

Meaning-making: a underestimated resource for health? A discussion of the value of meaning-making in the conservation and restoration of health and well-being

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Il meaning-making: una risorsa sottovalutata per la salute? Sul valore del meaning-making per il mantenimento e il recupero della salute e del benessere personale

This article discusses the function, development and maintenance of meaning and the importance of meaning-making from different perspectives, as it is based on a collaboration between professionals from health science and psychology. The aim is to discuss how meaning-making processes can be employed in the health context to enhance individuals' well-being. Starting point is a description of the common basis of the understanding of meaning-making. Afterwards brief examples from the different professional areas will show how meaning-making can improve health care practice. We will focus on the processual nature of meaning-making, its existential layers, as well as the ways in which meaning-making is at play in everyday activities and limit situations, such as illness or suicidality.

Questo articolo tratta della funzione, dello sviluppo e della conservazione del significato e dell'importanza del processo di costruzione del significato da diversi punti di vista, in base a un confronto tra psicologi e professionisti della salute. Lo scopo è quello di capire come i processi di meaning-making possano essere impiegati nei contesti sanitari per aumentare il benessere dei pazienti. Il punto di partenza è la descrizione di una base comune per la comprensione del meaning-making. Successivamente, brevi esempi tratti da diverse aree della salute mostrano come il meaning-making possa migliorare le pratiche di cura. Specifica attenzione è dedicata alla natura processuale del meaning-making, al suo significato esistenziale e ai modi in cui esso si esprime nella vita quotidiana e nelle situazioni-limite come la malattia o il tentato suicidio.

Keywords: Meaning; Meaning-making; Health; Spiritual practices; Everyday activities.

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1. Introduction

Contemporary societies are subject to ongoing profound changes, which involve increasing challenges related to new patterns of ill-health. More people suffer from psycho-social impairments, social exclusion and loneliness (WHO, 2013). Mental illness is prominent and affects especially vulnerable groups who are in transitional states or experience overwhelming life events. New determinants of ill-health must be met with new strategies (The Lancet Commission, 2014). In recent years, international authorities have acknowledged the necessity of incorporating health-promoting strategies into the public health politics. According to the WHO (1998), health is more than merely the absence of disease and infirmity and includes the human right of well-being and ability to exploit one's potential. Healthy is now understood as "the ability to realize aspirations and satisfy needs and to change or cope with the environment" (DeMarinis, 2018, p. X). However, the psycho-social-existential dimensions of health still seem underestimated in health promotion work, though they represent a huge potential for public health initiatives. Especially the phenomenon of *meaning-making* is of crucial interest, as evidence shows high correlations between meaning-in-life (despite ill health or impairment) and health and well-being (Koenig, 2012; Haugan, 2014). As the traditional bio-medical health model with its focus on disease and infirmity is not sufficient in handling the current and coming health challenges (The Lancet Commission, 2014), complimentary research and approaches are needed. The complimentary approach focuses on people's health potential, based on an ecological, dynamic understanding of human beings with focus on meaning-making as a health resource (Ahmadi & Ahmadi, 2018).

2. Background

WHO's famous definition of health (1948) as a state of complete physical, mental and social well-being was not received unanimously well and was criticized of being too imbalanced and overemphasizing the positive aspects. Consequently, WHO launched a new perception of health as a dynamic resource for living with emphasis on the mental aspects. Health was now perceived as to "... the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities" (WHO, 1984). The close relationship between mental and somatic health was even more emphasized when in 2007 Prince and colleagues claimed, "No Health without Mental Health." As mental health moved more into the center to general health, the individuals' ability to handle and recover from stress in vulnerable situation and conditions gained more attention as individuals' resilience. Meaning and meaning-making became central in the literature on individuals' ability to cope with stressful life-events (Park, 2010).

