Work, Social Enterprise and Mental Health Promotion

A psychology of religious analysis of work as a mental health promotion activity.

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Abstract

The intent of this paper is to investigate social enterprise, and the Swedish work environment regulations as expressed in the Organizational and social work environment provisions of the Swedish Work Environment Authority (AFS 2015:4) within the context of mental health promotion. This investigation will generate hypotheses regarding how social enterprises and the individuals working in these environments utilize work in creating mental health promotional activities. The theoretical approach to be used in this paper is twofold: Attachment Theory and Meaning Making Theory. In order to deepen our understanding of work as a mental health promotional activity the phenomena of social enterprise and AFS, 2015:4 were subjected to a textual analysis in the form of a focus group interview and followed with a semi-structured interview. The research design was transformational, and the method was mixed combining literature review, textual analysis, a focus group interview and several semi-structured interviews. The population interviewed was employees and management within social enterprises in Uppsala, Sweden. The conclusion reached was that the ability for a work environment to promote health was in correlation to the quality of social relationships and the ability to understand and experience the activity of work as meaningful and meaning making. Based upon this conclusion hypothesis were generated for further research.

Keywords: social enterprise, work environment, health promotion, and disability.
Abbreviations

AFS, Arbetsmiljöföreskrifter från Arbetsmiljöverket, The Swedish Work Environment Authority’s Statute Book

ASF, Arbetsintegrerande sociala företag, work integrating social enterprises

CSDH, Commission on Social Determinants of Health

CFI, Cultural Formulation Interview

LSS, Lagen om Stöd och Service, Act regarding Support and Service for Persons with Certain Functional Impairments (LSS)

WHO, World Health Organization
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Chapter 1 An Introduction to the Question of Work and Health Promotion

“The Commission on Social Determinants of Health (CSDH) of the World Health Organization (WHO) concluded that unemployment as a social determinant of mental health constitutes both a differential exposure at the individual level and a significant socio-economic context factor (CSDH 2008). The social fabric is strained and inequality in market incomes is raised by persistent high unemployment (OECD 2013)” (Hollederer, 2015, p. 319)

1.1 Psychology of Religion and Work?
To analyze work within the psychology of religion is perhaps unorthodox. Having said that the study of psychology of religion within a secular society is somewhat unorthodox and is arguably in need of finding new expressions for timeless questions. Work is in my opinion just such a new expression trying to answer an old question. In order to sooth this unorthodoxy I would like to begin with a reference Crystal Park makes to Baumeister, “people actively construct the meaning of their lives on a daily basis and that meaning is part of every action and thought.” (Park, 2013, p. 357)

Secularism has perhaps removed some of the function of religious institution, but the underlying need remains, we humans need to find meaning in our daily lives as Park explains. Similarly, Batson helps making the jump from traditional expressions of religion to activities such as work in his definition of religion as “whatever a person does to deal with existential questions.” (Park, 2013, p. 358) In modern Sweden work fills a large portion of this “whatever.”

I am not saying that work has become a religion however I am making the claim that the need to find activities which create meaning and offer the experience of genuine relationships and which previously could be found in religion are key to mental health and as such are worthy of an investigation within the realm of the psychology of religion. One context in secular Sweden where these needs can be addressed is within the activity of work.

This paper is built upon the assumption that modern society is organized around work in as much as employment is necessary both individually and societally for survival and development. Work has therefore the potential to be an important activity in answering the “old questions” in a secular society. Work, as I state above, is not paramount with the religious experience, however, within a
secular society such as Sweden the importance of work as a tool for meaning and context should not be underestimated.

It is important to state in the beginning of this paper that both the “work” and the population being investigated are very specific and require definition. It is also paramount to understand that this area and this population of research are understudied. For the purpose of this paper the word “work” will be referring to the activities within social enterprises unless otherwise stated. The population is characterized by the presence of mental illness and long term unemployment. A more detailed definition of the concept of social enterprise will be defined later in the paper. It is necessary however to briefly describe these companies in order to understand the context of this paper. This context is essential to understanding both what is being investigated as well as how the investigation is organized.

Social enterprises are companies which in addition to providing goods and services provide an arena for work rehabilitation. Work rehabilitation in this context is primarily intra and interpersonal. The group of people who are intended to receive this rehabilitation are defined as being far from the labour market. In other words, the percentage of the population whom remains unemployed regardless of economic growth or decline. This description of the population is important in that it is based upon employment as opposed to diagnosis or developmental functionality. Having said that the presence of psychiatric illness is the rule as opposed to the exception. These social enterprises therefore encompass a very broad group of individuals whom for various reasons find themselves at the fringes of the labour market and society. In short, when concepts such as work, or employee are used in this paper it is within the context described above except when otherwise noted.

1.2 Work and Health
Work has a practical function: a source of income for citizens to buy goods and services as well as allowing governments a system of taxable income and resources for the creation of the welfare state. In addition to income and material survival, work fills several other functions of psychological significance. For the individual work offers what Blustein describes as “a central role in the development, expression and maintenance of psychological health.” (Blustein, 2008, p. 229) Work in this sense has a value for psychological development. This central
role which work occupies in the lives of individuals as described by Blustein is not reflected in psychological research. Again according to Blustein, “the full spectrum of psychological discourse still places work on the periphery of our discipline.” (Blustein, 2008, p. 229)

In an overview of research concerning unemployment and health Hollederer writes, “health promotion among the unemployed is underdeveloped.” (Hollederer, 2015, p. 319) The reason for this underdevelopment is that “the fundamental problem for practical health promotion strategies for the unemployed is that these strategies cannot influence unemployment as such.” (Hollederer, 2015, p. 324) The mental distress that unemployment causes has a rather obvious solution, employment. This overview offers a clear indication of the impact which both unemployment and employment have upon mental health as well as the clear need for the development of mental health promotion in the area of unemployment/employment.

Hollederer’s insight, as poignant as it is, does not address the impact of unemployment or employment for individuals who are chronically excluded from the work force. One such group are those vulnerable to mental illness. An interesting thought experiment based upon Hollederer’s conclusion is to apply the conclusions to the population whose illness is preexisting unemployment. Would a return to employment impact health for this population in a similar way to that described by Hollederer? Given that the illness is preexisting it is safe to say that employment may help but more support is undoubtedly needed. Which begs the question: how can mental health promotion be integrated into work to improve the support this vulnerable population?

The omission of work as an accepted avenue for contributing to rehabilitation points to a truism in how mental health services are often organized. The activity of work rehabilitation is chronologically placed after medical interventions. This is not surprising nor worthy of criticism in many instances, however, when faced with lifelong disability, which is not uncommon in psychiatric illness, this chronological order creates an exclusion which prevents this population from gaining the benefits of employment as described in Hollederer’s article.

In essence it is a question of inquiring into what work entails and what potential ingredients are present in work which can contribute to mental health promo-
tion. In addition, an investigation into how to broaden the availability and effec-
tiveness of work as a resource for health promotion. It is precisely this interaction
between work, mental illness and mental health promotion which is the topic of
this paper. The critique this paper offers and attempts to address is the underesti-
mation of the importance of work as an integral aspect of mental health promo-
tion.

1.3 Hypothesis
In this paper I have chosen to generate hypothesis as opposed to testing a thesis
based upon the lack of previous research. Given the absence of previous reserach,a hypothesis is seemingly an appropriate place to begin the investigation of social
enterprise and health promotion.

The assumption in this paper is that given the proper circumstances the activity of
work can contribute positively to the rehabilitation of people suffering from both
mental illness and long-term unemployment. Using the two social phenomena
mentioned above, social enterprise and AFS 2015:4, I will investigate what ingre-
dients are present in creating a work environment which is intentionally health
promotional. However instead of testing a thesis I will use this investigation to
generate hypotheses regarding the active ingredients involved in the use of work
to promote health. These hypotheses rest upon the understanding that work entails
much more than production and social interaction. I hypothesize that work offers
in social enterprise an opportunity to support an otherwise marginalized social
group. The presence of a labour law including health promotion strengthens this
assumption and offers a much needed context and motivation to the utilization of
work to improve the lives of citizens.

I will examine work and mental health promotion through social enterprises’
experience of offering employment to those suffering from mental health issues
and looking at the experience of change which occurs in the process. In looking at
the reported change I hope to gain insight into the concrete workings of the activi-
ty of work as a potential activity within mental health promotion.

The apparent “innovation” of social enterprise as a necessary activity to regain
health is surprising given the empirical and common-sense support regarding the
impact of unemployment on both mental and physical health. This innovation in
the two phenomena mentioned above however point to a tangible social change in regard to the relationship between work and mental health.

1.4 Purpose Statement and Research question
The purpose of this paper is to generate hypothesis regarding what is involved in creating a mental health promotional work environment within social enterprises. The research question used to address this purpose is: what are the active ingredients within the experience of social enterprises experience which contribute to change and an increase in health as reported by participants?

It is in looking at the potential which can be found in work as mental health promotion that the importance of work as a rehabilitation activity becomes apparent. Work as health promotion activity falls into what Batson described as Religion, “whatever a person does to deal with existential questions.” (Batson & Stocks, 2004, p. 141) Work and its importance for the individual is of course far from a religious doctrine or a belief system, it does however offer a source for the understanding of existential questions in a secular society. It is in this vein that it is included in the psychology of religion. A study of how work contributes to mental health promotion and thus what I argue is an expression of needs which previously were met for large groups of society by religion.

The importance of work and the difficulty chronic unemployment creates is markedly seen by those who have disability and are chronically excluded from the labour market. The need for society to address the issue of unemployment for the group of people who have disability is increasingly evident and pressing. The purpose of this paper is to investigate social enterprise as a concrete manifestation of how work can be health promotional based upon the experience of those involved with social enterprises.

Public mental health, according to DeMarinis, referencing the World Health Organization, is defined as

_All organized measures (whether public or private) to prevent disease, promote health and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or disease. Thus, public health is concerned with the total system and not only the eradication of a particular disease._ (DeMarinis, 2018 p. 272).}
This definition of health promotion again according to DeMarinis in her article from 2018 in the volume *Violent Extremism in the 21st Century*, includes “quality of life” as a “key dimension” of the third public health revolution. (DeMarinis, 2018 p. 273)

In this paper the population being studied offers the additional challenge of long term previous mental illness to the task of health promotion. In order to clarify the prominence of mental health promotion within the framework of health promotion a reference to the WHO is helpful. This prioritizing of “mental health promotion” within “health promotion” is described by the WHO in very strong terms. For the WHO “mental health is an integral part of health; indeed, there is no health without mental health.” (DeMarinis, 2018 p. 273) This understanding will be used in the remainder of the paper. References to health promotion should therefore be understood as including the WHO’s understanding of mental health as a base for health in general.

Based upon this investigation I will propose hypotheses as to how this change could occur and could be strengthened with the intent of increasing the impact of social enterprise as a rehabilitation activity.

In accordance with the transformational research design, as described in the method section of this paper, it is appropriate for the investigate to focus on those who are most in need of health promotion in the work environment and who are most vulnerable in its absence. Creswell cites Mertens in describing transformational research as a worldview which “holds that research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression at whatever level it occurs. (Creswell, 2014, p.9)

The use of a transformational worldview is particularly appropriate given the group under investigation. The participants within social enterprises are often on the fringes of society and the models for support offered in society often fall short of the participant expressed needs. The use of this research design is with the express intent of creating a change in how work is used for the betterment of those excluded from the labour market. In short, the transformational worldview in this paper reflects the population in focus, the systematic struggle for inclusion and support and an attempt to see how and where improvement could be attempted.
How the transformational research approach will be applied in this paper will be presented in the chapter on research design.

The aim of this paper is to investigate potential explanations for the rehabilitation and growth that is described by participants within social enterprises. Based upon this investigation hypotheses will be generated how these changes could occur and how they could be strengthened.

1.5 Inquiry
Sweden is currently experiencing strong economic growth and low unemployment. However, the group of individuals with psychiatric disability are excluded from this trend. The disability this group experiences hampers their ability to reenter the work force and seems to increase with time. This is clearly seen in Kerr’s article where the author writes, “Research indicates a cyclical process that occurs when people with disabilities experience unemployment; this unemployment often leads to chronic stress which in turn leads to negative mental health, symptoms that create further barriers to unemployment.” (Kerr, Dattilo, & O’Sullivan, 2012, p. 279) Just as unemployment increases stress so can employment be a supportive activity and help individuals with disability to obtain and maintain employment. It is this experience that is suggested as an explanation for some of the success that social enterprises report.

The impact of unemployment on mental health is described by Kerr as an “increase in stressors and decrease in coping mechanisms associated with unemployment include: losing a major part of one’s identity, being stigmatized, experiencing financial strain, creating family and marital stressors, and losing social support networks.” (Kerr et al., 2012, p. 282) In seeing the devastation that unemployment entails social enterprises have come in contact with the empowerment of inclusion and rehabilitation through work. The activity of work is in need of investigation in terms of its impact on mental health promotion.

Social enterprises have tapped into a source of rehabilitation which fits well within the WHO’s definition of mental health promotional. Work as mental health promotion is rehabilitating precisely because work fills basic human needs for relationship and meaning. This paper will use Attachment Theory and Meaning Making Theory to understand the impact of social enterprises on individuals in
need of work rehabilitation using the work environment to create mental health promotion.

Despite the clarity of need as described above there is a seeming lack of integration between mental health professionals and the labour market. The work environment is a seemingly underutilized aspect of a mental health promotional agenda. In looking at the literature surrounding the subject, mental health promotional work environments, it would seem as though a definition of the terms is as of yet to be clearly and concretely defined. This paper seeks to create a clear understanding of the term: mental health promotional work environment in looking at the extreme case social enterprises. A social phenomenon which has as part of its founding definition rehabilitation at and through work.

Using social enterprise and the unique circumstances they afford I hope to gain insight into the elements of work which are seen by employees and employers as promoting mental health. The insights gained through interviewing employees and employers in social enterprises will then be analyzed using Attachment Theory and Meaning Making Theory.

1.6 Limits
This research paper will be focusing on the work of social enterprises to the exclusion of the remainder of the labour market and labour force. The reason for limiting the investigation to social enterprises is precisely because they employee marginalized groups. These groups, because of their challenging circumstances, offer a focused picture of change both in the impact of unemployment and exclusion and employment and inclusion.

1.7 Literature Review
The Purpose of the following literature review is to establish what Creswell calls an “orienting framework.” (Creswell, 2014, p.29) This framework sets the research question in the context of what has previously been studied as well as what I hope will be gained in the current study.

To create this framework I will present both how the search for related research was carried out and a brief summary of the results. In looking at what has been investigated in combination with what I maintain needs to be investigated I am hopeful that this article will contribute to the understanding of how work as a
mental health promotion can offer insight into the creation of a mental health promotional work environment. Additionally, I will be using the literature review to gain a deeper understanding in regard to how work is viewed, that is to say, what questions are asked in regard to work and mental health promotion.

