locus of control^[23]. Individuals who have a strong internal locus of control feel confident that progress in their lives is essentially up to them^[23]. People with an external locus of control believe their life events will happen to them, regardless of how much effort they put in^[23]. Individuals who have a strong internal locus of control are more motivated to achieve and less influenced by others^[24]. Research indicates that an internal locus of control significantly helps people overcome many psychological disorders, such as anxiety and depression^[23]. In fact, most people who are susceptible to anxiety and depression often report low levels of internal locus of control and high levels of external control^[23]. Research also finds that individuals who have a high level of internal locus of control are associated with more adaptive/positive behavioral responses to anxiety^[23]. Unfortunately, most people with anxiety-related disorders have an external locus of control tendencies, so their behavioral or coping responses typically lean on passive coping strategies that avoid doing much to alter the negative situations^[23].

Lang and his research categorized the self-reported symptoms of anxiety and fear into a prototype structure of three responses: verbal-subjective, somatovisceral activity, and overt motor actions^[25]. This model also provides a description of fear and anxiety: fear symptoms are classified as thoughts of imminent threat (verbal-subjective), escaping intentions or actions (overt motor acts), and a strong autonomic surge resulting in physiological reactions such as shaky, short breathing, perspiring, and nausea (somatovisceral)^[25]. On the other hand, anxiety symptoms are associated with excessive worry (verbal-subjective), muscle tension (somatovisceral), and avoidance behaviors (overt motor acts)^[25]. However, the model emphasizes that the symptoms of fear and anxiety can converge and diverge to various degrees, depending on the continuum of responding and the different contexts^[25] (**Table 1**).

Table 1. Prototype of self-report symptoms of fear, anxiety^[25].

	Clusters ^a	
	Fear	Anxiety
Response-systems	-	-
Verbal-subjective	Thoughts of imminent threat	Thoughts of future threat
Somato-visceral	Sympathetic arousal	Muscle tension
Overt motor	Escape	Avoidance

^a While represented as prototypes, fear, and anxiety may be represented as two starting points along a continuum that heading toward each other, with changing degrees of overlap in symptoms.

Despite the fact that anxiety has many negative effects on people, whether in physical or emotional aspects, the literature still considers the positive importance of anxiety. Based on Soren Kierkegaard's thinking, many experiences of anxiety signal us to make decisions on doing one thing or another. Anxiety provides opportunities for us to grow and learn from our choices, which makes us more accountable and self-aware. In fact, Kierkegaard firmly believes that "whoever has learned to be anxious in the right way has learned the ultimate..."^[26].

2.3. Anxiety, existential angst, and their differences

Earlier sections in this research illustrate the similarities and differences between fear and anxiety to highlight the peculiar characteristics of anxiety. Anxiety is a more sophisticated form of fear, but the lasting apprehension is seeing dangerous events or objects that may happen at a distance in time and space. For many people, there is confusion between existential angst and anxiety when these individuals attempt to describe their emotions^[27,28]. Hence, in this section, I focus on analyzing the meanings of existential angst and its differences with anxiety. Research suggests that developing a better classification system to identify the different negative feelings such as anxiety, depression, and existential angst is a stepping stone or reference point to provide better intervention and prevention for treating these negative emotions^[2]. Almost a century ago, anthropologist-linguist Edward Sapir^[29] (1921–1949) stated:

Languages differ widely in the nature of their vocabularies. Distinctions which seem inevitable to us may be utterly ignored in languages which reflect an entirely difference type of culture, while these in turn insist on distinctions which are all but unintelligible to us. Such difference of vocabulary goes far beyond the name objects such as arrow point, coat of armor, or gunboat. They apply just as well to the mental world.

Sapir thus argues that different languages are the concrete evidence that manifests the "meaning" of cultures. The languages come from vocabularies that contain distinctive meaning, knowledge, background, attitudes, experiences, conceptions, emotions, and expressions from countless generations^[29]. Hence, to study the deeper, thorough meaning and semantic perspective of emotional words in human psychology, we need to study the culture behind the vocabularies^[28].