The idea that something has meaning or is meaningful is widely used in the literature. However, what meaning is or means is difficult to understand as it is rarely defined, and the definitions are strikingly different and based on different perspectives and paradigms. However, meaning and meaning-making have been at the attention of researchers from areas reaching from neurophysiology over health sciences to linguistics and semiotics. Meaning is frequently connected to individual processes of identity formation through experiences in activity and everyday life (Bruner, 1990; Frankl, 1985). Existential psychology suggests that humans are characterized by a *will to meaning*, an innate drive to find meaning and values that make their lives worth living, and that failure to achieve meaning could result in psychological distress and (or) existential void (Frankl, 1985). Meaning is not an end-result, but the search for meaning has an overall ongoing presence in our lives. Bruner (1986, 1990) explored the human mind and meaning and introduced culture as a variable from which meaning develops. He argues that activity is central in cultures and that this affects meaning-making. Meaning is embedded in a society or culture in the form of stories and metaphors, from which personal moral, meanings and habits are derived. It is of importance to differentiate between meaning-making coping as a psychological process that a person employs in the face of challenging situations (Park, 2005) and meaning-making in the more existential search for meaning-in-life (Frankl, 2014). Both the situational and the existential meaning-making have been proven beneficial for health (Frankl, 2014; Park, 2010).

3. Aim

Contemporary societies face challenges in form of a huge rise in non-communicable diseases in all ages, as well as age-related conditions, as people grow older (WHO, 2013). Lack of social inclusion, loneliness and feelings of meaninglessness enhance the vulnerability to develop illness or engage in suicidal behavior (WHO, 2013). In this article, we will elaborate upon some perspectives on meaning and meaning-making and the ways in which these are evident in activities and everyday life, through limit situations and illness. This paper aims to discuss different ways of connecting meaning and meaning-making processes with health and well-being. Meaning-making in its different forms is part of human life. Especially when people struggle to find meaning, it is possible to study it in depth. Below we will focus on meaning-making in different situations, where people are facing challenges either because of sudden or chronic illnesses, age related loss of abilities or a suicidal crisis. Further, we will reflect on the linkage between health and meaning against some of the challenges that are displayed in today's health/illness scenarios. On this background, we discuss possible new strategies in health care service.

4. Literature review

Meaning and meaning-making processes are central in coping processes (Park, 2010; Ahmadi & Ahmadi, 2018) and it is necessary to look at what the function of meaning is, how meaning is constructed in the interrelationship between individual and context and how it is maintained in challenging conditions.

4.1. Meaning as an existential compass

In narrative theory, meaning is understood as the way people make connections between their history, ongoing events and their images of a possible future (see Mattingly, 1998b for a review). *Meaning* and *meaningful* refer to the existential understanding of meaning, and are often expressed as hope or longing, forming motivational forces that connect individuals to overall meaning in life (Mattingly, 1998a). When individuals experience limit situations, such as illness, loss or some health-related condition, having meaning and hope is crucial, as this makes it possible to cope, adapt, or manage severe and dramatic situations and changes (Park, 2010). Literature provides examples of how people who experience meaning manage life-threatening illnesses, or the loss of a spouse or a child, in a healthier way than those unable to sustain hope (Mattingly, 2006). Meaning may be connected to religious images and faith, but also to clients' overall existential approach to life and living (Charmaz, 2014; Mattingly, 1998b) or their worldview (Hall & Hill, 2019).

Another approach is by DeMarinis (2018), who launched the *Meaning-making model of cultural dimensions in health care contexts*, built on Kleinman's model (1980). She operates with five dimensions that are mutually connected and where changes in one dimension brings changes in the others. The dimensions are existential/symbolic meaning; biological-physical; psychological; social; and ecological (DeMarinis, 2018). Any changes that happen in any of the dimensions must be processed through the existential/symbolic dimension, consequently giving the existential dimension the hub function. The existential/symbolic dimension guides adjustment or coping processes and contains beliefs, rituals, symbols for understanding life, death, health and ill-health, illness and coping (DeMarinis, 2018).

4.2. Different understandings of meaning-making

Several models of meaning-making have been offered (Frankl, 1985; Bruner, 1990; Park & Folkman, 1997; Proulx & Inzlicht, 2012; DeMarinis, 2018). In Frankl's model we find a distinction between meanings-in-life and the meaning of life. While finding the ultimate meaning of our lives is a life-long quest, which perhaps will make major sense by the end of our lives, meanings-in-life are events or activities in our everyday lives, which we find valuable and that make us act in correspondence to our value systems (Frankl, 2014).