1.7.1 Literature Review Process
The literature review which I conducted was a process of searching for relevant articles on the themes of the paper. I began with large areas using what later became my templates in the coding process. These concepts were entered into several databases using Uppsala University’s Library. The concepts were then combined in various constellations with the hope of discovering previous research.

The data bases used were: Diva, PsycINFO, PsycARTICLES, Social Science Index and Abstracts ASSIA.

The key words used were a combination of terms surrounding public mental health and social enterprise. The terms used were divided into three categories: broad thematic categories, combined themes and specific area of study.

The broad themes used were: Public Mental Health, Public Health, Social Enterprise, work environment, vocational rehabilitation, civil society.

The Combined themes were: Health promotion together with social enterprise, work environment and vocational rehabilitation and finally civil society in conjunction with health promotion.

Finally, the specific area of study was: mental health promotion, meaning making and social enterprise.

All relevant key words were entered into the database using both English and Swedish. A matrix is included in the appendix defining the exact terms used. The search period was between October 2017 and December 2017.

Not surprisingly, the more intricate the combination the fewer results were shown in the searches. In a similar pattern the presence of Swedish words within the searches resulted in a dramatic drop in results.

1.7.2 Broad Thematic Search
The initial search revealed a clear trend that the topics under investigation were broad and well researched. Results for Attachment, Meaning Making and mental
health promotion were predictably large and inclusive of numerous studies in both qualitative and quantitative peer review studies. For example, a search for peer review articles using PsycARTICLE and key words “public mental health” resulted in 2966 articles. Social enterprise and social entrepreneurship on the other hand revealed results using PsycARTICLE produced 131 peer review articles. Of the 131 articles only two were found which actually addressed the issue of social enterprise as defined in Sweden and in this paper. The two articles which were of direct relevance addressed the issue of stigmatism of mental illness in the workplace and a brand of Supported Employment included in a social enterprise. The results offered support for the hypothesis building in this paper in that they supported the tenant that social enterprise was an effective means of mental health promotion. For example, in the article, Reducing Perceived Stigma: Work Integration of People with Severe Mental Disorders in Italian Enterprise, the conclusion which was reached was described as “social enterprise provides a context in which people with mental disorders reach a sense of work related and social-competence.” (Villotti, Zaniboni, Corbière, Guay, & Fraccaroli, 2018, p.125) Similarly, the article published in the Psychiatric Rehabilitation Journal, deemed social enterprise using supported employment as “helpful” in supporting people with mental illness in improving their employability. (Tan, 2009, p.53)

In looking at the results from the other data bases the majority of articles were predominantly of an organizational nature, means of financial survival, or informational literature on how social enterprises are organized in Sweden.

That the nature of written rapports on the topic of social enterprise were industry promotional and “how to” in nature was not terribly surprising. Considering that the articles were primarily in English and the social enterprise model in the USA is closely connected to the non-profit sector it seems logical that most articles were directed to the audience of practitioners within social enterprise and non-profit. This was true of the literature found in Swedish as well. The majority of documents found were published by the Swedish Agency for Economic and Regional Growth with the explicit purpose of promoting social enterprise as a response to long term unemployment.

It could be argued that the question of mental health promotion was present in these articles in that they included reference to marginalized populations and so-
cial inclusion. However, the articles which combined these subjects, mental health promotion and social enterprise, fell outside the search for academic research articles. One interesting article of this kind was “Social Enterprises Broaden the Labour Market” and offered a collection of narratives from both participants and company leader and suggested that social enterprise improve self-esteem. (“Social Enterprises Broaden the Labour Market,” 2014) This booklet has however not been subject to peer review and was not intended to be used within a research setting.

1.7.3 Combined Themes
In the combined themes of the literature review I conducted there were several articles which were of interest in that they related to the questions I posed. The clearest example of this was an article entitled, Social enterprise: New Pathways to health and well-being? (Roy, Donaldson, Baker, & Kay, 2013).

This article looked at the question of health and social enterprise from the perspective of “health inequities” and policy within the United Kingdom. It was written with the seeming intent of encouraging policy makers and entrepreneurs alike. The article was argumentative, persuasive and intended to promote social enterprise as mental health promotional. It was however not an article containing research as such nor were there references to such research given in the article.

Another perspective was seen in an article by Alfons Hollederer entitled Unemployment, health and moderating factors: the need for targeted health promotion. (Hollederer, 2015) In this article the argument that work was a necessary component of health and that the presence and persistence of unemployment was a predictor of deterioration of health was advocated. This prediction was based upon a meta-study authored by Mckee-Ryan. (McKee-Ryan, Song, Wanberg, & Kinicki, 2005) One conclusion in Hollederer’s paper which stood out was the rapport that health returned with employment, “the longitudinal studies indicate that a persons’ mental well-being drastically deteriorates when losing employment and conversely is boosted when restarting employment.” (Hollederer, 2015, p.321)

1.7.4 Specific Area of Study
When searching the databases for articles reflecting the exact area of study of this paper the results were almost nonexistent. Two examples of existing studies which are tangential to this study are listed above and offer reflection regarding
stigma and supported employment. However, my conclusion based upon the literature review was nevertheless that there was a very limited body of research on the interface of social enterprise and mental health promotion. This conclusion is strengthened by Hollederer’s conclusion wherein he states “the development of health promotion models that include integration into the labour market is still in its infant state.” (Hollederer, 2015, p.324)

Accepting the assertion which Hollederer maintains, that health promotion and the labour market are as of yet in their “infant state” of interaction does not however exclude the presence of research on the topic limited though it is. In order to offer a description of the current literature which is available it is helpful to look at a cross section of the work which were found in the search. In addition to the articles listed above there are three academic authors who together offer a picture of research in this area. The authors are: Eva Vingård, David Blustein and Mary Sue Richardson.

Eva Vingård has co-authored a report for the Swedish Work Environment Authority published prior to the labour law AFS 2015:4. In “Knowledge compilation, the Good Work Environment and its Indicators,” Vingård lists 13 indications of a “good work environment.” They are, as translated by the author of this paper: positive and just leadership, quick problems solving, developed communication, teamwork, positive social climate, participation, clear professional roles, recognition, respect and intact self-esteem, continuity between personal and company values, continuing education, intellectual stimulation, appropriate work load and tempo, administrative support, good physical environment, reward, adequate salary, scheduling, balance between professional and private life, relationship to customers, and finally contribution to society. (2012, p 27) These indicators were collected through a research review on the topic of work environment factors which contribute to health. This compilation offers significant guidance in understanding what research has to say in regard to the work environment and indicators which suggest a “good” work environment. It is important to note however that Vingård’s terminology is “good” work environment which is qualitatively different from a health promotional work environment as seen in AFS 2015:4.

In a similar way David Blustein contributed a series of articles to the *American Psychologist* on the subject of work and psychological health. Blustein describes
the purpose of his article as “an overview of the role of work in people’s lives, with a particular emphasis on how psychologists can inform and shape public policy on work-related issues at both micro and macro levels.” (Blustein, 2008, p.228) The article offers a historical presentation of the development of work in psychological theory. The focus of research on work within psychology has predominately focused upon “aspects of work that are pertinent to employers and organizations.” (Blustein, 2008, p. 228) As was the case for Vingård, Blustein’s focus was in the interface of research and public policy. In order to clarify the importance of work for mental health and thus an important aspect of public policy Blustein quotes numerous articles describing the negative impact of unemployment in a similar vein to that described above in Hollederer.

Finally, the third author, Richardson suggests a shift in intention within vocational psychology. According to Richardson vocational psychology has supported individuals in making career choices. Instead her article in The Counseling Psychologist suggests that the purpose of vocational psychology should be to “help people construct lives through work and relationship.” (Richardson, 2012, p.190) This article offers a description of the importance of work as a key aspect in creating life as a whole. Richardson’s article which was written using a feminist and social justice worldview is akin to the current paper in that it seeks to understand a shifting in the social fabric which suggests utilizing work to impact and improvement in the lives of individuals.

The absence of research on mental health promotion within social enterprise is perhaps not surprising given the relative youth and grass roots development of social enterprises. The importance of the literature review is however seen in that the expectations of work which guide both the advent of social enterprise as well as the labour law AFS 2015:4 was found in previous research. In short, the literature review shows some evidence of improving mental health and the impacts work seems to have upon mental health.

1.8 Conclusion
This paper is based upon the observation that a deeper understanding of the potential of work can be seen in the appearance of two social phenomena which have appeared in Sweden during the past 30 years: a new labour law entitled Organizational and Social Work Environment, Arbetsmiljö föreskrifter 2015:4 which is
intended to reflect and impact the entire labour market and the appearance of Work Integrating Social Enterprises referred to as social enterprise hereafter. Social enterprises have an explicit task of creating work for those with long term disability and unemployment. The literature review has attempted to find similar studies and establish the need for the current study. The literature study found a very limited body of research when the various themes were combined and conclude that research regarding the creation of hypotheses is an appropriate first step in researching the subject of health promotion in the context of social enterprise.
Chapter 2 Concepts and Theory

This chapter will offer a closer look at both the concepts used in this paper as well as the theories used to understand them. The concepts, social enterprise and health promotion in labour laws are societal in nature. That is to say these social phenomena describe changes in society. However, the theories chosen, Attachment Theory and Meaning Making Theory, apply to individuals. It is in the interaction between the societal development and the needs of the individuals in this study that I hope to find the basis for what will later be hypotheses. In addition, the description of these concepts and theories will also offer a clearer understanding of the group being investigated.

2.1 Concepts

The most recent of the two phenomena is the Swedish labour law, Organizational and Social Work Environment 2015:4 (hereafter referred to as AFS 2015:4), mandating that work environments include health promotional goals. It is no longer adequate for work environments to have a neutral impact upon a person’s health, work must strive to maintain health and support an increase in health. The question of what it may mean to create a work environment which is legally responsible for health promotion and an improvement in health is however still unclear. AFS 2015:4 entails a shift in what the work environment is asked to do as well as a challenge to how illness and rehabilitation are viewed in the workplace. The following sections will explore and offer a brief background into the labour law entitled Organizational and Social Work Environment law, social enterprise, health promotion as well as a short description of the consequences of unemployment for individuals in Sweden.

2.1.1 The Organizational and Social Work Environment Provisions, AFS 2015:4

The need to address health at work is not new. In order to organize and protect both employees and employers labor laws have been an important aspect of work for generations. Over the last 40 years Sweden has relied upon labor laws which were intended to protect workers from physical and later psychological and social harm. The assumption has been that workers need to be protected from harm while at work. In 2015 however, the Swedish labor regulation AFS, 2015:4 was
passed. This new amendment mandated that employers include health promotion in the creation of the work environment. This represents a dramatic shift of responsibility from the absence of injury to the promotion of health. This change reflected a shift in the understanding and significance of work as a potential activity for maintaining and improving health.

The inclusion of health promotion as a legal requirement suggests that there is political interest in using work as a means to promote health. The difference between eliminating harm and creating health at work is a recognition of the centrality of work in people’s lives and in the maintenance of a functioning society. The logic of AFS 2015:4 is understandable, work has an important role in keeping people healthy. The prerequisites for work to contribute to health are a work environment which is actively health promotional.

However, the context described above assumes a healthy work force. For the purposes of this paper it is interesting to broaden this discussion and include those who are outside the work force due to mental illness. If the work environment is indeed able to positively impact health should it not be available for those with serious mental health issues as an additional support in rehabilitation?

If this assumption is true, then there is clear need to investigate the importance of work as an essential aspect of rehabilitation for those who have left the work force and integration for those who have not yet entered the work force.

Those who struggle with mental illness and disability have a particular challenge in regard to work. This can be seen in the statistics regarding employment in relation to the state of the economy. The group of people with disability is consistently unemployed despite economic growth. In a parliamentary letter addressing the work situation of those with disabilities Åsebol maintains that, according to Statistics Sweden (SCB), there are 900,000 people who have disability and are unemployed. The letter continues by stating that 66% of this group could work with appropriate work based support. (Motion 2017/18:318)

It is this challenge of creating support within the workplace that social enterprises have accepted, and it is learning from this challenge that a heightened focus on the potential for mental health promotion at work can be achieved.
The intended application of AFS 2015:4 is within a context of mental health promotion, as opposed to a health care intervention. Social enterprises offer work as rehabilitation and are included in the legal demand of a health promotional work environment. In this sense social enterprises offer a work environment which is bound by a legal obligation to promote health. That being said the purpose of a social enterprise is to aid in rehabilitation, that is to say, engage people who are already ill or otherwise excluded from the labour market. The question is then, how do individuals in social enterprises experience rehabilitation and health promotion when it occurs in a work setting? What changes occur and how are they explained by the participants who experience them? Is the positive impact of re-entering the labour force described by Hollederer alsotrue for those whose mental illness preexists? If so social enterprise and the activity of work have an important role to play in the improvement of health promotion for those excluded from the labour market due to mental illness.

My hope is that in investigating the extreme case of mental health promotion in social enterprises I will be able to find substantial content which gives form to workplace mental health promotion.

2.1.2 Social Enterprise in Sweden
The concept of Social enterprise which has long been a part of continental Europe was along with many other European Union concepts introduced to Sweden in the 1990s when Sweden joined the European Union. Social enterprise is an attempt to include individuals with disability into the work force. In essence social enterprises are companies with a dual purpose; to produced goods and services as well as to offer work rehabilitation. Together this dual purpose can potentially create a broader labor market.

In attempting to understand the concept of a social enterprise previous research with an international focus is helpful. Two trends which Levander describes, referencing Palmås work from 2008, are continental and Anglo-America. (Levander, 2011) According to Levander, the Anglo-American strain has its focus on ”social enterprise as an expression for the development of business models wherein activism and the free market interact.” (Levander, 2011, p. 17) Continental social enterprise on the other hand has its focus within social development. Again, Levander’s use of Palmås, describes the Continental strain of social enterprise as,
“a project with the intent of improving and developing the roll which organizations within the non-profit sphere maintain. The latter prioritizing company values such as employee participation, employee influence as well as democratic principles which define the social and societal benefits which the initiative of the companies is expected to create.” (Levander, 2011, p. 17)

In Sweden, the continental variant is predominant. In the 1990s most social enterprises were co-operations heavily supported by the local government and manned by those with disability retirement. Small scale production produced income which together with governmental support and retire employee-base maintained these companies.

To define this new social phenomenon, the Swedish government has created an organization called Sofisam. The purpose of Sofisam is to define and support the development of social enterprises in Sweden. In looking at Sofisam’s homepage the explicit purpose of social enterprises can be seen in their primary goals. The ascribed goal is to “through work and participation integrate citizens in society and the work force.” (Sofisam.se, 2018).

As previously stated, the development of social enterprises in Sweden is within the context of the civil society. The primary organizational forms for civil society within Sweden are co-operative and non-profit. Together these two organizational forms create what is called the third sector of Swedish society. The first sector being market driven companies, the second governmental agencies and finally the third, civil society.

During the last twenty-five years three dominant forms of social enterprises have developed. Those that employ within the open labor market with state supported employment, those that employ as well as offer services of vocational rehabilitation and those that exclusively offer vocational rehabilitation.