The word angst originates from Germany and is a prominent concept in German psychology. The original meaning of *Angst* in German is commonly used to describe fear, anxiety, even a touch of mystery, and other human internalized struggles in English^[28]. However, after further research and learning the difference between English and German, psychologists and linguists began to believe that another German word, *Furcht*, has a closer meaning to fear in the English semantic conception than *Angst*. Psychologists categorize *Furcht* as fear of something or someone, and German *Angst* represents the state of emotions and the apprehension of the unknown (*das Unbekannte* in German) or the unidentified dangers^[28]. *Angst* is the root word that can develop into many German psychological terminologies; for example, *Angstzustand* means a state of angst that is translated to anxiety in English; *Ich habe Angst* is related to a subjective impression of depressive symptoms to express "I am depressed"; *Angstpsychose* is fear psychosis or paranoia; and *Angstneurose* is various mental disorders involving emotional and physical symptoms^[28]. Because of the importance of the meaning of *Angst* in German psychology, angst has become a well-known word in the English vocabulary. However, the meaning of angst in English is notably different from the actual semantic meaning of *Angst* in German. The meaning of angst in English is the persistent alienation and deep-rooted anxiety that relate to an existential condition, or the state of the universe in general^[28].

In fact, the revered German philosopher, Martin Heidegger, indicates that the English word angst combines the meaning of German *Angst* as well as another German psychological taxonomy,

Existenzangst or *Existentielle Ängste*^[28]. The German *Existentielle Ängste* depicts the mental state of severe concern for existential insecurities. *Existentielle Ängste* in English is existential anxiety or existential angst. Existential anxiety may derive from anxiety or *Angst* in German, but the essence is significantly different from anxiety. Existential anxiety is primarily linked to a philosophical perspective. Although previous research illustrates in everyday language that the English (loan) word angst captures the meaning of existential anxiety^[27], this paper investigates the complete meaning of existential anxiety in the language of psychology to better conceptualize the difference between anxiety and existential anxiety^[28].

The concept of existential angst is thus closely related to existential theory^[30]. Existentialism encompasses the ability to understand the reason, importance, and purpose of life^[31,32]. One of the essential human needs is experiencing and searching for meaning in life. When individuals develop a sense of purpose and realize that purpose is the primary component of the meaning in lives, they will form specific life goals that align with the purposes and have stronger discipline and motivation to orchestrate their behaviors to achieve these goals^[30]. Existential psychologists indicate that this progress to accomplish different life goals can be significantly influenced by the understanding of the limitations of our lives^[33]. Our meanings or purposes about life are always challenged by existential conditions, which are the fundamental form that shapes our lives, even if we did not realize it before^[33]. Salient topics within existentialism are the inevitability of death and loneliness, which can be manifest through the loss of a loved one, natural disasters, the moment when we think of our own death, severe illness that makes us understand our life is fragile and limited, the idea that we are fundamentally alone, or that we don't have full control of our lives^[30,34]. This existential awareness can severely impact our psychological functioning which is often linked with depression, and existential angst^[29]. Existential angst or existential anxiety is anxiety about existence itself that is expressed by feelings of emptiness, hopelessness, or inability when facing existential conditions^[35]. Additionally, people with intense levels of existential angst may visualize the future as an impending danger or threat^[35].

Tillich describes existential angst or existential anxiety as consisting of three domains of apprehension. The first domain is fate and death; it is the concern about one's death and the dangers in our individual fates. The second domain is purposelessness or emptiness; it is the fear that there is no significant, ultimate meaning in one's existence. The third domain is condemnation and guilt; it is the anxiety about perceived threats to one's ethical or moral identity. Existential angst often surfaces when we have a sudden thought about our death, life events of loss, the grief, and the sadness we may bring to our loved ones after our passing, as well as the idea that life may not be as meaningful as we hoped when we were younger^[34,36].

