

Dissertation presented at Uppsala University to be publicly examined in the University Main Building, Sal IV, Biskopsgatan 3, Uppsala, Friday, January 21, 2011 at 14:15 for the degree of Doctor of Theology. The examination will be conducted in Swedish.

Abstract

Melder, C A. 2011. Vilsenhetens epidemiologi. En religionspsykologisk studie i existentiell folkhälsa. (The epidemiology of lost meaning. A study in psychology of religion and existential public health in a Swedish context). Acta Universitatis Upsaliensis. *Psychologia et sociologia religionum* 25. 305 pp. Uppsala. ISBN 978-91-554-7958-9.

The existential dimension has gained importance in health studies in the last decades (DeMarinis, 2008; Moreira-Almeida & Koenig, 2006; O'Connell & Skevington, 2010). Little Swedish research exists in this area. A pilot study was conducted in a Church of Sweden parish in suburban Stockholm. The research question was: "How does the existential dimension of health, understood as the ability to create and maintain a functional meaning-making system, affect the person's self-rated health and quality of life?" The theoretical framework included: health research focusing on the existential dimension; public health through psychology of religion; and, object-relations theory. The mixed-methods format included semi-structured interviews, and surveys: 1) on meaning-making, and 2) a Swedish pilot translation of WHO-QOL-SRPB (self-rated health and quality of life including spirituality, religiousness and personal beliefs). Central results showed a positive relation between the existential health dimension and: overall ratings of physical, mental, social, and environmental health ($p = .008$); mental health ($p = .008$); social health ($p = .046$); and, the combined health items "How do you feel?" and "How satisfied are you with your health?" ($p = .001$). These results find support in WHO's health perspective, and are linked to DeMarinis' health dimensions and Winnicott's understanding of potential space. The health dimensions: physical, mental, social, ecological and existential, are closely interlinked. The existential dimension is important through its interaction with the others, and through its function as an autonomous health dimension. The study underlines the need for – and offers a culturally-tested method and model to explore existential needs in this secularized context.

Keywords: cultural-study, DeMarinis, existential, health, meaning, object-relations theory, personal beliefs, psychology of religion, public health, quality of live, religiousness, spirituality, WHO, WHOQOL-SRPB, Winnicott

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