All three of these forms can be called work integrating social enterprises. To further this definition the Swedish government authored a plan of action in 2010 for social enterprises with the intent of supporting its development. (Beslut N2010/1894/ENT) This action plan uses the term “Arbetsintegrerande Sociala Företag” or Work Integrating Social Enterprises, which includes all three variations mentioned above. I will be using the term “social enterprise.”
This variant of social enterprise, work integrating social enterprise, is directed towards a population with psycho-social disability. The significant difference in this category of rehabilitation is that the companies are independent of the governmental ownership thus within the open market. The defining difference between a social enterprise and a company selling rehabilitation is that the social enterprise is intended to create employment opportunities for the group it supports as opposed to delivering a welfare service to the local government. It is this attribute which is most significant in comparing companies offering rehabilitation based upon financial interest and social enterprises. The primary goal is the expansion of the labour market and a redefining of work through inclusion. This third sector relies upon limits in how profit can be used, transparency, participation and democratic principles as guidelines for enterprise in contrast to the driving force of financial interest.

The previous paragraph offered a distinction between social enterprise and traditional industries. The obvious remaining question concerns the distinction between social enterprises and state and local welfare work rehabilitation. In Sweden governmental work placements are regulated by a law entitled Act regarding Support and Service for Persons with Certain Functional Impairment (LSS). (LSS 1993:387) Legally the local government is required to supply meaningful activities through “day centers.” The law stipulating this is Law of Support and Service (Lagen om Stöd och Service) and encompasses developmental disabilities, physical disability and those with brain damage. (LSS 1993:387) There are however significant disabilities that are not covered by this law LSS. The group excluded from LSS composes a variety of psychiatric illness as well as stress related illnesses and addiction.

The group of people who are disabled enough to be excluded from the labor force and not disabled in such a way as to mandate support in accordance with Law of Service and Support fall between the cracks in the social welfare system. Social enterprises are intended to work with this population. It is for this population that the social enterprises can be of special significance. Struggling with disability as well as exclusion from the governmental support, in LSS, this group is particularly vulnerable to exclusion from society both economically as well as socially.
The significant difference between social enterprise and governmental “day centers” is how work is viewed as well as those who are eligible. That is to say within social enterprise, rehabilitation is carried out and mental health promotion is present with an intention to integrate within the labour market which is absent from LSS placements. The view of work as well as rehabilitation is for the social enterprise within a health promotion model. In contrast, LSS work placements are just that, work placements without a rehabilitation aspiration. This is perhaps a natural result given the nature of disability in the various groups. That being said, there is a significant difference in viewing work as a daily activity and viewing work as a rehabilitation instrument. It is the later that I argue is the point of interaction between social enterprise and mental health promotion.

According to the governmental definition of social a social enterprise from 2010 work within social enterprise is viewed as a means of empowerment and engagement and meaning making. The explicit purpose of these companies, according to the government definition from 2010, is to broaden the labor market and to offer rehabilitation services to those outside the work force. (Beslut N2010/1894/ENT) This represents a paradigm shift from the government agencies approach in offering activities through LSS to social enterprises wherein work is viewed as rehabilitating.

Work as mental health promotion proposes a dramatic shift ideologically concerning the role of work. The assumption being that work fulfills significant human needs in the search for meaning as well as relationships within a social context. The Work Integrating Social Enterprise is a manifestation of the developing role of work and its impact on individuals and society.

2.1.3 Mental Health Promotion
In order to understand the implication of AFS, 2015:4 as well as the potential social enterprises offer it will be helpful to look more closely at how mental health promotion is defined. The World Health Organization on its website defines mental health promotion as “actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of more people experiencing better mental health.” (WHO, 2017) The definition continues by describing the basic prerequisites for mental health. These include the maintenance of “an
environment that respects and protects basic civil, political, socio-economic and cultural rights.” However, the inclusion of the word “promotion” dictates also that

“policies should not be solely concerned with mental disorders, but should also recognize and address the broader issues which promote mental health. These include mainstreaming mental health promotion into policies and programs in governmental and nongovernmental sectors. In addition to the health sector, it is essential to involve the education, labour, justice, transport, environment, housing, and welfare sectors as well.” (WHO, 2017)

The World Health Organization’s definition is broad and sweeping and yet manages to address issues impacting individuals. The definition above makes a very important jump in addressing “broader issues which promote mental health” to the particular: “education, labour, justice.” These examples are all related to employment. I suggest that this offers a compelling argument that the World Health Organization contends that employment is an important base for mental health promotion.

The insight that work impacts mental health is further strengthened in looking at the population whose unemployment is related to disability. The difficult situation which mental illness entails is compounded by unemployment. I argue, referencing Hollederer’s 2015 article, that unemployment is deleterious to mental health. The experience of social enterprises proposes that the opposite is also true. Work can be an important ingredient in mental health promotion even for those who are already struggling with illness. The World Health organization’s definition of mental health promotion points to the need for a holistic approach to mental health promotion and a movement away from treatment of symptoms. This combined with the research implicating unemployment as detrimental to mental health support the insight that both social enterprises and the Swedish government seem to be aware of, namely that work is an important factor in creating and maintaining mental health. To this end there is great potential in the activity within the work environment to promote mental health promotion.

2.1.4 Unemployment in Sweden

Sweden’s welfare state is characterized by its universal welfare and social inclusion. The idea being that unemployment should not create destitute individuals due to the financial support found in unemployment insurance. However, participation in Swedish unemployment support is based upon previous employment. In other words a history of work is a prerequisite for unemployment insurance, and it
is this insurance which offers a secure base for the unemployed. Those who are outside of the work force never manage to build up unemployment insurance and are therefore subject to the calculated existence minimum. The population that social enterprises are intended to help, those with chronic or at least long-standing disability and unemployment, are often outside of this system for employment insurance. The impact of this system is clearly described by Ulrika Levander in her dissertation *Social Exclusion for sale: Discourses on Social Enterprises in Sweden.* (Levander, 2011)

2.1.5 Conclusion Within Concepts
In describing these key terms as well as a brief introduction to unemployment in Sweden I hope to highlight the need to incorporate health promotion into the activity of work. The intention of these social developments is to ease the burden of the difficult situation mental illness and unemployment entail. In conclusion I would like to highlight the differences in worldview between social enterprise, private rehabilitation services and governmental work programs. As described in the action plan for social enterprise in 2010 it is “empowerment and participation” which are signature features of the integration and rehabilitation offered in social enterprise. As opposed to a welfare service to the government or a daily activity.

The significance of this difference will become clear in the chapters to come beginning with the following chapter on the theoretical basis for this paper.

2.2. Theory
The use of concepts in the previous section offered both an introduction to the central ideas of this paper as well as an introduction to the population being investigated. The theory section will offer a similar introduction both into the theories themselves and also add to the understanding of the needs expressed by the population studied in this paper.

The use of theory in this paper offers a framework in which to understand the importance of work within the context of both psychology of religion and mental health promotion. I suggest that these two theories offer insight from a meta perspective in that both Attachment Theory and Meaning Making Theory suggest general truths about the human condition. They both suggest that there are certain necessary components to mental health for all human beings. They offer descriptions of functional and dysfunctional patterns of relation and worldview. The
choice of these two theories offers the introduction of the somewhat nontraditional or unorthodox activity into the study of the psychology of religion: work as an activity for mental health promotion. In order to understand this connection, I will in this chapter describe selected aspects of both theories with the intention of clarifying the choice and application of these theories in this paper.

2.2.1 Attachment Theory

"Attachment is recognized as a primary motivational force with its own dynamics, and these dynamics have far reaching and complex consequences." (Flores, 2004, p. 41)

The founder of Attachment Theory, John Bowlby, began his theoretical work with an experience of hospitalized orphans after the Second World War. There was an unusually high mortality rate among these seemingly healthy orphans. Children were dying in hospitals with no apparent physical illness. The World Health Organization asked Bowlby to investigate and Bowlby surprisingly hypothesized that their death was caused by a lack of love. Attachment theory grew out of this experience and has during the past 50 years developed into a nuanced model of human relatedness and development. The theoretical core is however much the same. Humans need one another for development and survival. The consequences of poorly functioning attachment behavior are dire.

Mikulincer, Gillath and Shaver describe the basic assumptions of attachment theory as “a motivational system whose goal is maintenance of proximity to supportive other.” (Mikulincer, Gillath, & Shaver, 2002, p.881) The attachment system is activated when there is a need for protection from a threat. Attachment behaviors engage a caregiver to respond, comfort or protect the child. The perceived protection offered in the attachment figure functions as a base out of which the child can find security and return to exploration and development.

Attachment theory according to Costello has its origins in developmental psychology in that the system is seen as impacting the development of the individual. This development takes place as children and later adults develop as individuals. According to Attachment theory development happens when individuals explore their surroundings learning from new experiences. For this exploration and development to progress the child needs an environment which is safe enough to allow
for the child to risk leaving the safety of its attachment figure. That the child risks exploration from a “secure base” being aware of the “proximity to the attachment figure”, and the awareness of a “safe haven” where safety can be found if the exploration proves threatening is essential for development. (Costello, 2013, p.76) In short, a child experiences safety and in that safety is willing to risk leaving its parent and investigate new or interesting phenomenon thus learning and developing.

When the child experiences insecurity in physical pain or fear the attachment system and appropriate affect is activated affording the child the resources to fight, flee or freeze. This survival behavior is intended to support the child in returning to safety. Again, according to Attachment Theory this occurs in returning to the attachment figure. The figure offers soothing and care for the child and in doing so supports the aroused affect in subsiding. The sense of security which this process entails is seen to create an internal sense of security and is a corner stone for development. This security allows the child to explore and develop as an individual experiencing difficulty as well as appropriate care giving and nurturing. However, if the attachment figure is not able to interpret or respond to the child’s needs an insecure attachment can develop. This pattern entails creating alternative behaviors to convince the attachment figure to respond.

In an experiment called the “strange experiment” Ainsworth conducted a series of lab experiments where children were deprived of their mothers. As Fraley summarizes Ainsworth’s work, the resulting behaviors were categorized as secure and insecure attachment styles or behaviors. These categories developed further into secure attachment and two variations of insecure attachment: avoidant and ambivalent. Finally, a third category was coined, disorganized attachment. (Fraley, 2002) These various categories reflect how the children behave when reunited with their mothers and offer insight into the nature of the attachment relationship which has been formed.
In describing the importance of attachment, Mikulincer, Florian, and Tolmacz maintain that “it is believed that the quality of attachment interactions during infancy produce mental working models which organize cognition, affect, and behavior and shape self-image as well as social relationships.” (Mikulincer, Florian, & Tolmacz, 1990)

These “mental working models or internal working models” act according to Graci and Fivush, referencing Waters and Waters “in a script-like manner, specifying an expected sequence of actions for how events should unfold that include seeking a safe haven and obtaining support when distressed in ways that allow for a return to active exploration of the environment from this secure base.” (Graci & Fivush, 2017, p.487)

2.2.3 Internal Working Models
These “script like” sequences become internalized expectations concerning internal and external experiences. They eventually form what Flores describes as “the implied rules of ‘how I have to be in order to stay in relation with you’ defines the structure of the internal working model and becomes the determining force that fuels the repetitive nature of people’s relationships.” (Flores, 2004, p.45) In other words, the internal working models that a person has created based upon their personal history perpetuate patterns and becomes apparent in the nature of those relationships that they form. Internal working models represent an often-pre-conscious understanding which influence how a person behaves and interprets their environment. In using internal working models Bowlby’s theorizing offered significant insight into the interplay of internal assumptions and the external environment. As Fraley summarizes Bowlby, “the internal working models became the primary mediators of the attachment system as children develop and come to play a substantial role in shaping and maintaining the quality for social environments.” (Fraley, 2002, p.125) In addition, “the existence of these internal working models influence the kind of reactions they elicit from other.” (Fraley, 2002, p.125) In short, internal working models impact both how individuals understanding their surrounding world as well as impact how the world responds in return.
The breadth of attachment theory is truly grand in that its hypothesis offers insight into the depth of influences interpersonal relationships have. Interpersonal interaction is thus a meeting place for individuals who in relation experience their attachment histories, and their internal working models. All of which impacts and influences others. In addition to internal working models Attachment offers insight into another important experience which is very relevant for the topic at hand, affect regulation.

2.2.4 Affect Regulation
Attachment theory hypothesizes that affect is a survival mechanism which is to say that in order to activate internal and external resources different affects are activated. For example, if a person is in danger and chooses to fight or to flee the affect of anger and fear are necessary to summon an appropriate response. These survival instincts which are expressed in affect are often short lived and intensive. It is necessary that these experiences of intense affect subside in order for the person to re-enter safe relationships. If a person is not able to return to a non-threatening experience the result can be destructive and prevent the reunification and ability to return to exploration. Individuals who struggle with affect regulation, again based upon an attachment perspective, have a difficult time obtaining the support they need to soothe their reaction whether it be internal or external.

The picture of inter-relatedness which is theorized in attachment offers an integration of several concepts in order to explain inner and external interaction: affect regulation, internal working models and attachment behaviors. A return to security in the proximity of others has the benefit of soothing these strong feelings. The relationship that is described in attachment serves the purpose of guiding back to manageable feelings. According to Flores, “both attachment theory and affect regulation theory challenge a formerly unspoiled bias that dominates our culture and mental health model: dependency is bad.” (Flores, 2004, p.88) Attachment and healthy affect regulation are according to Flores positively related and necessary for development and growth.

2.2.5 Attachment and Change
The assumption that both attachment patterns and internal working models are developed in early childhood and thereafter stable over time has been a long held truism. There is however evidence to the contrary, according to Fraley, “attach-
ment security is, moderately stable over time.” (Fraley, 2002, p.123). Fraley describe the possibility of movement within the various categories of attachment that Ainsworth described. Throughout a life time individuals can and do move from insecure to secure as well as vice versa. There is however, again according to Fraley, insufficient data to define how this movement is made.

Fraley offers two theories of change within an attachment context: a revisionist perspective and a prototype perspective. Fraley describes the revisionist perspective as “assuming that early attachment representations are revised and updated in light of ongoing experience and consequently may or may not correspond to later attachment representations.” (Fraley, 2002, p.124) The second perspective, prototype perspective “assumes that early attachment representation are retained throughout development and have an ongoing effect on attachment dynamics throughout the life course.” (Fraley, 2002, p. 125) The distinction between these two models of change are significant in that they demand a theoretical adjustment in understanding attachment. In the context of this article however the importance is that attachment is not stable, that is to say, change is possible even in attachment behavior and strategy.

The conclusion of this plasticity in attachment and affect regulation is that they are interdependent. According to Fraley, the mechanisms of changes in attachment security and its correlation to affect regulation are largely unknown however it can be asserted that attachment patterns are malleable even if the underlying processes are not clearly established.

In looking at attachment within the setting of a social enterprise it is essential to highlight the possibility of change. The possibility is important for the creation of a work environment which enhances those aspects which contribute to a positive development and must therefore include both attachment strategies and attachment behaviors.