In general, meaning is understood as expectations or schemes of future events, which allow us to feel a certain security in believing that we understand our experiences (Proulx & Inzlicht, 2012). The meanings are constantly adjusted in an ongoing interaction with the social context. Experiences are interpreted as meaningful events in a specific cultural context and give rise to expectations and anticipations for further experiences in a never-ending development. The meaning-making model of Park & Folkman (1997) distinguishes between the concepts of global meaning (i.e. fundamental goals, commitments, beliefs about life) and situational meaning (i.e. appraisals of specific events). In the meaning-making process, the goal is to reduce any discrepancies between global and situational meaning by either assimilation, i.e. changing the meaning of the stressor, or accommodation, i.e. changing global beliefs and goals (Park, 2013).

Meaning-making as an ordering capacity, creating order out of chaos, is fundamental for the individuals' understanding of situations and the feeling of predictability, control and safety (Proulx & Inzlicht, 2012). As the individual, the context and their relationship are subject to change, the individual is forced to adjust or maintain the system. Proulx & Inzlicht (2012) have developed the Meaning Maintenance Model (MMM), where they have combined different models to describe the regulations and adjustments going on between the individual and the context in times where the stability of the acquired meaning models are threatened by severe illness, death or other traumatic incidents and triggers compensatory mechanisms. According to Proulx & Inzlicht's model (2012) five psychological mechanisms make up the compensatory behavior: assimilation, accommodation, affirmation, abstraction and assembly. While individuals are adjusting their meanings, they affirm meanings in other areas than the violated and especially in moral and ethics (Proulx & Inzlicht, 2012). The moral meaning universe thus determines the boundaries for the coping processes and is simultaneously further affirmed during the process. This seems especially to be the case when people are confronted with existential facts such as uncertainty in life, losses, serious illness and death (Frankl, 1985).

Another compensatory mechanism is the abstraction, which means that we through comparison and triangulation distance us from the specific situation in order to create an overall meaning, "...where meaning is reduced to its most essential form: expected relations" (Proulx & Inzlicht, 2012, p. 328). Both compensatory mechanisms, affirmation and abstraction go beyond an actual problem and draw out useful information from our internal or external world in order to maintain meaning.

Finally, there is an assembly of all bits and pieces of meaning through the attempt to restore harmony between the global and the situational meaning. The new meaning should be better equipped to protect us from unforeseen incidents and be a better guide to our actions.

4.3. Meaning-making in practice

In the following we will illustrate the application of meaning-making in different health-related settings like sudden or chronic illnesses, age related loss of abilities or a suicidal crisis.

Meaning-making and cancer survivors

In developed countries, approximately a third of the population will be diagnosed with cancer during their lifetime. In contrast to the situation a few decades ago, most of them will survive (Ferlay *et al.*, 2018). When entering long time survivorship, many will struggle with physical and/or psychological late effects from the disease and its treatment (Koch *et al.*, 2013; Sekse, Dunberger, Olesen, Østerbye, & Seibæk, 2019), which may raise existential concerns. Thus, salutogenic interventions could address the promotion of purpose and meaning in life as a strategy to deal with such existential concerns (Mori & Lehmann, 2014). The cancer disease may be perceived as a stressful event involving a discrepancy between the persons' current life situation and life goals. In long-term cancer survivorship, meaning-making processes over time may lead to a re-appraised meaning of the cancer disease, changed life goals, acceptance and growth (Park, 2010).

Reports of a strong sense of global meaning among cancer survivors are related to better physical and psychological health and quality of life. Meanings made from the situation (i.e. illness-specific meaning), however, seem to be a less consistent predictor of quality of life (Sherman, Simonton, Latif, & Bracy, 2010). The link between searching for meaning and positive health outcomes depends on the