Adolescence is more susceptible to existential angst because, in general, youth by around 13 years of age start to understand the limitations of human life, and can experience the fear of dying and death^[37]. Additionally, psychosocial developmental theory indicates that adolescence is a pivotal time for establishing purposes and directions in life, as well as life goals or values. While a child explores their sense of identity (who will they become, what they value the most, and what journey are they moving toward), various existential concerns may become salient^[37]. The best way to overcome or even thrive from existential anxiety or existential angst is to focus on the philosophical reflection on the existential challenges that are in front of us. Indisputably, life is unfair and comes with constant struggle, pain and loss, death, and the temporary nature of everything, but these existential conditions can also make us appreciate and cherish the moment the life we have and the people we love. Heidegger^[38] in his book, *Being and Time*, emphasizes:

... as anticipation of death - resoluteness becomes authentically what it can be. Resoluteness does not just 'have' a connection with anticipation, as with something other than itself. It harbours in itself authentic Being-towards-death, as the possible existentiell modality of its own authenticity. This 'connection' must be elucidated phenomenally.

The lesson we learn from Heidegger's quote is: that if we truly accept death to be part/the end of our lives. We will be even more determined to devote ourselves to the things that we enjoy or love the most in order to live our lives to the fullest^[37,39]. Heidegger's philosophy has inspired many to defeat the fear of mortality and unleash people's potential in life to overcome any adversaries and challenges. When we persistently develop this positive mindset to live every day to our best version, we may gain the gratifying experience of admiration and joy in our own existence^[40].

Since the Danish philosopher Søren Kierkegaard^[41] wrote the philosophical text regarding human anxiety, *The Concept of Anxiety* or *The Concept of Dread*, many existential philosophers have studied or investigated the subtle meaning of existential angst or existential anxiety and have significantly contributed to its comprehension. Though each of the philosophers has their own differing interpretations and conclusions on the topic, it is useful to survey some of their main contributions to provide a complete picture of existential angst. To Kierkegaard, existential angst is the "adventure that every human being must go through" and "recognition of our freedom"^[41]. Sartre described it as a necessary experience that allows us to "become free in relation to our nothingness"^[42,43]. Lidell interprets it as the "shadow of our intellect"—the essential equivalent of us being truly alive^[44]. Finally, Heidegger linked our consciousness of the unavoidability of death to the notion of the "impossibility of our possibilities"^[45].

Existential angst is thus a complex phenomenon that is hard to define succinctly. But for the purpose of this paper and drawing on the observations and conclusions from previous research, we define it as the inevitable concerns and challenges that derive from the understanding of our finite existence, our own identities, and our independence^[45]. Furthermore, there are a few prominent components that help separate the definitions of anxiety and existential angst (anxiety) that can assist us in grasping the unique perspectives of the two. When we discuss the topic and related subjects on anxiety, we predominantly focus on psychopathology, psychotherapy, or medical knowledge to view the characteristics of anxiety. In comparison, although we acknowledge the significant relationship between anxiety and existential angst, it is more appropriate to use philological, existential point of view and theory to examine the meaning of existential angst^[16,45]. Anxiety is a normal stress response, the feeling of concern, or worry about a future event. Anxiety can evolve into other anxiety disorders if someone experiences consistent and disproportionate levels of anxiety^[2]. An individual may experience different types of anxiety because the certain events or situations. Examples might involve competitive anxiety in sports, social anxiety, acrophobias, or different specific phobias^[2,46]. Anxiety by itself refers more to normal everyday responses, such as applying for a new job, getting lost on the way to an important job interview, or the deliberations when facing a dilemma or motivational conflicts. Different individuals may encounter their own unique anxious-producing stimuli^[47]. In contrast, existential angst is inevitable and universal for every individual^[45]. Existential angst is a more general feeling of dread, and discomfort about the entire human existence that includes a wide range of topics in moral standards, self-identities, and beliefs^[35,45]. Existential angst is less attached to specific situations or events compared to anxiety and tends to be more abstract.