Having introduced attachment, its proposed impact on development and its ability to change I now move on to the remaining theory which needs to be introduced in the paper: Meaning Making theory.
2.2.6 Meaning and Meaning Making
The search for meaning is a seemingly ageless pursuit. Given the importance of this word and the long tradition it represents it is not surprising that the definition of the word “meaning” is highly contested. This lack of agreement can be seen in the efforts of Crystal Park to try and create consensus around the concept of meaning. This is primarily seen in seminars and publications in which Park has attempted to encourage and create an acceptable definition of meaning and meaning making. In this paper I will be using Park’s description and proposed use of the concepts meaning and meaning making. For Park, the search for meaning is the search for a “functional meaning system.” (Park, 2017, p. 14) It is a model for understanding life as well as for development. Meaning is dynamic for Park in that it involves a process as well as an activity: “Meaning is not inherent in life but rather must be actively created by each individual.” (Paloutzian & Park, 2013) The process of meaning making is described as “attempts to restore global meaning when it has been disrupted or violated. Meaning making involves coming to see or understand the situation in a different way and reviewing and reforming one’s beliefs and goals in order to regain consistency among them.” (Paloutzian & Park, 2013, p.357)

For Park meaning systems can be either functional or dysfunctional and the movement between these states offers opportunity for growth and meanings made in other words change. In order to better understand the concept of meaning as well as meanings made two key sub-concepts need to be investigated: “global meaning” and “situational meaning.” (Paloutzian & Park, 2013, p.359)

2.2.7 Global Meaning
Global meaning is defined as “an overarching system that provides the general framework through which people structure their lives.” (Paloutzian & Park, 2013, p.358) The framework “comprise broad views regarding justice, control, predictability, coherence, and so on, as well as individuals’ self-views and form the core schemas through which people interpret their experiences of the world.” (Park, 2010, p.258)

2.2.8 Situational Meaning
Situational meaning in contrast is seen as “specific encounters with their environment” and the meaning applied to these events. (Paloutzian & Park, 2013)
Situational meaning is the interpretation of a specific concrete events. In another article, Park describes situational meaning as a “potentially stressful event” which can either be aligned with one’s global meaning or in conflict with global meaning. (Park, 2010, p.258) If the situation is in contrast to one’s global meaning the situation will cause distress. This experience of distress is also indicative of the need for development.

2.2.9 Meaning Making and Meaning Made
The term “meaning making” requires action which in this case is a description of change. According to Park, the attempt to repair a discrepancy between global and situational meaning is the process of meaning making. When an event or experience disrupts a person’s understanding of their experience and the result is what Park calls “distress.” In order to regain a sense of harmony or balance an adjustment must be made to either the global or situational understanding of meaning.

This process is further delineated by Park through the description of meaning making as either automatic or deliberate. Deliberate meaning making is an activity which intentionally seeks to address the discrepancy between global and situational meaning. Park defines deliberate meaning making as “a broad category of efforts to deal with a situation through meaning-related strategies.” (Park, 2010, p.259)

The movement from distress to harmony is an adjustment wherein stressful events are understood and enable a change in understanding. When this development in global meaning is accomplished meaning has been “made.” Park maintains that this development leads to the alleviation of distress. A meaning system in harmony is one in which meanings made are incorporated and the global understanding offers an adequate explanation for life events.

In essence Park’s concepts describe a functioning meaning system which entails a global understanding that is capable of incorporating the events in one’s life as well as a dysfunctional meaning system which is not able to be incorporated events into a person’s global meaning system. This disharmony or “distress” requires an adjustment to the global meaning system which in turn involves change in the assumptions which construct global meaning. This change is described as an “appraisal” by Park and is the process of change or development within Park’s
system. In Park’s 2013 article this process is depicted in the diagram as seen below.

![Diagram of the meaning-making model](image)

**Figure 1.** The meaning-making model.

Park’s model (see figure 1) offers a universal description of meaning making and in doing so makes several defining assumptions. The assumption which becomes apparent and is challenged in this study is that there is necessarily a complete system of meaning. The system Park describes for meaning and meaning making is dynamic and has the capacity for development and change, there is however an assumption of coherence which infers that the system is complete. This implies that the system is coherent even if dysfunctional.

In applying this theory to a specific group as is the case in this study I argue that coherence within a system cannot be assumed. I argue that an incoherent
meaning system is contradictory to Park’s meanings system and thus requires an additional step within or prior to Park’s system. Incoherence is qualitatively distinct from a dysfunctional meanings system as described by Park and I argue that it is therefore an area of development for Park’s system.

I argue that Park’s model is lacking regarding an explanation for the movement from an incoherent meanings system to a coherent meanings system. This is perhaps not surprising in that the theory is, like all general theories, based upon a general population with a certain level of general healthy. In contrast to the present study which is a very specific population with explicit health challenges.

As stated above, Park describes a movement and development within a complete system. Park’s system is coherent and complete even if dysfunctional. I argue that the complexity which is seen in populations where addiction, mental illness and social exclusion are present entails incoherent meanings systems. This implies that the system has as of yet not been established or perhaps has been subjected to trauma to such an extent that it cannot be described as whole.

If it is accepted that Park’s model entails a coherent model then it is interesting to investigate how, when and under what circumstances a coherent meaning system is created. This question in turn begs another question concerning Park’s model. How can adults who lack cohesion in their meaning system create or rehabilitate their meaning system?

In looking at the need for further development within Park’s system it is perhaps helpful to look at a parallel development which occurred within Attachment Theory. As described earlier the initial attachment patterns were recognized by behavioral patterns in children. There were however some children whose response to deprivation from parents did not fit into these initial patterns. In an attempt to understand and categorize these attachment patterns, which presented a confused and inconsistent behavioral pattern, a new category was suggested: disorganized attachment behavior. I suggest that a similar addition to Park’s model may be needed to accurately describe the struggle for meaning in groups with complex mental health challenges.

In conclusion the application of Attachment Theory and Meaning Making Theory in this study are used to gain a deeper understanding of the needs this popula-
tion bring to the social enterprise as well as offering clues to improvement of health promotional activities.

It is in seeing this group of people with their uniquely difficult situations involving both mental illness, long-term employment and at times addiction that the need for an improvement in support becomes apparent. In essence this study is examining a population who because of the complexity of their situation are in need of a rehabilitation which is qualitatively different from the average citizen.

In order to understand how this population, the phenomena of social enterprise, and theory work together in the creation of hypotheses a working model is necessary. The following section will describe a working model and offer a description in regard to how these components will be organized with the intent of hypothesis creation.

2.3 Working Model
The intent of this study is to investigate how activities within social enterprise impact the mental health of an understudied population. In order to bring together the various moving parts of this investigation a working model is needed. The working model for this paper is borrowed from an article written by DeMarinis in 2011 entitled Philosophy’s role for guiding theory and practice in clinical contexts grounded in a cultural psychiatry focus: A case study illustration from southern Norway.

In DeMarinis’ article a dynamic working model is described which is illustrated in the following triangle.

The base of the triangle offers a stable point of departure and is called “Philosophy of Mental Health Care.” Resting upon this philosophical base is a level entitled Fundamental Theories which offer insight and interpretation of the philosophy of
mental health care. The final category and third level is entitled “Methods and Practice” and includes methodological and practical expressions based upon the previous levels. (DeMarinis, p. 78, 2011)

The logic of this model is apparent and builds upon a broad base and moves systematically from philosophy to theory to practice. However, it is important to note that the opposite movement is also present in the model. The experience within “Methods and Practice” impacts in turn both the theory as well as the philosophy level. This is seen in the arrows included in the illustration designating a movement of influence. The development is in both directions. It is this working model that I will be applying to the present investigation.

As can be seen in the second triangle, DeMarinis’ model is applied to the current investigation and resulting in the following working model. The base level entails a Philosophy of Mental Health Promotion as a philosophical base. The second level in the working model is Attachment Theory and Meaning theory. These in turn offers a stable platform for investigation of the method and practice within social enterprise.

The function of the working model is to describe an interaction between the three levels. The base, “philosophy of mental health promotion” offers an arena where in health can be understood from both an individual perspective as well as from a societal perspective. The second level, including the theories of Attachment and Meaning, offers a detailed understanding of the mechanisms of change. The final level which is social enterprise is a concrete example of the previous levels at work.

The working model for this paper follows DeMarinis’ working model in its dynamic intent and does not simply offer an explanation as to how the philosophy of
mental health promotion can be seen in theory and practice within social enter-
prise. Instead the method and practice which develop in social enterprise are also
used to deepen an understanding of theory and philosophy. In the current paper
that impact will be seen in the generation of hypotheses which will lead to a re-
flection upon both the applied theories as well as the philosophical base. This re-
flection will be included in the analysis chapter.
Chapter 3 Method and Research Design

The purpose of this chapter is to describe the methodological approach to this paper. In Creswell’s book *Research Design*, method is composed of three intersecting components: “worldview, design and method.” (Creswell, 2014, p.5) The combination of these three areas creates a plan of action for the research project and a guide for the reader to follow.

3.1 Validity and Reliability

However, before delving into these three components it is important to first offer a description of how the issues of validity and reliability will be addressed. Validity and reliability are created using strategies to ensure that the research offered is based upon qualitative scientific procedures. The result of validity and reliability is what Creswell calls “trustworthiness, authenticity and credibility.” (Creswell, 2014, p. 201).

The credibility of the research as well as the “action plan” offered later in this section rely upon procedures to create validity and reliability. Validity within qualitative research is an activity described by Creswell “to mean that the researcher checks for accuracy of the findings by employing certain procedures.” (Creswell, 2014, p. 201) Similarly, reliability is described, again referencing Creswell, as an activity and procedure which ensures that there is consistency throughout the study.

Reliability can be judged by examining the use of procedures designed to create this consistency. The activities and procedures used to create validity and reliability will be described in the following paragraphs

3.1.1 Validity Strategy

The strategies I employ in this paper to ensure validity are four: triangulation, member check, clarification of bias and finally prolonged time in the field. In the following paragraphs I describe these strategies. A reflection upon how well these strategies were enacted will be reflected upon in the discussion chapter.

Triangulation entails collecting data from several different source. In this case I gathered interviewees from several social enterprises as well as a variety of roles within each company. This offered a wide variance of perspective in relation to the questions raised in data collection.
Member check refers to the engagement of study participants to check the accuracy of report. In this paper one of the interviewees was asked to read a draft of the report and reflect upon its accuracy.

Clarification of bias requires that the researcher in a transparent fashion reflect upon what assumptions the researcher brings to the study. This criterion is particularly poignant considering the intimate nature of interviews which was used in this study as well as the limited number of interviewees. The reflection upon my own bias can be found later in the current chapter.

Prolonged time in the field, offers validity in that the researcher has what Creswell describes as “an in-depth understanding of the phenomenon under study.” (Creswell, 2014, p. 202) In this particular study there is an added dimension to advantage of “prolonged time” and that is the creation of trust from participants to the researcher. The population studied in this paper is often on the fringe of society and has a general distrust of researchers. It was because of my “time” in the field that I was able to gain access and what I perceived as trust from the interviewees.

3.1.2 Reliability
As defined above, reliability is a series of procedures designed to create consistency within the study. My primary source of reliability procedure was the instruction offered by the articles regarding coding. These articles, described in detail later in this chapter, offered support in creating both themes and codes. In addition, I used a secondary coder in order to check for “intercoder agreement.” (Creswell, 2014, p. 203) Intercoder agreement is the use of one or more coders to check agreement of the use of code.

Having addressed the issues of validity and reliability I can now return to the three components of research design and method.

3.2 Worldview
Creswell maintains that the researcher’s worldview is significant in that it is composed of assumptions and conclusions that the researcher includes implicitly and explicitly in the study. Because of this it is essential that the researcher’s worldview is openly described in an attempt to create transparency and support
validity. As such I will attempt to openly describe my worldview and consequent bias.

The worldview that will permeate this paper is transformative as it is described by Creswell. (Creswell, 2014, p.9) According to Creswell “the transformative worldview holds that research inquiry needs to be intertwined with politics and a political change agenda to confront social oppression at whatever levels I occur.” (Creswell, 2014, p. 9) The transformation which I hope to contribute to in some small way is to highlight the importance of work as a rehabilitation and integration activity. The clarity with which the activity of work is viewed by those who have experienced long term unemployment as well as a return to employment offers a clear understanding concerning how work can play an important role in the maintenance and even creation of health.

I will operationalize the transformational worldview by combining the individual perspective within health promotion to the social/political structures in how society organizes work.

My involvement and interest in this question, that is to say psychology of religion and health promotion at work has developed in my own employment. My position as a manager within a social enterprise has required that I use the activity of work as a tool for health promotion. It is the experience of meeting several hundred people over a period of ten years which has nurtured this interest and has begged the question: what function or role does work play in the creation of mental health promotion and what facilitates the positive outcome work seems to have.

In addition to my work experience, my undergraduate bachelor’s degree in religious studies, primed my interest in this field. Seattle University, my previous institution is a Jesuit University and the perception of the Jesuit’s concerning practiced religion as contemplative in action has left its mark on my work and academic interests.

My decision to use a transformational model was further strengthened by the importance placed upon the betterment of society and the priority given to marginalized populations. As I mentioned above my current work is in the context of the civil society working with marginalized groups.
In this role I have seen first-hand the need for improvement of services as well as societal structures. My conviction that societal deficiencies are most apparent in the experience of marginalized groups seems also to fit nicely within a transformational worldview.

In short, I believe that the best way to understand humans as a social species is to look at those in need. This assumption is based upon my experience of the clarity of primary needs which grows from dire situations. Understanding elements of the human condition are therefore best seen in the experiences and needs of those excluded from society. This assumption is however not intended to glorify or romanticize this experience of the impoverished, it is to learn from it and improve our societies ability to support citizens in creating healthy lives.

One final aspect of the choice of worldview reflects my close connection to both the industry of social enterprise as well as those who are active in this area. My bias in many other worldviews could be seen as a disadvantage. In the transformational worldview my bias and association with social enterprise is seen as an alliance with the marginalized group and thus an advantage. It is precisely through my many years of cooperation with this group that I was able to gather interviewees and conduct at times very personal interviews.

3.3 Ethical Considerations
In conducting qualitative research, it is essential to bear in mind that the information being shared be treated in such a way as to protect the participants. This is particularly true when studying marginalized groups such as those in this study. In order to ensure that the research is conducted according to the code of ethic, as described by Creswell 2014, a series of precautions have been taken and are described in the following paragraph. A reflection upon the effectiveness of these precautions is offered in the discussion chapter.

Transparency and consent: To create transparency and an opportunity for consent an invitation was sent to participants wherein the identity of the researcher was transparent, and the purpose of the study was described. During the interview processes verbal consent was given by participants for the explicit use of the interview material within a research paper which would be published.
**Vulnerability:** Given the power unbalance involved in research, measures were taken to avoid pressuring participation into participation as well as a respect for the norms of participants within the study.