extent of whether meanings are made, either by adjusting the global meaning (e.g. the change of perception of normality) or the situational meaning (e.g. feeling lucky compared to cancer patients perceived as worse off). However, the facilitation of meaning-making processes is rarely included in the follow-up care of cancer survivors (Selby, Seccaraccia, Huth, Kurppa, & Fitch, 2017) though meta-analysis provides evidence that cancer patients across all stages and types benefit from existential interventions (Bauereiss, Obermaier, Özünal, & Baumeister, 2018). Many cancer survivors report that they feel successful in their meaning-making efforts, and perceive their life to be more meaningful than before diagnosis. In contrast, a considerable group of cancer patients report on unmet needs for help with their meaning-making processes (van der Spek *et al.*, 2013). A few RCT studies have been performed on cancer patients/survivors, and they report meaning-centered interventions to be important for enhancing perceived meaning in life, well-being, and mental adjustment to cancer and to reduce psychological distress (Henry *et al.*, 2010; van der Spek *et al.*, 2017). Furthermore, three meta-studies on the efficacy of existential meaning-making interventions in cancer patients across all stages and types show significant effects on well-being, quality of life, hope, self-efficacy and depression (Bauereiss *et al.*, 2018; Oh & Kim, 2014; Vos, Craig, & Cooper, 2015).

Meaning-making and on-going health conditions

Everyday context shapes the meanings of people's experiences and constitute their local culture (Hughes, van Heugten, & Keeling, 2015). Studies of living with incurable health conditions show how health is embedded in everyday living (Alsaker & Josephsson, 2010; White, Lentin, & Farnworth, 2013). Meaning-making in everyday life is characterized by fluid practices of negotiations between personal engagement and social morals and ability to participate (Alsaker & Josephsson, 2011; Schraube & Højholt, 2016) as incurable health conditions affect abilities to participate in living contexts (Alsaker & Josephsson, 2010; Meek, Bergeron, Towne, Ahn, Ory, & Smith, 2018; Steultjens, Dekker, Bouter, van Schardenburg, van Kuyk, & van den Ende, 2002). For example, in the study of Alsaker & Josephsson (2010) the participants showed a desire to be and act like everybody else in their neighborhood. They had to design their context to meet whatever they thought necessary to feel as ordinary citizens. Due to the health-related issues, which had to be handled, tensions arose continuously between being the meaningful social «everybody» and managing personal needs arising from the health condition. In order to achieve what was of existential importance to them (being like everybody else), their meaning-making processes involved practical initiatives and communications skills. Ordinary everyday situations became extraordinary as the participants constantly had to consider how to follow personal values and interests as part of their existential meaning-making. Other studies (Reed, Josephsson, & Alsaker, 2018; Alsaker & Ulfseth, 2017) have similarly shown the importance of creating narratives and situations as arena for meaning-making for the improvement of well-being for different groups of patients. These findings might be significant for the development of health systems.

Meaning-making and elderly

As longevity is increasing worldwide, it is important to ensure that the extra years of life are worth living. When growing old and confronted with loss and illness, perceived meaning and meaning-making are important for well-being (Duppen, Machielse, Verté, Dury, & De Donder, 2019; Thauvoye, Vanhooren, Vandenhoeck, & Dezutter, 2019). Increased age is followed by an increased incidence of functional and chronic comorbidities and diverse disabilities (World Health Organization, 2018), which for many leads to the need for long-term care in a nursing home (NH). Moving to a NH results from numerous losses such as loss of physical and cognitive capacities, loss of functions and roles, loss of significant others and social relations. The entry to a NH itself is also often experienced as a major loss. It involves not only a permanent relocation but also a public transition from autonomy and self-efficacy to dependency and a foreshadowing of the loss of life (Bern-Klug & Ellis, 2004). This *high-loss-condition* increases an individual's vulnerability and distress even further. Depression is found to be three to four times higher among NH residents than in community-dwelling older adults (Jongenelis, Pot, Eisses, Beekman, Kluiters, & Ribbe, 2004). Consequently, this population is vulnerable to declined quality and meaning-in-life.

Health-promotive initiatives enhancing meaning-in-life and well-being among older people will become ever more important in the years to come.

Perceived meaning-in-life has shown vital while facing mortality (Boyle, Barnes, Buchman, & Bennett, 2009; Krause, 2009). While finding meaning and purpose-in-life in this situation can prove difficult, evidence has shown that individuals who experience a high degree of meaning despite losses, suffering and illness have a greater ability to tolerate bodily ailments and the various outcomes better than those who do not find meaning-in-life (Breitbart, Gibson, Poppito, & Amy, 2004; Breitbart *et al.*, 2010). A recent qualitative study explored experiences of meaning and purpose in everyday life in NH residents. Four key meaning-making experiences were discovered: well-being, belonging and recognition, personally treasured activities and spiritual closeness and connectedness to one's God (Drageset, Haugan, & Tranvag, 2017). Moreover, meaning-in-life is significantly associated with physical and emotional functionality, symptom severity and well-being among cognitively intact NH residents (Haugan, 2014a, 2014b). That is, the more symptom severity and loss of functionality, the less perceived meaning-in-life, and conversely, the higher meaning the more well-being.