Research also points out that if an individual does not cope with the existential angst well or allows feelings of existential angst to deteriorate into excessive worry about the existential questions, that may expose them to physically or emotionally frightening life experiences. The individual may also find it hard

to develop meaning in his/her life. Research shows that people who have difficulties discovering their purpose or meaning in life are highly vulnerable to depression^[30]. Depression is characterized by a depressed mood, a loss of interest in life events, activities, and a loss of the meaning of one's life. Many depressive symptoms include feelings of excessive remorse and low self-esteem, difficulty sleeping, loss of appetite and energy, suicidal thoughts, and a loss of hope for the future^[2,30]. Barlow has argued that "Anxiety is a kind of looking to the future, seeing dangerous things that might happen in the next few hours, days, or weeks." Depression is all that the addition of "I really don't think I'm going to be able to cope with this, maybe I'll just give up ..."^[48]. The sense of hopelessness to deal with stressors in life is a feature of depression, and this detrimental mentality would negatively influence any individual's adaptive functioning and well-being. Hence, the literature strongly suggests that more research is needed to address the therapeutic and prophylactic actions that can be taken to prevent existential angst from escalating into depressive symptoms for many individuals^[30].

3. Implication and conclusion

This paper explores the background research into anxiety and existential angst and attempts to present the history and a thorough definition of both to readers. A Scottish-born philosopher, John Macquarrie, once wrote: "... anxiety has a subtle and elusive character that thought can scarcely grasp"^[49]. Indeed, from the end of the 20th century until the beginning of the 21st century, extensive research from different angles, such as from the scientific, psychological, and philosophical perspectives, provided various but significant understandings regarding anxiety. Defining anxiety may cause many contradictions and confusion. For example, psychologists or neurologists see anxiety in pathological terms or as a negative internalization of symptoms that need to be cured depending on the individual's life events, sensitivity, and responses to anxiety^[2,21,47]. For existential philosophers, anxiety is foreseeable, universal, and a normal consequence of our existence^[45,50]. However, this research systematically draws on previous research and theories to compare the relationship between fear, anxiety, and existential angst.

The article first defines panic as an unpleasant, sudden emotion triggered by specific objects, events, situations, or even a belief that is threatening. In contrast, fear is a signal to help the individual avoid pain and harm. Additionally, fear predominantly relates to an imminent, present danger and fight-flight automatic behavioral responses. Anxiety emulates the apprehensive aspects of fear regarding dangerous events and situations but does not necessarily entail the same temporal immediacy of fear. Anxiety includes fear about specific events or situations that could comprise various symptoms from anxiety disorder, acrophobias, specific phobias, or panic disorder. However, anxiety includes describing the feelings that arise when the origin of threat and harm is uncertain and multi-dimensional. To some extent, anxiety is a routine emotion just the same as fear is part of our lives—the ability to anticipate and prepare against unpleasant things happening as we strive to adapt to our normal, daily lives. When anxiety becomes chronic and overwhelming, it starts to lead to diagnosable pathologies such as anxiety disorder or pathological anxiety.

Wystan Hugh Auden's poem^[51] *The Age of Anxiety* (1947):

*Violent winds
Tear us apart. Terror scatters us
To the four coigns. Faintly our sounds Echo each other, unrelated
Groans of grief at a great distance*

Auden composed this poem after World War II, to capture the existential angst that existed at the beginning of the Cold War and was at the frontline of philosophical and psychological study^[45,52]. In

existential theory, existential angst and anxiety both describe the concern and apprehension of something beyond everyday life's problems. This paper acknowledges the similarity between anxiety and existential angst but highlights their differences. Notably, existential angst is the anxiety primarily related to bigger, more amorphous topics of concern, such as the meanings and purposes in life, self-identities, mortality, and morality. In contrast, anxiety better describes the feelings of worry, unease, nervousness, and uncertainties regarding impending events, situations, and dangers.