In order to conduct qualitative research with this group significant assurances need to be given to ensure that the personal information being shared is used in a respectful manner.

**Anonymity:** The need for anonymity in the context of qualitative research is well established. In this case its importance was vital due to the fact that both employers and employees were involved. The need to reassure participants that their contributions would be anonymous was of the utmost importance and assured in two ways: organization of the interviews and removal of identifying words from the included citations.

The interviews were organized so that the themes discussed in the focus group, where anonymity is difficult, were theoretical and intentionally avoided personal reflection and storytelling. The individual interviews on the other hand, where anonymity was possible, were organized with the intent of encouraging personal reflection.

The quotations used in the paper were cleansed of identifying marks such as names, location and production details which could expose the interviewee. When specific details were necessary for the understanding of the reflection the identifying details were changed to protect the interview participants.

Data storage is another issue closely related to anonymity. All documentation was stored in a database which was in compliance with storage regulation for Swedish social work journals. In addition, names were replaced with codes so that in the event of a security breach anonymity could be assured.

### 3.4 Research Design

The empirical investigation was qualitative multimethod and included: text analysis, focus group interviews and individual interview studies. The data was gathered in three phases. Each phase contributed to the understanding of the following stage. The data gathering procedure was therefore sequential in nature. The concept of sequential transformative design was taken from Hanson and colleagues’ *Mixed Methods Research Design in Counseling Psychology* from 2005. (Hanson,
Creswell, Clark, Petska, & Creswell, 2005) In Hanson and colleagues use of the term “sequential” there was an intended mixed methodology. In this paper I used a multimethod design which was an adaptation of Hanson and colleagues intended use. Nevertheless, I followed the steps described in this article and applied the research methods of text analysis, focus group interviews and semi structured individual interviews.

According to Mixed Methods Research Design in Counseling Psychology the steps included in creating a research method begin with “deciding on the purpose of the study, the research question.” In addition to the steps mentioned above, the mixed methods article includes four additional steps: the description of a theoretical lens, a description of the type of data to be collect, a description of the data collection procedure and finally a description of the “data analysis and integration procedure.”(Hanson, Creswell, Clark, Petska, & Creswell, 2005, p.226) The following paragraphs offer a description of these steps.

3.5 Theoretical Lens
This paper has a clear theoretical base. The reason for using a theoretical base is closely connected with the intention of generating hypotheses which can later be tested. I maintain that in generating hypotheses the need for a structure of fundamental assumptions is necessary. The theoretical assumptions create guidelines out of which hypotheses can grow. This use of theory is described in an article by DeMarinis, Ulland and Karlsen entitled Philosophy’s role for guiding theory and practice in clinical contexts grounded in a cultural psychiatry focus: a case study illustration from southern Norway. (DeMarinis, 2011) In this article a pyramid is used to describe the interaction between philosophy, theory and practice. In this system both theory and practice rest upon a foundation of philosophy and build upon one another. However, there is great significance placed upon consistency within this pyramid. In a similar way I will use the theory of Attachment and Meaning making as guide for the creation of hypotheses concerning work and rehabilitation.

Specifically, the importance of meaning and the influence of relationship upon a person’s ability to improve mental health. The theories, Meaning Making and Attachment, allow for the generation of hypotheses regarding the importance rela-
tionship and meaning and their impact upon the work environment as active ingredients in the creation of mental health promotion.

In addition to hypothesis creation the use of an a-priori theory is appropriate within this paper due to the transformational worldview which is present in this paper. The transformational worldview maintains that certain assumptions guide the investigation process. Again using Creswell, the theories generally used within transformational research are drawn from a materialistic line of thought with influence from such thinkers as “Marx, Adorno, Marcuse, Habermas and Freire.”(Creswell, 2014, p.9) These authors share a systematic view of oppression and power.

In this regard I break from the tradition in using Attachment and Meaning Making theories as a starting point. I argue that the framework offered by these two theories offers insight into the consequences which systematic exclusion entails. I suggest that it is in using these theories that a deeper understanding of the importance of work can be understood, thus placing the problem of mental health promotion and work within the context of psychology of religion.

3.6 Type of Data to be Collected
As stated in the above paragraph I have chosen to use two explicit theoretical lenses to guide this research. Attachment Theory and Meaning Making Theory. These theories were accepted in this study as descriptions of basic human needs and therefore essential aspects of mental health. The use of these theories guided a mental health promotional agenda and offered a starting point for the empirical investigation. In order to create balance between the theory base and individual experience focus group interviews and semi structured interviews were used to unearth contributions to the a-priori theoretical base. The intention was to balance expected and unexpected input regarding work as a mental health promotional activity.

The data collection procedure I used was divided into three steps. Each step influenced the following step and the weight and focus given to each phase increased as the process progressed. Data was as stated above gathered sequentially. Again, referring to Hanson’s article on mixed methodology as a point of departure for using sequentially gathered data.
In the data collection process, I began with an analysis of published literature concerning two topics: social enterprises in Sweden and AFS, 2015:4. This documentation was used to find key terms and define phenomena. These terms where then used to form questions to be addressed in a focus group. The intent of the focus group was to investigate how the chosen terms were understood by those the texts were intended to influence. In this case both leadership and participants of social enterprises were involved.

Some of the participants of the focus group were then invited to a semi-structured interview regarding their experiences of social enterprise and mental health promotion.

3.7 Data Collection Procedure
In addition to describing what type of data was collected it is essential to describe how the data was collected thus insuring transparency.

3.7.1 Choice of Texts
Text analysis refers to the close examination of texts which publicly describe social enterprises in Sweden as well as the labour law AFS, 2015:4. With examination I mean seeking to understand the texts and choosing key concepts which could be discussed in the focus group. The textual analysis was therefore partially performed by the focus group and facilitated by the researcher.

Given that the phenomena of Social enterprises in Sweden and the concept of mental health promotion in the workplace has as of yet not gained consensus I chose texts published by the Swedish government in order to create a common understanding of definitions. In the first instance, social enterprise, the texts were taken from the Agency of Economic and Regional Growth. This agency has a dedicated homepage designated to support social enterprises, www.sofisam.se. The website offers a working definition of the phenomena of social enterprise as defined in Sweden. It was from this website that the texts regarding social enterprises were taken.

In regard to the second topic the texts were taken from a recent law published in 2016 entitled AFS, 2015:4. This law was included based upon the dramatic change it required in including health promotion as an aspect of the work environment. It mandates a requirement of health promotion as part of the work envi-
The responsibility for this health promotion falls in this case upon the employer.

**3.7.2 Focus Group Interview**
The focus group interview served as a medium between the governmental definitions as seen in textual analysis and the following semi-structured interviews. The participants were given short excerpts from the texts mentioned above and asked to reflect upon them as a group. Focus group interviews have both advantages and disadvantages.

- **My motivation for using a focus group interview was twofold.** First, it offered a simpler administrative task. The participants were gathered together in one place at one time. The second advantage in using a focus group setting builds upon the transformational worldview. The two groups responsible for creating a health promotional work environment were invited to reflect upon key question in the presence of one another. This offered a unique opportunity for confrontation concerning the role of work in promoting mental health. The key disadvantage with focus groups was, again according to Creswell, that participants differ in their ability to voice their opinions. (Creswell, 2014) In addition the inherent imbalance of power between employer and employee could reasonably be assumed to have influenced free and forthcoming reflection. The focus group interview thus set the stage for a common definition of terms as well as an invitation to comment on differences of opinion during semi-structured interviews.

- **Given the substantial disadvantages described above a second stage of investigation was therefore necessary.** The use of individual interview was intended to create a safe space for both groups to reflect upon their own experience as well as the verbalized experience expressed in the focus group.

- **In addition, the use of a combination of interview structures reflects a dedication to transformational research.** One of the key requirements of this research form as Creswell describes it is a respect of the participants as well as a gentle approach into the community under investigation. (Creswell, 2014) Beginning with a focus group including several members of each company was an attempt to create a safe initial meeting place for all of the participants in the study.
The combination of these two arenas for reflection was intended to result in the description of a more complete and complex picture of work within social enterprises regarding mental health promotion.

3.7.3 Choice and Procedure for Choosing Interview Subjects
The greater Uppsala area had in 2017 according to sofisam.se 16 social enterprises. I chose three different companies to gain access to a wide variety of philosophical stand points regarding understanding of social enterprise. All three were cooperative in nature though their understanding of how a cooperative company was managed varied ranging from participant management to professional management. In a similar manner the companies represent a wide variety of intention and understanding of the social work involved in a social enterprise and thus in the potential for health promotion.

Invitations were extended to the three social enterprises which were chosen. The initial contact was with employers due to the need to negotiate an absence from the workplace for the interview. The employers introduced the topic of participation in a focus group based upon the availability and willingness of employees. The number of invitations intentionally exceeded the expected turnout to ensure that an adequate number of participants. Happily, everyone invited was present. This created a rich source of experience and a large variation in background. It also created some difficulty in navigating a group which was quite large. The focus group included 10 participants including the researcher. The location for the interview was a neutral location for all the participants except the researcher. The interviews were conducted at the head office for Uppsala City Mission, which was the researcher’s employer.

As stated earlier the focus group interview analyzed two short texts in the context of the interview discussion. These texts were chosen from the Swedish government’s 2010 definition of social enterprise and the labour law Organizational and Social Work Environment 2015:4 paragraph dealing with health promotion. The intent of this interview was to explore the understanding of the written texts by those for whom the texts was intended to describe and influence.

The two texts were thus used as a framework for the focus group. In addition to the texts the focus members were given a written instruction.
The questions used to guide the focus groups are listed below.

1) Current experiences and understandings of the definition for social enterprises according to government documentation as well as AFS, 2015:4. How do participants in the group view existing definitions and regulations in this field?

2) Description of social enterprise based upon leadership and employee base. How does each company view work as a health promotional activity?

3) What impact can be seen as a result of participation in a social enterprise? How do participants see this change? What has allowed/supported this change?

3.7.4 Semi-Structured Interview
Based upon the focus group which also acted as an avenue for text analysis a number of interviewees were invited to in-depth semi structured interviews. This form was chosen as described above with the intent of creating an open arena where participants could reflect upon the phenomena of social enterprise and health promotion and how it was created in their companies as well as how it has impacted their lives.

The semi-structured interviews were conducted with two participants from the employer group and four participants from the employee group. The format of the individual interviews was based upon the Cultural Formulation Interview (CFI). These individual interviews were intended to engage interviewees about their personal experience of social enterprise in specific in relation to participation, health promotion and potential change.

The Cultural Formulation Interview was chosen to gaining access to the interviewees personal understanding of their situation. The CFI as described by Andrés Hoyos, in his presentation on implementation to the Community technical assistance center of New York, is designed with the specific intention of gaining access to clients cultural understanding of illness. Hoyos’ describes the CFI as a series of questions intended to “clarify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual’s social network. (2017) The CFI’s use in a work environment was chosen due to the understanding of work as an essential aspect of daily life which impacts mental health. The view of culture and its importance in health promotion can be seen in DeMarinis’ article on the use of philosophy in guiding theory and practice in
cultural psychiatry. In this article DeMarinis describes culture referencing Marsella from 2005 as something which “shape and construct our realities (i.e. they contribute to our worldviews, perceptions, orientations) and with this ideas, morals, and preferences.” DeMarinis continues, “if we begin with this, or any similar approach to defining culture, then it becomes clear that we cannot escape engaging in a meta-cultural analysis of how our mental health care institution function and the implicit or explicit cultural constructions of meaning in relation to conception of the approach to both salutogenic and pathogenic construction.” (DeMarinis, 2011, p.76) It was based upon this definition of culture in the context of mental health that work was seen as an inextricable element of culture in its impact upon health. The CFI was therefore chosen in order to highlight the experience and cultural significance of work as a contributing factor to both health and illness.

The CFI interview is in its entirety 16 questions. The adapted interview used in this context included only parts of the questionnaire. Specific questions were chosen and adapted for the current purpose. For the sake of transparency the original questions were included in the matrix listing the questions used. This matrix includes the original CFI question, the adaptation and the translation into Swedish for this study.

3.7.5 Questions for Leadership
The Cultural Formulations interview was used as a guide in conducting the interviews. The questions were modified to focus the question on the experience of work. For the employer interview I used the informant version as described in DSM-5 Handbook on Cultural Formulation Interview. (Lewis-Fernández, Aggarwal, Hinton, & Hinton, 2016)

The questions that were used are questions 1-7.

<table>
<thead>
<tr>
<th>CFI questions</th>
<th>Adjusted questions</th>
<th>Questions in Swedish</th>
</tr>
</thead>
<tbody>
<tr>
<td>“How would you describe your relationship to the (individual or to family)?”</td>
<td>How would you describe your relationship to your employees?</td>
<td>Vad är din yrkesrelation till deltagarna på din arbetsplats?</td>
</tr>
<tr>
<td>Question</td>
<td>Why are your employees participating in the social enterprise?</td>
<td>Varför deltar dina anställda i ett socialt företag?</td>
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<td>-------------------------------------------------</td>
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<tr>
<td>“What brings your family member/friend here today?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Sometimes people have different ways of describing the problem to family, friends or others in the community. How would you describe his or her problem?”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“What troubles you most about these problems?”</td>
<td>What about these problems is the greatest difficulty at work?</td>
<td>Vad är det som är deltagarnas största hinder för arbetet?</td>
</tr>
<tr>
<td>“Why do you think this is happening to (individual)? What do you think are the causes of his/her (problem)?”</td>
<td>What do you think is the underlying problem for your employees?</td>
<td>Vad tror du är den underliggande hinder för dina deltagare?</td>
</tr>
<tr>
<td>“Are there any kinds of support that make your problem better, such as family, friends or others?”</td>
<td>Is there support in your work place which is aiding participants in addressing their problems?</td>
<td>Har ni stöd på er arbetsplats för att underlätta personens problematik?</td>
</tr>
<tr>
<td>“Are there any kinds of stresses that make his or her problem worse, such as from family, friends or other?”</td>
<td>Are there any kinds of stresses in the work place that make his or her problem worse?</td>
<td>Finns det stress moment som försvärar personens problematik?</td>
</tr>
<tr>
<td>How has work impacted your health? Can you see any change in your health?</td>
<td></td>
<td>Hur har arbeten påverkat den anställdes mående? Ser du</td>
</tr>
</tbody>
</table>
3.7.6 Questions for Participants
Similarly, the Cultural Formulations Interview used as a guide in conducting the interviews was modified. The questions were modified to focus the question on the experience of work. For the employee interviews I used the core version as described in DSM-5 Handbook on Cultural Formulation Interview. The questions chosen were modified and translated version of questions 1-7. (Lewis-Fernández, Aggarwal, Hinton, & Hinton, 2016, p.291)

