3. Valerie DeMarinis¹, Adam Anczyk⁴, Halina Grzymała-Moszczyńska⁴, Agnieszka Krysztof-Świderska³
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Title: Experiences of Polish ethnic migrants with Norwegian healthcare: A secular majority-governed system in the eyes of a religious minority population.

Research area: European migrant ethnic minorities and their experiences with a given healthcare system in another European country. Aim: This research project explored Poles, being from a nation of high mobility within the EU and other European countries, living in Norway, where they are the largest group of immigrants. Design: A qualitative, semi-structured interview design was used with 20 Polish migrants who resided in Norway, in the Østlandet region. The Cultural Formulation Interview, (CFI), adopted from the DSM-⁵ (American Psychiatric Association, 2013) was used as a base-tool for constructing the interview areas. A thematic analysis approach was used. Results: Respondents reported both positive and negative experiences in interactions with the Norwegian healthcare system. Cultural differences, including religion, were identified as factors influencing respondents’ attitudes. Negative experiences were associated with cited cultural differences, language problems, and continued seeking medical help in Poland.

Keywords: economic migration, cultural differences, secular majority culture, religious minority culture

Chair: Kevin Ladd

1. Cecilia Melder⁴
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Title: It’s time to rewrite the model of Social Determinants of Health (SDH) and include the existential dimension.

Background: The SDH-model, with layers in a semicircle was first published in Sweden 1983 by with M. Dr. Haglund and M. Dr. Svanström. The model has been translated and modified through the years with more or less the same determinants. The last decades the existential dimension of health, sometimes referred to as spiritual, has proven to be of importance for health and health related quality of life (HQOL). WHO developed 2002 a trans-cultural survey WHOQOL-SRBP for measuring HQOL including Spirituality, Religion and Personal Beliefs (religious or secular). Purpose of study: 1) The overall purpose is to generate knowledge about the existential dimension of health (understood as SRPB-aspects) in relation to SDH and their impact on HQOL. 2) To develop existential health promotion in a secularized Swedish context. The aim of this presentation is to introduce a refined model of SDH with the existential dimension. Methods/Theory: Theories of public health, psychology of religion and HCL is combined in a mixed-method design. Now consisting of WHOQOL-SRBP (original and BRES) surveys N=303, interviews with 15 focus groups and promotion evaluations. Findings: The existential aspects were relevant for participants in the interviews, preliminary partial psychometrically evaluated found correlation to SDH. Conclusion: Sustainable health promotion needs to consider the refined SDH-model.

2. Mary Rute G. Esperandio³, Kevin Ladd²
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Title: Religion and Suicide Attempt: What a Case Study Could Tell Us About the Research on Psychology of Religion?

Departing from a case study of an evangelical pastor who attempted suicide, this paper aims to discuss at least three aspects related to some unexplored subjects in PR in Brazil: 1) the necessity to study among traditional religious groups, especially Protestants and Pentecostals, certain meaning-making elements which were associated to their ethical foundation, but they are not consistent anymore. There seems to be a weakness in the idea of “virtuous suffering” that occurs simultaneously to the appearance of a “shameful suffering” (i.e. the opposite of human dignity). Thus, research focused on the process of how, when and the “conditions of possibility” for such a phenomenon would be relevant. 2) New methodologies from an interdisciplinary perspective focused on the process, not on the results; 3) Translating the outcomes into applicable strategies for promoting dignity in the mental health care context.

3. Tor-Arne Isene
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Title: Meaning-making integrated in dementia care. Perspectives from a Norwegian study.

Access to sources of meaning and how this happens for a person with dementia is challenged due to impairment of cognitive functions and communication abilities. This is a qualitative PhD project which aims to reveal a deeper understanding of how meaning-making appears in persons with dementia, and together with caregivers explore possible clinical implications of the findings. The study in this presentation concerns the latter objective. The 25 participants in this study were nurses, occupational therapists, social educators and psychiatrists working with patients with dementia in hospital. They were interviewed in three different focus groups, all with a mix of professions, to discuss how they understand and pay attention to existential meaning-making in dementia care. Preliminary findings suggest that meaning-