This paper encourages readers to embrace the concept of an internal locus of control to overcome any negative influences from anxiety. The locus of control refers to an individual's perception of responsibility for his or her behavior^[53]. People with an internal locus of control believe their initiatives and actions can dramatically affect the outcome, even in the worst situations. These individuals are actively seeking to adopt appropriate coping strategies to overcome anxiety. A coping strategy is a set of actions that help people function better in a given situation. Coping is the process of managing undesirable circumstances, exerting efforts to solve problems, and seeking to minimize, endure, or even thrive from stress and pressure situations^[54].

Although existential angst may cause people to think about their mortality or that of their loved ones, which in turn can cause negative emotions akin to the symptoms of anxiety, the research indicates that existential angst still has a large positive valence. The revered German philosopher Martin Heidegger believes that existential angst motivates us to take the initiative and claim responsibility for the course of our lives. According to him, our goals of who we want to become can serve as a catalyst to bring out the best in ourselves every single day and in everything we do^[55]. From this mini-review, I hope readers will gain a more complete picture and understanding of the connection between anxiety and existential angst. Most importantly, the paper aspires to assist more people to adopt an internal locus of control and embrace the Heideggerian philosophy in coping with feelings of anxiety and existential angst.

Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be constructed as a potential conflict of interest.

References

1. Anxiety & Depression Association of America. What is anxiety? Available online: https://whatisanxiety.adaa.org/?gclid=EAIaIQobChMIh6_U7pfl_gIVVi-tBh3sgQriEAAYAiAAEgKhjPD_BwE (accessed on 15 December 2022).
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM—5*, 5th ed. American Psychiatric Publishing; 2013. 1000p. doi: 10.1176/appi.books.9780890425596
3. Chorpita BF, Barlow DH. The development of anxiety: The role of control in early environment. *Psychological Bulletin* 1998; 124(1): 3–21. doi: 10.1037/0033-2909.124.1.3
4. Fanselow MS, Pennington ZT. A return to the psychiatric dark ages with a two-system framework for fear. *Behaviour Research and Therapy* 2018; 100: 24–29. doi: 10.1016/j.brat.2017.10.012
5. Papez JW. A proposed mechanism of emotion. *Archives of Neurology & Psychiatry* 1937; 38(4): 725–743. doi: 10.1001/archneurpsyc.1937.02260220069003
6. Steimer T. The biology of fear-and anxiety-related behaviors. *Dialogues in Clinical Neuroscience* 2002; 4(3): 231–249. doi: 10.31887/DCNS.2002.4.3/tsteimer
7. Letourneau C. *The Physiology of Passions* (French). C. Reinwald et Ce; 1878. 382p.
8. Watson JB. *Behaviorism*. Routledge; 2017. 251p.
9. Barlow DH. Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist* 2000; 55(11): 1247–1263. doi: 10.1037/0003-066X.55.11.1247
10. Ledoux JE, Pine DS. Using neuroscience to help understand fear and anxiety: A two-system framework. *The American Journal of Psychiatry* 2016; 173(11): 1083–1093. doi: 10.1176/appi.ajp.2016.16030353