<table>
<thead>
<tr>
<th>CFI questions</th>
<th>Adjusted questions</th>
<th>Questions in Swedish</th>
</tr>
</thead>
<tbody>
<tr>
<td>“What brings you here today?”</td>
<td>What were the circumstances that brought you to this social enterprise?</td>
<td>Hur kommer det sig att du är på ett socialt företag?</td>
</tr>
<tr>
<td>“Sometimes people have different ways of describing their problems to their family or friends. How would you describe your problems to them?”</td>
<td>The majority of employees in social enterprises have some form of disability. How would you describe that difficulty to a friend or family?</td>
<td>De flesta som är på ett socialt företag har någon form av funktionshinder. Hur skulle du beskriva det som är svårt för dig?</td>
</tr>
<tr>
<td>“What troubles you the most about your problem?”</td>
<td>What troubles you the most about your difficulty at work?</td>
<td>Vad är svårast med just din utmaning på din arbets-</td>
</tr>
<tr>
<td>Question</td>
<td>Question</td>
<td>Question</td>
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<tr>
<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>“What do you think are the causes of your problem? Why do you think this happened to you?”</td>
<td>What do you think are the causes of your problem? Why do you think this happened to you?</td>
<td>Vad tror du är källan till dina svårigheter på arbetet? Varför tror du att det hända just dig?</td>
</tr>
<tr>
<td>“What do others in your community think is the cause of your problem?”</td>
<td>What do others in your community think is the cause of your problem?</td>
<td>Vad tror andra är källan till dina svårigheter på jobbet?</td>
</tr>
<tr>
<td>“Are there any kinds of support that make your problem better?”</td>
<td>Is there support in your workplace which helps you?</td>
<td>Finns det stöd eller anpassningar som är till hjälp?</td>
</tr>
<tr>
<td>“Are there any kinds of stresses that make your problem worse?”</td>
<td>Are there any kinds of stresses that make your problem worse?</td>
<td>Finns det stressmoment som försvårar för dig?</td>
</tr>
<tr>
<td>How has work impacted your health? Can you see any change in your health? If so, can you describe it? How do you explain this change?</td>
<td>How has work impacted your health? Can you see any change in your health? If so, can you describe it? How do you explain this change?</td>
<td>Hur har arbete påverkat ditt mående? Ser du en förändring och i så fall kan du beskriva förändringen? Hur förklarar du denna förändring?</td>
</tr>
</tbody>
</table>

3.7.7 Gathering Procedure and Data Analysis
The interviews were recorded and transcribed in preparation for analysis. The interviews were recorded and analyzed using an Open Code Program developed by Umeå university:

http://www.phmed.umu.se/enheter/epidemiologi/forskning/open-code/.
The coding of the interview followed Nigel King’s description of the use of templates. According to King “‘template analysis’ does not describe a single, clearly delineated method; it refers rather to a varied but related group of techniques for thematically organizing and analyzing textual data.” (King, 2004, p.256)

This process or “technique” began with an initial set of a-priori templates chosen to reflect Attachment Theory and Meaning Making Theory and a health promotion agenda. These templates were then used to organize code, words or sentences, which capture a description of the phenomena under investigation. The creation of code was, as opposed to template creation, an open process where the experiences of the interviewee were given a much broader freedom of interpretation. It was the interaction between a-priori templates and open experience which offered insight and created a basis for later interpretation and analysis.

Due to this methodological choice two parallel sets of templates and codes were used which attempted to capture two different perspectives on employment: employer and employee. Template and code making process from interview to analysis follows Creswell’s model (Creswell, 2014, p. 197) as described in the chart below.

![Diagram of interview process](attachment:figure4.png)

**Figure 4 Interview process**

The procedure for the structuring of code was taken from King’s article, *Using Templates in the Thematic Analysis of Text.* (King, 2004) As such, the codes were developed and then organized into templates capturing insight into two very gen-
eral topics: health promotion and social enterprises. During additional readings, the codes were separated into theory-based groups.

The readings began within this framework, within the theories described in the theory section and influenced by the textual analysis. However, during the readings the codes developed and were organized so that they could offer both expected and unexpected insight into the phenomena being investigated. In short, the methodological choices which guided the study and thus the interviews were created so that mental health promotion in a work environment could be analyzed within the themes chose while allowing for free reflection by the interview participants.

The templates and codes are listed in the appendix.

3.7.8 Use of Theory
The theoretical framework for understanding how social enterprises and work promote mental health was based upon the function of attachment behavior and meaning making in the workplace. These theories offer an understanding of work and its role in health promotion in this study. The primary interaction between the theories used and the context of work were in the reported change that occurs. The intent of this paper is to investigate and create a hypothesis in regard to the creation of mental health promotion using a work environment. That is to say the importance of work in promoting mental health.

Using theory within data analysis as is the case in this paper requires some explanation. The point of departure as is stated above is transformative which requires an interest in change from the viewpoint of marginalized populations. In order to investigate this question, there needs to be accepted assumptions regarding health. These assumptions are derived from the theories suggested. This use of theory and analysis is described by King as an attempt to “go beyond the text of the interview and develop interpretations of participants’ experience of the phenomena they are discussing.” (King, Carroll, Newton, & Dornan, 2002)
Chapter 4 Results and Analysis

As can be seen from the title of this chapter the results and the analysis are addressed together. This approach is for two reasons. First, the purpose statement includes both a need for analysis as well as for the description of result. The second reason for combining results and analysis is that the results are in part also a thematic analysis. The question of mental health promotion is as can be seen from the literature review prevalent in academic research. The interactions between work and health promotion is however less apparent in the written literature. In looking at social enterprise as well as the AFS, 2015:4 this article has attempted to examine the connection between the inherent needs represented in both AFS, 2015:4 and social enterprise, that is to say in the importance which work can play in creating mental health promotion. The results of this investigation will be presented in this chapter.

As described earlier the research was organized using a template approach. The same pattern will be used in discussing the results as was used in creating the research design. That is to say, a movement from broad questions in the focus group to specific questions in individual interviews. The themes, templates, which acted as a context for the results were the same templates used in data analysis.

4.1 Social Enterprise

As stated above the purpose of the focus group interview was to analyze two texts with the intent of seeking to clarify and define two terms: social enterprise and health promotion within the workplace. Both texts were used by the Swedish government to describe and delineate social enterprise and health promotion in the workplace. The following section will describe the results of the interviews.

4.1.1. Work and employment

When the focus group was asked to describe social enterprise, the initial reflection was somewhat broader. The conversation turned to an attempt to define “work” and “employment.” The breadth of understanding and assumptions about the concept of work were broad and divided.

Employment in the focus group was described from two points of view. On the one hand, work was seen as an activity for rehabilitation. In other words, the ac-
tivity of work was considered a tool for another purpose, in this case, rehabilitation. This understanding was seen in the social enterprises who defined themselves as aiding a struggling population and facilitating the creation of a broader more inclusive labour market. A definition in line with the governmental texts. In this line of thinking it was the individual who through rehabilitation could gain access to the labour market.

The second understanding viewed work as a right and necessity for individual development and fulfillment. Work in this second case was seen primarily as an avenue for creating a social context or community. This understanding focused primarily on creating permanent employment opportunities while downplaying the need of rehabilitation. It was the workplace which was required to adapt to the employees. This second school of thought promoted an agenda which suggested a departure from social enterprise as rehabilitating and facilitating employment in the open labour market in favor of the creation of sheltered workshops without the stigma of a sheltered workshop.

4.1.2 Defining aspects of social enterprise
Asking the focus group to deepen the discussion regarding the quintessential nature of social enterprise resulted universally in a description of employees needs for development as well as the potential for growth within a nurturing environment. For example, when a new participant, later to become an employee, is introduced to the workplace the questions asked by the company leadership are “who are you? what do you want (existentially)? What are your dreams?” This comment was then followed by another focus group members commenting “utilize those who come to the company, find out what they are good at and use it.” These two quotations offer a picture of the two understandings of work within social enterprise: work as rehabilitation, work as context and community. They represent the two views of work which in the previous paragraph were divisive. In discussing key aspect of social enterprise, the previous division is absent.

4.1.3 Employees and Employers
Continuing in the search for the essence of social enterprises the focus group describe a place where future employees come and the companies “depending upon who the person is and what they have with them a work opportunity is developed.” This process was seen as a method to help people back into the work force
and back to health. It was also seen as a transformation or evolution of how work as a social phenomenon was viewed. In response to the question concerning the definition of a social enterprise one interviewee answered with a question by addressing how work was view today and the need for change, “is work going to continue to be as it is today, or is it possible that it can be different? We know based upon how the world looks today that we cannot simply continue as we have. An alternative, yes!”

Development and change were common factors throughout the focus group interview and highlight the belief that work was primarily about transformation. However, where that transformation lead remained a source of division.

4.2 Health Promotion
As was the case with defining social enterprise, the question of health promotion was guided by the short text from the labour regulation AFS, 2015:4. The focus group was asked to reflect upon the impact and importance of this law.

Health promotion was seen as a prevention and replacement of the need for rehabilitation as one participant noted “these are words we recognize, rehabilitation on the one hand and health promotion on the other. The hope is that with health promotion we will not need rehabilitation.”

That being said, the participants in social enterprises were often already in need of rehabilitation which begs the question how work can be used as a tool to rehabilitate as well to promote health. In other words, what aspects of work in particular within social enterprises were health promotional?

4.2.1 Aspects of Health Promotion in Social Enterprise
The focus group spent considerable time in discussing this question. One participant reflected that “I think that when we talk about a person needing to be rehabilitated or coming back to work as we have done previously…I think that perhaps there is a group that will not return (to their previous work) and that should not be seen as a failure, on the contrary in a safe work environment where one can be one’s self without feeling stressed that I must return to my capacity as I was before I became sick.” This comment touched upon a corner stone assumption, that rehabilitation and health promotion were intended to help move a person back to a previous state of health. This was a logical assumption given the use of the word
rehabilitation and health promotion. However, social enterprises often work with people who do not return to their previous capacity as the previous quotation makes apparent. Despite this there was a persistent attempt to promote growth and include participants in work.

A recurring theme concerning health promotion in the context of social enterprise was the participation in work despite the presence of illness. The participation in work prior to being fully rehabilitated offered insight into how both work and health promotion were viewed. On focus group participant described this in the following way: “How we work is our core. How we manage to include all of the participants at work, how we define roles, and how we support so that we can do our best.” This quotation sums up nicely the general consensus that it was the work environment as well as the actual work or production which were the active ingredient leading to health promotion and a betterment of health. As well as being accepted by the group as an accurate description of health promotion in a social enterprise this idea of inclusion was also necessary in order to understand the extreme nature of the health promotion which was being attempted in social enterprises. There seems to be a combination of health promotion and rehabilitation in the midst of a workplace.

As can be seen in the previous paragraph an understanding concerning health promotion was generally accepted within the focus group. However, looking into how the different companies approached this work in detail needed to be investigated. The next phase of the interview discussion asked, “how do you work with health promotion today?”

4.2.2 The Expression of Health Promotion in Social Enterprise
The dominant topics in regard to how health promotion was manifest were within two themes: relationships and production. These themes were often intertwined.

For example, the importance of production was described as “it is important what we do, how we do it, and what we produce as well as that it is a process how we work together, how we talk with each other, how we communicate, and how we build the group.”

Additional insights into health promotion were related to the ability of social enterprise to be flexible, “I think that health promotion at our place of work is that
we can adapt the task at hand based upon how much I can manage for a given day and still try and develop in the right direction and at my pace.” In a similar vein another interview participant commented “there is a large need for new people to enter into the organization so that flexibility is possible and that someone can say I feel great is there more that I can do. One month later the same person can come and say, now I do not feel well. It is almost as if that is the only thing one thinks about, how this can be flexible and how can this work for as many people as possible?” The implication of these comments was quite clear: participation in the work environment was a necessary step in a return to health for the individuals in the focus group. In order for this to be possible flexibility must be present both within the production as well as in the behavior of those individuals involved in production.

The actual process of producing was also a recurring theme. The general consensus was that the act of taking part in an activity was health promotional in that it created a feeling of self-worth. As one participant explained, “they feel better when there is something to be done…. In its most basic element avoiding sitting home.” The participation in the creation of a product or service was described as an important experience for the development of one’s damaged self-esteem. One interviewee described it as being needed and thus seeing oneself through another person’s eyes.

The focus group described the nuances of both social enterprise as well as health promotion. It is clear based upon these descriptions that there are few companies outside of social enterprise who could maneuver the requirements described above. It was precisely the added value of health promotion which enables the flexibility and drives the company forward in a context which otherwise would simply be ineffective.

4.3 Results of Individual Semi-structured Interviews
The intention of the semi structured interviews was to dig deeper into the conversation and themes which began in the focus group. Using semi structured interviews offered a freedom of interpretation for the interviewee and counterbalanced the theory heavy template process.
The semi structured interviews were based upon an adapted DSM 5 Cultural Formulation Interview (CFI). The interview material was then separated into templates which were derived a-priori using theoretical assumptions. The templets were then organized into code which acted as a bridge between the theory-based assumption and the individual’s experience.

The themes which emerged using the template and code process described in the method chapter resulted in two broad categories: attachment and meaning. These themes were used as a starting point in collecting results from the semi structured interviews.

4.3.1 Attachment
The assumptions of attachment theory, that humans are social beings and that humans impact one another in ways which are promotional or destructive to our health was apparent in the individual interviews. In this context the health issues present were primarily within mental health. The question being, what needs to be present in a social environment (work) in order to create health promotional relationships. In attachment language, relationships which fulfill our need to create security, belonging and an environment which provides the soothing and nurturing necessary for curiosity and growth.

The participants in this study universally reported some form of mental illness or psycho-social struggle. This mental health issue was for all but one participant linked to their history of unemployment and their current employment in a social enterprise. The question which was most revealing in regard to health promotion and relationship was the final question in the modified CFI, “How has work impacted your health? Can you see any change in your health? If so, can you describe it? How do you explain this change?”

In order to appreciate the results of this question it was first important to understand what this change entailed. One participant described the feelings of self-worth before the reported change as “one doesn’t feel like more than a pile of crap in the beginning. Nobody wants you, there is no place for you….society’s pressure, from a long time ago, that you must work and do right for yourself and if you can’t you are not exactly number 1.” Another person described their situation as “I am shy… I lived out in the woods for about 10 years without talking to anybody.” Another interviewee described the cause of their situation prior to em-
ployment as “mental illness and stress for my part, I was unable to adapt to the system.”

The changes described were reported in these interviews in relation to participation in a social enterprise. Universally the first explanation for change was the fact of participation in the social enterprise. However, in further investigation there were two additional aspects which were persistent: that the workplace was flexible and that relationships were supportive. In looking at what promoted the process of change there seemed to be a connection to the nature or quality of the relationships at work. All of the relationships were far from positive and yet being needed and needing others was a recurring theme in regard to reported change. On person described it as “the stress came from having to do it all at once, at the same time it is fun when you realize you can do it anyway… when you feel it is possible because we are a team….that is when the self-esteem increases.” Another interviewee described the development as becoming visible in relation to others, “that is when I discovered that I could do somethings to help others and if I could do that, I could see value in myself. What I said about others is important even if you don’t see it yourself. Through helping others, you can feel your own value.”