Meaning-making and suicidality

Suicidality is a big global challenge. There are many individuals who suffer, and every year close to 800 000 people take their own lives while many more attempt suicide (WHO, 2019a). Existential aspects of suicidality and meaning-making have, however, received little attention in research and are not sufficiently emphasized in clinical practice (Søberg, Haug, Danbolt, Lien, & Sørensen, 2018). Suicidality can be understood as a crisis of meaning, where meaninglessness is experienced on various levels, such as having no meaning-in-life, problematic relationships, pain, and losing a sense of self (Kuzmanic, 2012). Former suicidal psychiatric inpatients' experiences show that the search for meaning is an essential part of suffering and suicidality, as well as in the process of recovering from such struggle (Hagen, Knizek, & Hjelmeland, 2018). Experiencing suicidality involves existential reflections related to one's own life and efforts to make sense of the suffering, and may imply increased self-awareness, as well as changes on an intra- and interpersonal level (Hagen *et al.*, 2018; Hagen, Knizek, & Hjelmeland, 2020). During a suicidal crisis, people may experience existential struggles and uncertainty. Questions like who you are as a person, who you will become, what you mean to others, and what the future will bring, if you at all have future are central (Hagen, Knizek, & Hjelmeland, 2020). Sellin and colleagues (2017) found that recovering from a suicidal crisis involves reconnecting with oneself and questioning how life can become worth living. David Webb, who wrote a PhD thesis based on his personal experience of suicidality describes it as a crisis of the self, and his recovery process involved deep personal development at an existential and spiritual level (Webb, 2010). While these examples show how meaning-making and the search for meaning are essential to people struggling with suicidality in order to feel reconnected to life and other people, professionals attempting to help people with suicidality, tend to neglect or underestimate the importance of perceived meaning and meaning-making. Rather, professionals tend to have a narrow focus on identifying and treating mental disorders and/or on managing other suicide risk factors or specific problems (Hagen, Hjelmeland, & Knizek, 2017; Michel, Maltsberger, Jobes, Leenaars, Orbach, & Stadler, 2002).

Higher emphasis on meaning and meaning-making can broaden the professionals' perspective, so that suffering is not only viewed as something to be fixed, cured, or removed (Cutcliffe, Hummelvoll, Granerud, & Eriksson, 2015). Further, focusing more on meaning and meaning-making means that the professionals need to prioritize establishing a trusting connection with the patient where the person and his/her perspectives are recognized and emphasized (Cutcliffe *et al.*, 2015; Hagen *et al.*, 2018). People struggling with suicidality benefit from encountering professionals who can help them to reflect and find meaning in their experience of suffering (Cutcliffe *et al.*, 2015). Supporting a person's meaning-making processes promotes the possibility for personal growth and development (Cutcliffe *et al.*, 2015). Health care professionals need more education and training, and more time and space to deal with existential themes and meaning in their meetings with patients struggling with suicidality (Kuzmanic, 2012; Søberg *et al.*, 2018).

4.4. Creative meaning-making approaches

There is an increasing focus on alternative methods for promotion of meaning in practice and a need for professional development and research that supports this. Below we present both creative arts-based initiatives as possible tools for professionals to support meaning-making processes.

Meaning-making and art

Since the beginning of the 21st century, there has been a major increase in research into effects of the arts on health and well-being. WHO has, for the first time, made a report describing the relationship between art and health. Results from over 3000 studies identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness across the lifespan (WHO, 2019b). Art is perceived as having an intrinsic value and can have a healing potential. The report from WHO (2019b) shows a wide variety of studies, and the findings demonstrate that arts can potentially impact both mental and physical health.