11. Cannon WB. *Bodily Changes in Pain, Hunger, Fear, and Rage*, 2nd ed. CH Branford; 1953. pp. 20–36.
12. Panksepp J. The psychoneurology of fear: Evolutionary perspectives and the role of animal models in understanding human anxiety. *Handbook of Anxiety* 1990; 3: 3–58.
13. Engel GL, Schmale AH. Conservation-withdrawal: A primary regulatory process for organismic homeostasis. In: *Ciba Foundation Symposium 8—Physiology, Emotion and Psychosomatic Illness*. John Wiley & Sons Ltd; 1972. pp. 57–75. doi: 10.1002/9780470719916.ch5
14. Craig KJ, Brown KJ, Baum A. Environmental factors in the etiology of anxiety. In: Bloom FE, Kupfer DJ (editors). *Psychopharmacology: The Fourth Generation of Progress*. Raven Press; 1995. pp. 1325–1339.
15. Adwas AA, Jbireal JM, Azab AE. Anxiety: Insights into signs, symptoms, etiology, pathophysiology, and treatment. *East African Scholars Journal of Medical Sciences* 2019; 2(10): 580–591.
16. Crocq MA. A history of anxiety: From Hippocrates to DSM. *Dialogues in Clinical Neuroscience* 2015; 17(3): 319–325. doi: 10.31887/DCNS.2015.17.3/macrocq
17. Crocq MA. The history of generalized anxiety disorder as a diagnostic category. *Dialogues in Clinical Neuroscience* 2022; 19(2): 107–116. doi: 10.31887/DCNS.2017.19.2/macrocq
18. Craske MG, Rauch SL, Ursano R, et al. What is an anxiety disorder? *Focus* 2011; 9(3): 369–388. doi: 10.1176/foc.9.3.foc369
19. Zoellner LA, Pruitt LD, Farach FJ, Jun JJ. Understanding heterogeneity in PTSD: Fear, dysphoria, and distress. *Depression and Anxiety* 2014; 31(2): 97–106. doi: 10.1002/da.22133
20. LeDoux J. Emotional networks and motor control: A fearful view. *Progress in Brain Research* 1996; 107: 437–446. doi: 10.1016/S0079-6123(08)61880-4
21. Barlow DH. *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic*, 2nd ed. Guilford Press; 2002. 704p.
22. Panksepp J. The psychoneurology of fear: Evolutionary perspectives and the role of animal models in understanding human anxiety. *Handbook of Anxiety* 1990; 3: 3–58.
23. Shukla P, Rishi P. Health locus of control, psychosocial/spiritual well-being and death anxiety among advanced-stage cancer patients. *Psychological Studies* 2018; 63: 200–207.
24. Carrim N, Basson J, Coetzee M. The relationship between job satisfaction and locus of control in a South African call center environment. *South African Journal of Labour Relations* 2006; 30(2): 66–81.
25. Lang PJ. Fear reduction and fear behavior: Problems in treating a construct. In: Shlien JM (editor). *Research in Psychotherapy*. American Psychological Association; 1968. pp. 90–102.
26. Kierkegaard S. *The Concept of Anxiety: A Simple Psychologically Oriented Deliberation in View of the Dogmatic Problem of Hereditary Sin*. Liveright Publishing Corporation; 2014. 256p.
27. Weems CF, Costa NM, Dehon C, Berman SL. Paul Tillich’s theory of existential anxiety: A preliminary conceptual and empirical examination. *Anxiety, Stress & Coping* 2004; 17(4): 383–399. doi: 10.1080/10615800412331318616
28. Wierzbicka A. Angst. *Culture & Psychology* 1998; 4(2): 161–188. doi: 10.1177/1354067X9800400202
29. Sapir E. *Selected Writings of Edward Sapir in Language, Culture, and Personality*. University of California Press; 2021. 642p.
30. Pellens H, Dezutter J, Luyten P, Vanhooren S. To be scared or scared to be: Existential anxiety as a mediator between meaning experience and depression. *Journal of Humanistic Psychology* 2022. doi: 10.1177/00221678221140617
31. Costin V, Vignoles VL. What do people find most meaningful? How representations of the self and the world provide meaning in life. *Journal of Personality* 2021; 90(4): 541–558. doi: 10.1111/jopy.12682
32. Kim J, Holte P, Martela F, et al. Experiential appreciation as a pathway to meaning in life. *Nature Human Behaviour* 2022; 6(5): 677–690. doi: 10.1038/s41562-021-01283-6
33. Bugental JF. Humanistic psychology: A new breakthrough. *American Psychologist* 1963; 18(9): 563–567. doi: 10.1037/h0048666
34. Arredondo AY, Caparrós B. Associations between existential concerns and adverse experiences: A systematic review. *The Journal of Humanistic Psychology* 2019; 63(5): 682–707. doi: 10.1177/0022167819846284
35. Fuchs T. The life-world of persons with mood disorders. In: Stanghellini G, Broome M, Raballo A, et al. (editors). *The Oxford Handbook of Phenomenological Psychopathology*. Oxford University Press; 2018. pp. 617–633. doi: 10.1093/oxfordhb/9780198803157.013.64
36. Tillich P. Anxiety, religion, and medicine: The minister may be a healer and the psychotherapist a priest but the functions should not be confused. *Pastoral Psychology* 1952; 3(9): 11–17. doi: 10.1007/BF01769082
37. Berman SL, Weems CF, Stickle TR. Existential anxiety in adolescents: Prevalence, structure, association with psychological symptoms and identity development. *Journal of Youth and Adolescence* 2006; 35: 285–292. doi: 10.1007/s10964-006-9032-y
38. Heidegger M. *Being and Time*. Harper & Row; 1962. 589p.