The importance of quality, that is to say relationships which fulfill an attachment need cannot be underestimated in this study.

4.3.2 Meaning Making
As was the case with Attachment, Meaning Making Theory has given structure to this investigation. However, in the process of coding the importance of work and the workplace became increasingly clear as an activity which facilitated both Meaning Making and Meanings Made.

Throughout the interviews there were repeated reference to situations which seemed to lack meaning. These experiences were often followed by narratives describing the movement from meaninglessness to meaningfulness and the experience of “meanings made”, to borrow Park’s terminology. The contrast between work and the work environment which were seen as meaningless and the mirror image of meaningful work and a meaningful work environment were recurring theme in the semi structured interviews.
Examples of activities which seemed to lack meaning were easy for interviewees to produce, for example, one person described developing at work, increasing responsibility as well as productivity and the risk this progress created for economic security. The interviewee reported significant progress in work rehabilitation as well as a continued need for support. The progress which was intended to be the result of work rehabilitation also meant that the financial support which work rehabilitation commanded was reduced as progress was made. The interviewee described a breaking point where the decision had to be made regarding a continuing development and subsequent financial hardship or the deferment of development for a secure economic situation. Given this the difficult work of rehabilitation lost its inherent meaning and devolved into meaningless activity. This example of meanings lost is an example of Park’s concept with a destructive turn.

In contrast there were numerous descriptions of activities which were without meaning and which eventually became meaningful. Such a development can be seen in the example of an individual who was given a task in a carpentry shop despite a lack of interest in carpentry. Eventually this task was replaced with another activity which was related to the person’s expressed interest. The person’s ability to see value in the activity of work was understandably different given the two situations. The meanings made in this case was double, first in the creation of a work activity which was clearly connected to future ambitions. Secondly, the meaning given to communicating of needs regarding meaningful tasks. It was in this second area where a shift in worldview occurred. It was a movement from viewing personal needs as unimportant and ignored to experiencing the power of expressing ones needs and having those needs respected and resulting in a change. This was a classic example of Park’s description of meaning making as an adjustment to worldview wherein the external assumptions begin to match an external reality.

4.4 Analysis
The assumptions of this paper are quite simple. For a social setting such as the work environment to be health promotional a bare minimum of quality relationships as well as meaningful activities must be present. The importance of relationship with their inherent impact upon attachment behaviors and meaning afforded
opportunity for growth and development. Social enterprises seem to offer support in both of these areas and thus create a health promotional environment.

4.4.1 Analysis and Attachment Theory
The accounts of successful change which were given in this paper have elements of changes within an attachment system. In several interview, as seen above, it was clear to say that the internal working models which can be gleaned from the interview texts represent a person’s assumptions about self, relationships, and the world around them. In that internal working model assumptions about work as well as the ability to work and change are included. The example given above concerning helping others and increasing one’s self-esteem were concrete example of internal working models impacting a person’s ability to work. In a similar fashion description of confronting social phobia with the support of coworkers was a very adequate description of quality relationships impacting a person’s ability to negotiate difficult feelings. The experiences of change in regard to entering work relationships were repeatedly reported in the semi-structured interviews and fit nicely with the description of change in internal working models, attachment strategies and proficiency in affect regulation. This seemingly supports the hypothesis regarding the importance of relationships in creating a work environment supportive of rehabilitation and health promotion.

4.4.2 Analysis and Meaning Making
Similarly, change Park describes entailing a meaning system which must develop in order to adequately manage distress can be heard in the interview material. Social enterprise in the case of those interviewed offer a context wherein there is support and opportunity to renegotiate meanings systems. This was most clearly seen in the availability of time and flexibility allowing for change to occur. This change was often described as a predominate factor in a change in understanding of one’s illness as well as one’s health. The symptoms were still present, and yet they were no longer an impenetrable wall preventing one from participation in society. The meaning of the illness, while still difficulty, was no longer seen as an impenetrable barrier and work was the evidence that participation was possible.

The positive impact of meanings made was apparent as a facilitating factor in creating a change in worldview. This change was reported to have had an increase in perceived health. The illness remained and yet the view of life was no longer
dominated by illness. Distress receded and motivation to create a different situation increased. This was clearly seen in the case of one participant who described the impact of understanding that employment at a social enterprise was a “real job.” The difference between viewing work as “made up” as opposed to “real” was in the ability to contribute and in the perception of being needed. This realization was a clear example of a shift in worldview and resulted in meanings being made. This insight resulted in an understand of the individual’s potential and responsibility.

4.4.3 Results and analysis
Given the working model described earlier in the paper and the interconnection between the results and the analysis I have chosen to include both the results and analysis in the same section. This choice is based upon the fact that the results of the empirical investigation are in and of themselves an analysis of the phenomena described in this paper; social enterprise and AFS 2015:4. Both of these phenomena rest upon an assumption that work can offer a positive contribution to health and rehabilitation. As can be seen in the analysis in the previous section, the interview material supports the basic assumptions of social enterprise and AFS 2015:4.

The experience reported from the participants in this population is that the participation in social enterprise contributes to a betterment of perceived mental health. Given the limited nature of the investigation these findings are not generalizable, they do however offer incentive to generate hypotheses in suggesting potential explanations for the experiences described in this paper.

The generation of hypotheses is a movement from methods and practice back to theory and philosophy according to the working model. For the sake of clarity, I include DeMarinis’ working model again.

In accordance with this working model the investigation was built upon a philosophy of mental health promotion, theory in the form of Attachment and Meaning making and an empirical investigation into the expression of health promotion in social enterprises.
In order to continue the working model and gain a deeper understanding of the analysis which will result in the generation of hypotheses it is necessary to move back down the triangle. That is to say, how can the results of the investigation help develop a deeper understanding of theory for the described population? What can be contributed based upon the results of this investigation? I will try and answer these questions in the following paragraphs.

For the sake of simplicity, I will follow the working model beginning with theory. I begin with theory given that the results from the empirical investigation are described in the pages above. This description offers adequate illustration for the pinnacle of the triangle, that is to say “Methods and Practice” in social enterprise.

In applying the results to the theories, I begin with Meaning Making Theory which is largely based upon the work of Crystal Park. This theory I argue is built upon an assumed aggregate population with a basic level of general health. A level of health which allows for a coherent meaning system which is adaptive and capable of transforming dysfunctional experiences of meaning into functional experiences of meaning. As I argued earlier there is a qualitative difference between a dysfunctional meanings system and an incoherent meaning system. The population of this study has described the work setting of social enterprises as a starting point for positive change. For some the work environment offered in the social enterprise is the first encounter with a secure social setting. The meaning of this varies with the individual but is arguably enough to maintain that both the population and the social setting is outside of Park’s model.

I suggest that the theoretical base of Meaning Making needs to be further developed given the complexity of the population in this study. The development should include a movement from an incoherent to a coherent meanings system for adults. In short I suggest that the theory offered by Park be broadened to support the experience of individuals whose life experience has not afforded the development of a coherent meanings system capable of incorporating new and challenging circumstances. The current population is of course an outlier population, nevertheless it is a population which needs support and theoretical understanding.

Applying the results to Attachment Theory offers a similar challenge though with a different focus. In Meaning Making I argue that the theory needs to address the challenges of a specific population. For Attachment theory the challenge is to
broaden its application. Attachment theory is used to understand individual relationships with the mechanics of affect regulation and internal working models. I argue that the theory of Attachment needs to be applied on a meta level to the creation of work environment norms. The attachment needs of the individual ought to be expressed and addressed even in the labour market. I argue that the empirical results of this study are quite clear in that the interviewees report the importance of supportive and secure relationships as necessary requirements for creating an environment where growth is encouraged and possible. I suggest that the assumptions of Attachment Theory should be applied and used to understand the necessary mechanisms in creating a health promotional work environment.

In short, I propose that the understanding of human relational needs, as described in Attachment Theory, be applied to society at large and the workplace in particular in an attempt to create health promotion. This proposal is supported not only by the limited interview base for this paper but also by the meta-study conducted by Eva Vingård. Vingård’s indicators of a healthy workplace can be understood and built upon using Attachment Theory. In doing so I suggest that a clearer understanding of health promotion in the workplace could develop. Vingård describes indicators of a healthy workplace, but not how to create such a workplace. Using Attachment Theory to understand the relational needs of individuals could offer support in answering the question of “how” surrounding the creation of a healthy and even health promotional work environment.

Having offered an analysis of the theories used in this paper I now move to the base of the working model: the philosophy of mental health promotion.

As described earlier mental health promotion is multifaceted and encompasses society as a whole. There is seemingly no aspect of society which is outside of the realm of mental health promotion. Having said that, the results of this investigation point to a needed development in the role of work as a means of rehabilitation and health promotion. With the risk of being repetitive, it is important to reiterate that workplace refers to social enterprises. Similarly, when writing about the employee population who participates in these companies it is necessary to remember their complex and often difficult histories.

As will be seen in the proposed hypotheses, the use of work as a means for health promotion will have an impact upon other health initiatives and an im-
provement in the quality of life for the individual. Until the importance of work is understood and the necessary changes in work environment are made the attempts to create a health promotional work environment will continue to be challenging. The following hypotheses are attempts to further this development.

4.4.4 Hypothesis generation.

**Hypothesis 1**: Engaging in a social enterprise work context can affect regulation and in a longer perspective offer a potentially positive shift in attachment patterns.

**Hypothesis 2**: improvement of rehabilitation services within social enterprises.

The logical areas for improvement are within the areas of relationships at work. In order to improve a person’s capacity to engage in meaningful relationships at work a certain level of psychoeducation is deemed necessary in social enterprise work contexts.

**Hypothesis 3**: Psychoeducation included in a social enterprise work context would increase the ability for participants to form better working relationships and improved services. Examples of psychoeducation are introduction to affect regulation, sleep hygiene, the importance of exercise and nutrition.

**Hypothesis area 4**: outcomes of other interventions- and quality of life outside of work

Participation in social enterprise work may improve two related areas of mental health: first, the outcome of other interventions- and second, the quality of life, outside of work. That is to say that the improved relationships and participation in social enterprise work may result in an improvement of the outcomes from other interventions outside of the workplace.

**Hypothesis 4a**: Psychosocial interventions offered parallel to participation in social enterprise work contexts will have a greater effect on intrapersonal and interpersonal mental health in comparison to these interventions in a similar population without the social enterprise component.
Hypothesis 4b: Quality of life will be higher for those participating in social enterprise work contexts as compared to individuals in similar circumstance but without the support of this work environment context.

4.5 Conclusion
The purpose of this paper as described in section 1.4 is “to generate hypothesis regarding what is involved in creating a mental health promotional work environment within social enterprises. The research question used to address this purpose is: what are the active ingredients within the experience of social enterprises experience which contribute to change and an increase in health as reported by participants?

This investigation began with the presentation of two relatively new social phenomena: social enterprise, as defined by the Swedish government’s Action Plan for Social Enterprises 2010 and the Organizational and Social labour laws from 2015. Both phenomena seem to reflect an increased awareness of the need for health promotion and specifically the rise of mental health difficulties in society and the importance of employment. The challenge for both was and is to understand and implement health promotion as a part of the work environment. For social enterprise this challenge was manifest in using work as a rehabilitation activity for people with complex mental illness. For AFS 2015:4 the challenge was and remains to be the finding of concrete manifestations for health promotion in the work environment. The assumptions of this paper and reasons for using social enterprise as a source in this question were precisely that social enterprises have been engaged in creating work environments which seek to support a marginalized population where mental illness is common.

My hope in this investigation was to capture the experience of health promotion at work using social enterprises as a means to understand what was necessary to create the health promotion which was reported by social enterprises. The fact that social enterprises begin in the context of rehabilitation only increases the value of the experience reported from those active in social enterprises. The experience of social enterprises should be relevant even for traditional companies looking for ways to understand the requirements of the Organizational and Social Labour Law, 2015:4.
In order to investigate this, I posed two questions: first, I sought to understand what was essential within social enterprises as defined by those working within social enterprises. Secondly, I asked how social enterprises created health promoting work environments and how they understood the term “health promotion.”

The conclusion offered is that social enterprises are in the depth of their organization identity health promotional. Creating a company and working with health promotion are mutually dependent components of the company. The tools for creating an environment which fosters health are described on two levels: within interpersonal relationships and within production. In both cases health promotion is given priority. In the case of the interpersonal, issues pertaining to well-being and its impact on the interpersonal sphere of work are given resources and attention with the intent of improving mental health. In a similar way production is seen as an avenue to improve self-esteem and inclusion. This insistence is often at the expense of effective and efficient production. The financial loses this create is seen within the context of creating a rehabilitation and health promotional work place. The income generated by the health promotional work is intended to balance the loses in production.

Having the rather radical model of prioritizing rehabilitation and health promotion at the cost of production is possible only because work in social enterprises has an ulterior motive, the activity of production and the inherent relationships which are necessary to produce are used first and for most to create the opportunity for an increase in health as opposed to traditional companies where production and financial gain are primary. In short, the answer to the question, how do social enterprises create a health promotional work environment is quite simple. The creation of a work environment which fosters health is the company’s primary reason for existence and is given precedence over financial gain.

In looking at the second question I posed, how is work within a social enterprise used to facilitate health, work is seen as primarily a social and developmental activity. The process of making goods and services necessitate interpersonal interaction. It is in this interaction that the need for change became most apparent. It is also in this interpersonal relating where the opportunity for change is greatest. In attachment language, the internal working models which guide how a person views their context and their ability to create cooperation have an opportunity to
develop. It is this opportunity that requires a company structure to utilizes the act of production to keep personal development at a growth enhancing level. That is to say, development happens in the context of interpersonal interaction which are both challenging as well as supportive. I argue that this opportunity creates an activity which highlights the need for change as well as offers an opportunity to create and support change. Social enterprises create intentional opportunities for the development of more functional relationships and hopefully create new internal working models and eventually new attachment patterns.

In a similar way I maintain that meanings systems are challenged and transformed. Distress caused by a lack of meaning in unemployment and isolation offered an impetus for growth and change in returning to work. This is however only possible if the process or more accurately the work environment allows the individuals inadequately functioning meanings system to become apparent and the required adjustment supported. The potential for both of these processes rest upon the priority of a relationship and interaction to activate a health promotional environment in conjunction with the production.

In order to clarify the connection between what is reported in social enterprise and that which is needed in work environments outside of the social economy it is interesting to look again at Eva Vingård’s components of a work environment which is considered healthy. It is, however, noteworthy that the terminology is “healthy work environment” as opposed to the language used in AFS, 2015:4, “health promotional.” The factors Vingård offers are, positive attentive leaders, transparency, participation, empowerment and clarity of roles. It is these attributes among others which were seen to create a healthy work environment. Not surprisingly there is a correlation between what Vingård reports, and the experience witnessed in this study.
Chapter 5 Discussion

Having presented the findings of this investigation a discussion and reflection regarding the process of the actual research is in order. This will be done in the following pages and includes a reflection on: theory, methodology, validity, empirical evidence, and finally applicability of results.