The arts can serve as magnifying glasses to dive into the tensions that form affective processes and that mediate meaning-making (Lehmann, 2018). In the context of health care this can enable users to be in touch with and accept the coexistence of different affective forces, such as perceiving extreme suffering in an illness as something valuable (Lehmann, 2018). Limit situations and the affective processes that we undergo to make sense of them, bring in a possibility to find meaning not in denying or overcoming the tragic nature of life, but in turning tragedies into possibilities (Frankl, 2014). When facing limit situations, we have to find meaning not only in our everyday experiences, but a meaning of our entire existence. In order to promote meaning-making, complementing healthcare with arts can be of support.

One concrete strategy to promote meaning-making is literature, both in the form of reading or writing/journaling. Reading fiction has proven to increase empathy (Kidd & Castano, 2013), and the effects of writing on mental health have been largely discussed (Pennebaker, 1999; Wright & Cheung Chung, 2001). For instance, writing poems can represent an opportunity for self-exploration, enable affective processing and meaning-making (Lehmann, Kardum, & Klempe, 2019). This process of meaning-making can be motivational, as it conveys purpose to daily life events. A similar process of self-exploration and motivation was reported in writing courses for older adults in Norway (Lehmann & Brinkmann, 2019). Through writing, older adults made sense of their life and their human condition, and those writings were a possibility to share with others and create a social space.

Different studies show that theater can promote meaning-making through enhanced self-awareness and dignity (Sæther, 2018; Ørjasæter, Davidson, Hedlund, Bjerkeset, & Ness, 2018). In a psychiatric center, using theatre workshops, patients described their own life through an artistic text, where they created a play together with others (Sæther, 2018). The participants transferred personal experiences into creative texts that promoted meaning-making as they expanded their understanding of their lived experiences. The participants expressed that the project had given them positive changes in everyday life with a sense of belonging, as well as increased self-confidence. They experienced being part of a binding fellowship in a community and related these positive personal and social changes to a therapeutic process. The theater stage became an arena for change through meaning-making and functioned as a turning point. With own texts and a theater performance meaning-making processes were initiated. Another study found that people with long-term mental illness might experience participation in theater workshops to provide moments of meaning (Ørjasæter *et al.*, 2018) through enjoyable mundane activities and demonstrate how arts have potential to add meaning and small positive moments into participants' lives. Although these moments appeared in glimpses, they added value and gave strength to the participants, as they were able to transform these positive moments to *meaning-making* and hope far beyond arts.

5. Summary and recommendations

During a life-time, individuals experience both positive and negative incidents and situations. Challenges in form of crises, pain, or failure are as much part of life as joy and victories. Health issues will arise and influence everyday life, goals and identity. To live a life with purpose and values and with a feeling

of making a difference despite challenges is basic for the experience of meaning in life. As contemporary society is subject to ongoing profound changes, where more people suffer from psycho-physical-social impairments, social exclusion and loneliness, focus has increasingly come to mental resources as a buffer against the development of ill-health. Nietzsche rightly stated that he who has a *why* can bear almost any *how*, which is in line with Frankl's point of view. To have a *why* to live for and live a life one experiences to have meaning depends on continuous meaning-making of events and challenges. The maintenance of meaning is a comprehensive endeavor, which partly goes on without direct attention, though being of existential importance. The current global COVID-19 crisis has clarified extensively how important the mobilization of personal resources is for the upkeeping of both mental and physical health in challenging times. Without an experience of solidarity and ethical obligations the use of face masks, social distancing and limitation of freedom of movement can be felt as meaningless and coerced. All over the world people struggle to find necessary measures so meaningful that they will be endured for any timespan it might take. Personal needs collide with superior societal needs daily and meaning-making processes are triggered. The current situation illustrates the main aim of this article that new determinants of ill-health must be met with new strategies. This article highlights the facilitation of meaning-making processes as a resource for health and well-being in different contexts. Meaning-making processes can make order out of chaotic and difficult situations, and consequently be employed in health contexts to enhance individuals' well-being. Unfortunately, meaning-making has so far not received adequate and focused attention (George & Park, 2014) in neither health promotion, nor treatment of patients. This needs to be changed in order to secure health and well-being for more people, which the current situation worldwide illustrates in an exemplary way.

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