39. Berra L. Existential depression: A nonpathological and philosophical-existential approach. *Journal of Humanistic Psychology* 2021; 61(5): 757–765. doi: 10.1177/0022167819834747
40. Schneider KJ. Awakening to an awe-based psychology. *The Human Psychologist* 2011; 39: 247–252. doi: 10.1080/08873267.2011.592464
41. Kierkegaard S. *The Concept of Dread*. Lowrie W (translator). Princeton University Press; 1944.
42. Sartre JP. *Being and Nothingness: An Essay in Phenomenological Ontology*. Barnes H (translator). Routledge; 1958.
43. Van Deurzen E, Arnold-Baker C. *Existential Perspectives on Human Issues*. Palgrave Macmillan; 2005.
44. Liddell HS. *Emotional Hazards in Animals and Man*. Charles C. Thomas; 1956.
45. Iacovou S. What is the difference between existential anxiety and so-called neurotic anxiety? *Existential Analysis: Journal of the Society for Existential Analysis* 2011; 22(2): 356–367.
46. Cowden RG, Fuller DK, Anshel MH. Psychological predictors of mental toughness in elite tennis: An exploratory study in learned resourcefulness and competitive trait anxiety. *Perceptual and Motor Skills* 2014; 119(3): 661–678. doi: 10.2466130.PMS.119c27z0
47. Goldstein K. *The Organism: A Holistic Approach to Biology*. American Book Company; 1939.
48. Marano HE. Kissing cousins: Anxiety and depression may be two faces of one disorder. *Psychology Today* 2004; 37(2): 17.
49. MacQuarie J. *Existentialism*. Penguin Books; 1972.
50. Van Deurzen E. *Existential Counselling and Psychotherapy in Practice*. SAGE; 2002.
51. Auden WH. *The Age of Anxiety*. Faber & Faber; 1948.
52. May R. *The Meaning of Anxiety*. W. W. Norton & Company; 1977. 425p.
53. Dunn K, Elsom S, Cross W. Self-efficacy and locus of control affect management of aggression by mental health nurses. *Issues in Mental Health Nursing* 2007; 28(2): 201–217. doi: 10.1080/01612840601096321
54. Padmanabhan S. The impact of locus of control on workplace stress and job satisfaction: A pilot study on private-sector employees. *Current Research in Behavioral Sciences* 2021; 2: 100026. doi: 10.1016/j.crbeha.2021.100026
55. Withy K. The methodological role of angst in *Being and Time*. *Journal of the British Society for Phenomenology* 2012; 43(2): 195–211. doi: 10.1080/00071773.2012.11006767