5.1 Theory

A reflection on the theories employed in this article is somewhat daunting in that the theories used are both global in their ambition and in their recognition. Having said that, neither Attachment nor Meaning Making are exhausted or complete in their application. It is in the application of these theories in a practical application that new avenues have been explored in this paper. The area of innovation was precisely in the interaction between attachment theory and meaning making theory within the need for health promotion and the context of social enterprise. Both theories offer a system for understanding distress and human development as well as mechanisms for change. The interaction of a change in the internal working model or meanings made within one’s life seem particularly appropriate for the topic at hand, health promotion and work.

The need to use two theoretical models is primarily based upon the population and aim of the study. The population, as stated earlier, is understudied and presents with multiple difficulties (unemployment, mental illness and at times addiction). The purpose of the generation of hypotheses is to improve and increase the use of work as a rehabilitation tool.

Attachment and Meaning Making offer an insightful understanding as to how individuals experience and conduct their lives. This understanding is of course necessary in order to then incorporate health promotion and create an application to the workplace. It is in using these theories, Attachment and Meaning making, within health promotion that this context can be identified and investigated.

5.2 Methodology

The methodology I have used in this paper was mixed method in that the investigation was constructed using a variety of interview forms built upon an investigation of how the phenomena at hand was described in literature. The worldview was transformational in that the investigation seeks to understand and offer im-
provements for the situation of a marginalized group. The intended improvements are within the realm of work environment and can potentially impact both the individual and society.

The advantages of this method were that it provided a clear grounding with a current and very concrete psychological struggle. Combining a variety of investigatory methods insured that the design did not lose its place in contemporary challenges. The purpose of the investigation was after all to investigate how health promotion and work can be more effectively integrated and result in the transformation of a currently common experience for the betterment for individuals struggling with both long-term unemployment and mental illness. There is however a significant disadvantage of this methodology that needs to be recognized: a heavy theory and a predisposition in favor of social enterprises.

The disadvantage of a theory driven analysis entailed a risk that the theories create opportunities within the evidence. The presence of Attachment and Meaning Making as a basis for creating the interview question created this potential risk. I have attempted to limit this risk using textual analysis of governmental texts as a balancing influence for the investigation. In addition, portions of the textual analysis were carried out by the focus group offering input which was free from theoretical influence. My use of theories in this paper has been one of explanation and not theory creation or confirmation. The theories are used to understand and explain an independent phenomena and social needs apparent in work as a mental health promotional activity.

The second challenge I recognize within methodology is the promotion of social enterprise as a dominant response to the problem of unemployment and mental illness. I hope to gain some balance in this with the help of a transformational design. That is to say that the nature of the design is that it is located within a specific context and marginalized group. This hopefully has created an acceptance for the focus and limit of the study.

5.3 Validity
In an attempt to increase transparency in the research process I offer a reflection on validity. The four strategies used to create validity and which now need reflection are triangulation, researcher bias, member check and prolonged time in the
field. In addition, I will reflect upon two areas which constitute a weakness in validity: backyard study and translation.

5.3.1 Triangulation
Triangulation refers to creating opportunities within the study which offer variation in perspective on the topic at hand. In this study triangulation was created by inviting a diverse population within Uppsala’s social enterprises to participate in the focus group interview as well as the individual interviews.

5.3.2 Researcher Bias
As the primary collector of data and conductor of analysis it is important to describe my background and bias. I have over the last ten years worked for the civil society in a social enterprise owned by The Uppsala City Mission. I have in the capacity of manager interviewed hundreds of people all of whom have had some form of disability and all of whom were unemployed. The significance of disability and unemployment has therefore literally been hammered into my consciousness.

The impact of meaningful work and emotionally stable work relationships has in a similar manner been very apparent over the last ten years. I have also witnessed the well-intended and somewhat successful interventions in traditional mental health care. These interventions have been viewed as prerequisites for participation in the work force. My bias is therefore quite clearly in favor of social enterprise approach which uses work as an act of health promotion as opposed to an activity held in waiting during periods of illness and rehabilitation.

Due to this bias I have used several methods to ensure validity in my research. Primarily, triangulation, member checking as described by Creswell, and the use of an independent coder.(Creswell, 2014) My hope is that the use of these interventions will compensate for my bias. Having said that, the methodology of this paper is one of transformation and my bias, as described earlier is significant and impacting on the research. Within the transformational perspective this carries advantages which hopefully overcome the disadvantage of bias, namely, access and contact with the group of marginalized citizens. This contact has allowed for the quick creation of an alliance and has supported personal and forthcoming conversations during the interviews.
5.3.3 Member Check
In order to increase validity and transparency the paper can be read by the population participating in the study. This is offered as a method to ensure that the population recognized the description of their experiences as recorded by the researcher. This paper was read and reflected upon by one of the focus group members.

5.3.4 Prolonged Time in the Field
The integrity of the population participating in qualitative research is of the utmost importance. This can be seen in both member check and triangulation. It is also apparent in the validity strategy Creswell calls prolonged time in the field. (2014) In order to have interview conversation which are safe and reliable a certain level of trust needs to be present between interviewee and interviewer. One avenue to establish this trust is by spending time in the “field.”

My background as described in the bias section is here offered as a source of validity. My participation within the context of social enterprise allowed for a high level of participation in the interviews of conducted. This can be seen most clearly in the response to the focus group interview. As described above, I intentionally invited extra participants anticipating that several would drop out of the study. To my surprise everyone was present. I interpret this to mean that my being a known person aided in creating trust and interest in participating in the study.

5.3.2 Backyard
In addition to the successful creation of validity in this study there are also areas of weakness. One such are is what Creswell calls a “backyard” study. (2014) One of the interviewees is an in-law and manages one of the companies who was interviewed. The relationship between the researcher and one of the research participants created a potential bias and subsequently a potential flaw in the data. The inclusion of this person in the data sample despite the risks was based upon the nature of the company. This particular social enterprise offered a unique opportunity in that it fulfills description of a traditional social enterprise in the Swedish tradition in a way not present in any of the other social enterprises in Uppsala. Not having this company in the interview group would have reduced the diversity of interview significantly. My in-law was the only management staff in the company
and was therefore the only possible employer from the company mentioned. At the time of the papers publication the person in question is no longer employed in the social enterprise.

5.3.3 Translation
Another potential area of weakness is in the translation from Swedish to English. These translations were performed by the researcher which has allowed another opportunity to influence the data gathered. This was countered using two proof readers fluent in both languages.

5.3.4 Reliability
In order to create reliability within the study I have use several strategies within this paper. The primary source of reliability is in using accepted procedures for research gathering and organizing. In this case I used a coding procedure which reflects the heavy theory base of this paper. The description of this procedure is described in the method section and is borrowed from King.

In addition, I used an independent coder to check for consistency in how the codes were defined and used in the process. This ensured that the definition of code did not change or develop during the coding process.

5.4 Ethical Considerations
Using a qualitative method in this case entailed coming in contact with a group and individuals who are marginalized and in a vulnerable position. I have therefore been careful to protect the identity of those being interview. This was necessary primarily in the focus group and accomplished using an instruction. This instructional text informed the participants that the focus group was not intended to elicit personal reflection but was intended to look at the questions from a more theoretical plane. The questions were of an open nature but designed to avoid personal storytelling.

In a similar way all quotations from the semi-structured interview are free from identifying adjectives and details which could be identifying for persons or companies. This was necessary particularly in regard to the semi-structured interviews with employees. The candid tone in which many interviewees disclosed their experience was based upon assurances of anonymity. An assurance I have tried to honor.
5.5 Empirical Reflection
The empirical evidence for the devastation of unemployment as well as the positive impact of a return to work which is clearly seen both in the world health organization’s report as well as that seen in peer reviewed research is confirmed in this paper. What is of significance in terms of a development of these themes is the detailed description of change resulting from participation in a work environment, as experienced by the participants themselves.

These descriptions were qualitatively significant in that the group of people being compared in articles mentioned above as compared to the present paper were significantly different. Those represented in this paper were a group of people whose illness was their primary cause of unemployment as opposed to economic fluctuation which was present in World Health Organization’s rapport as well as Hollederer’s article. I would argue that this represents a strengthening of the basic tenants of this article.

5.6 Contribution and the Applicability of Results
The contributions this paper offers are in strengthening the importance of the health promotional activities of work as well as the creation of the hypothesis that the key factors in promotion within the work environment are the presence and quality of relationship as well as structure to support meanings making.

5.6.1 Application of Results
The hope of choosing a transformational worldview was to offer support for the improvement of a marginalized groups situation. In the setting of social enterprises this group was composed primarily of those who struggle with mental and psychiatric illness. In addition to offering insight into the situation of social enterprise I also hope that lessons learned from would offer insight into the somewhat less apparent needs of work environments outside of the social enterprises. In this case the need to create a work environment which was supportive to the degree that it constitutes health promotion. In the course of the literature study it became apparent that there existed commonalities in the struggle to create a health promotional work environment between social enterprise and traditional companies.

Many of the indicators of a healthy workplace as described by Eva Vingård coincide with the governmental description for a social enterprise. Both sources are convinced that empowerment and participation are key factors in creating a desir-
able work environment. Participation and empowerment are broad categories which require communication, leadership as well as the ability to influence the tasks at hand and the rate at which they are performed. These descriptions are however, somewhat abstract in comparison to the content of the interviews in this paper. In looking back at the interviews, I suggest that the significance of participation cannot be overestimated as a factor for success in social enterprise. The repeated comment on the topic of perceived wellbeing in relation to work demands suggests that this was a key factor in creating an environment which promotes health. The operative ingredient in participation are however relationship as opposed to influence. A concise description of this is seen in the repeated description of employee needs taking precedence over the companies needs for efficiency. This is perhaps the greatest advantage which social enterprises have in comparison to the work force at large. To suggest that traditional companies adjust their priorities in favor of health promotion would seem naïve if not for the labour law described in this paper. A translation or adaptation will need to be created in order to apply the lessons learned from this study of social enterprise to traditional companies.

That being said, social enterprises fall short in comparison when looking at indicators surrounding roll description and communication in regard to goals and expectations. Again, referencing Vingård’s literature study, the presence of clear goals and expectations of employees are indications of a healthy work environment. Social enterprise, perhaps because of its prioritizing of employee wellbeing often fall short of creating clear goals and expectations. This can be seen in the interview material regarding an unclear purpose in producing goods and services as well as in role descriptions.

In short, I am suggesting a cross contamination with the intent of improving the possibility for health promotion at work in both sectors. The strengths of the social enterprise can after modification be applied to the broader labour market and offer concrete examples which could be used to describe an implantation of AFS, 2015:4. An example of this could be the introduction of a prioritization of relationships and understanding of meaning when difficulties arrive in the work environment. The extreme case which social enterprise offer is in the shift of focus from production to employee wellbeing is perhaps a difficult concept to imple-
ment, however, a correlation to a quick return to work after sick leave and an adjustment of expectations around rehabilitation could have a positive impact upon work environments.

In a similar way, the need for social enterprises to adapt lessons learned from the traditional companies is equally pressing. The social enterprise work environment, I would argue, risks creating an environment which does not reflect the indicators of a healthy work environment in that the staffs needs for clear goals, job descriptions and expectations are often absent. Social enterprises need to adapt a more ridged structure in creating goals, and expectations with the intent of creating opportunities to change. My suggestion is that this will support the positive aspects of a social enterprise in the creation of change as well as limit the dangers of creating work environments which foster a lack of growth and development.

5.5 Future Areas of Study
In order to further this investigation, I suggest investigating the impact implementation of health promotion in the work environment has upon employee’s quality of life. In this investigation it would be possible to investigate this development regardless of market sector. That is to say the study would investigate quality of life in all three sectors of the Swedish economy. This particular time offers a unique opportunity to measure the impact of health promotion given that the new labor law is still in its infancy.

This study could use the World Health Organization’s definition of health promotion which is both general and specific. It is only logical that an investigation into the effects of health promotion follow the inclusion of both the systemic and the individual. To achieve this, I suggest using outcome measures as a reliable means to follow the effect of implementation of this health promotional initiative in a quantitative study.

5.6 Contributions to Psychology of Religion
The intention of this study is to offer an insight into the situation of a marginalized group, a theoretical explanation for how change can occur, and offer suggestions for a social change in how work is viewed and used. The contribution to Psychology of Religion is in the application of theories which are intended to address the individual and apply these insights to the need for social development.
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Appendix

1. Introduction to the Focus Group

Introduktion:

Jag har bjudit in er för att föra en dialog om sociala företag och hälsa. Denna intervju syftar till att kartlägg hur ni ser på sociala företag och arbete som en hälsofrämjande aktivitet. Resultat kommer var en uppsats inom ämnet Religions Psykologi på Uppsala Universitet.


Både dagens intervju och de kommande intervju blir avidentifierade i textform. Dvs det kommer inte kunna utläsas vem har sagt vad.

Tidsplan är som längst en timme.
2. Letter to Social Enterprises

Hej,

Här kommer två mycket korta texter som är bakgrundsinformation inför intervjun den 19:e juni.

Min enda förväntan inför träffen är att ni har läst texten.

Hälsningar,

Dirk Kehr

Hämtad från

Arbetsmiljöverkets föreskrifter och allmänna råd om organisatorisk och social arbetsmiljö; AFS 2015:4

Mål

7 § Utöver det som gäller enligt 6 § och 9–14 §§ i dessa föreskrifter ska arbetsgivaren ha mål för den organisatoriska och sociala arbetsmiljön. Målen ska syfta till att främja hälsa och öka organisationens förmåga att motverka ohälsa.

Arbetsgivaren ska ge arbetstagarna möjlighet att medverka i arbetet med att ta fram målen och se till att arbetstagarna känner till dem.

4. Handlingsplan för arbetsintegrerande sociala företag

Hämtad från

Handlingsplan för arbetsintegrerande sociala företag

Definitioner

Sociala företag kan ha olika inriktning på sin verksamhet. De kan t.ex. vara arbetsintegrerande, ha fokus på rehabilitering eller på social gemenskap och sysselsättning. Sociala företag kan ha flera organisationsformer, t.ex. ekonomisk förening, ideell förening, kooperativ, stiftelse eller aktiebolag med särskild vinstutdelningsbegränsning.

Med begreppet arbetsintegrerande sociala företag avses företag som driver näringsverksamhet (producerar och säljer varor och/eller tjänster):

- *med övergripande ändamål att integrera människor som har stora svårigheter att få och/eller behålla ett arbete, i arbetsliv och samhälle*

Svårigheterna att etablera sig på arbetsmarknaden kan vara av olika karaktär, såsom funktionsnedsättning som medför nedsatt arbetsförmåga, bristande erfarenhet och kunskap som kan förvändas innebära lägre produktivitet och ökat behov av stöd från omgivningen. Men också en tvetsamhet på arbetsmarknaden att anställa personer med tidigare problem som långtidssjukkrivning, missbruk och kriminalitet.


5. Codes

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**Arbetsintegrerande Sociala Företag/ Social Enterprise**

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Themes used in literature reivew.