The self-described meaning making of Icelandic elderly in rehabilitation: A phenomenological study
Abstract

Recent work suggests the importance of meaning making in coping processes and thus general wellbeing, especially concerning coping of the elderly who experience loss of resources more frequently. The methodological approach consisted of two steps, the first one being the Vancouver School of phenomenology and the second a hermeneutic interpretation. Together these methods were used to answer the research question; What is the self-described meaning making of Icelandic elderly? The sample consisted of eight elderly Icelanders in rehabilitation, ages 65-72, with mean age 67 years. These older adults were purposively sampled by the help of a medical secretary at the HNLFÍ rehabilitation center. The findings were presented within a tentative explanatory model with five main themes the participants’ descriptions of conceptions of importance encompassed; the importance of role models, personal sense of meaning, family as most meaningful and meaning of life. This was founded on caring in the participants’ childhood, self-assessment, health image, ways of expression and ethical values. Several factors were identified that were described to influence sense of importance; positive factors, factors that compromised meaning making and finally learning factors. By a hermeneutical interpretation Antonovsky’s theory of sense of coherence and Crystal L. Park’s presentation of a transactional stress and coping model were applied. The results pointed to that a strong sense of coherence suggested a stronger relation to all factors perceived to influence a sense of importance as presented in the tentative explanatory model. Thus those with a strong sense of coherence seemed to be more affected by positive factors, factors that compromised meaning making and learning factors. Those who expressed a high sense of importance seemed to strive to connect every aspect of their experiences tighter together; finding as many causes and effects as possible, perceiving difficulties as lessons. Thus those who relied on a purposeful life as coping seemed more willing to adjust to difficulties and making changes and their learning preferences seemed to differ from those who relied less on a sense of a purposeful life. Also focusing on meaningful virtues seemed to have positive influence on meaning making. The main hypothesis generated in this study, based on the descriptions of the participants, is that certain “learning
factors” in rehabilitation can contribute to finding “new” meaning and sense of importance after trauma.

**Key words:** meaning making; gerontology; rehabilitation; sense of coherence, qualitative research
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Chapter 1 Introduction

1. Introduction
The need for a clearer focus on the health promotion of the elderly is increasing, as by the year 2050 the number of elderly people in the world will exceed the number of young for the first time in history. Since 1998 this historic reversal in relative proportions of young and old had already taken place in the more developed regions. As fertility and mortality lowers, the amount of elderly people is growing in Europe, also because of longer life-expectancy and good health services. This situation presents a challenge in the global community (IIASA Population Projection Results, 1996). A challenge for Europe today is to create opportunities for people to maintain good health well into old age (Ågren & Berensson, 2006). According to Icelandic M.D. Þorkell Guðbrandsson improving the state of the elderly means that fewer will be likely to need help or to be institutionalized (Guðbrandsson, 2011).

In line with finding new ways to promote and maintain successful aging, Mezzich’s (2007) approach towards clinical care could be beneficial; i.e. finding a new center and goal of clinical care evolving around the affirmation of patients as whole persons in their own context. Health promotions as such would thus increasingly involve the articulation of science and humanism to optimize attention to both the ill and positive health aspects of the person. Meaning making appears as an important aspect of the individuals’ health, as it seems to influence his or her ability to cope, either positively or negatively, following stressful life events (Park & Folkman, 1997). Thus meaning making appears to serve as a coping strategy that allows people to adjust to difficult life-experiences (Aten et al., 2008). Antonovsky and Nilson emphasize the importance of it, i.e. sense of meaning is a motivational component that has an emotional component which gives life meaning (Nilsson et al., 2003). A high sense of purpose gives energy to stimulate and raise interest, changing stimulus to a challenge rather than being a burden (Antonovsky, 1991). This is the basis of encouraging meaning making as there is interplay between a sense of coherence and a sense of wellbeing.
According to Pieper and Uden (2005), elderly use emotion related strategies more often than other age groups when dealing with stress. One of the reasons for this is that the elderly experience loss of resources as they age. Coping involves maintaining psychological equilibrium by removing the stressor or accumulating significance. Meaning making as coping involves search for significance and this is often only used when ‘problem-focused’ coping fails (Pieper & Uden, 2005 p. 14-15). When these factors are accounted for in physical and mental health care, an important source of health promotion is more readily available. For patients who experience their life situation as relatively unchangeable one of the most important emotion focused coping resource is religion. Emotion focused coping that offers possibilities of creating meaning can reduce the amount of anxiety associated with mental problems and contribute to finding meaning and purpose in life (Pieper & Uden, 2005 p.15).

Research on meaning making and the experience of health of Icelandic elderly has been called after by scholars and further studies are needed (Benónýsdóttir, 2007; Sjöström & Strandell, 2011). Iceland has a much higher percentage of elderly compared to other countries, a less traditional family structure, and a developed system of public support (Jónsson & Pálsson, 2003). The Nordic countries present conditions brought by individualism in western societies which leads to a less family-oriented value structure (Habib, Sundstrom & Windmiller, 1993). By studying how meaning making is described by Icelandic elderly in a rehabilitation context, hopefully a clearer understanding of the perceived relations between meaning making and health of Icelanders can be acquired and cultural and environmental influences can thus also be examined more closely.

Using a meaning making theory and a social cognitive theory as a base for this study provides a framework for examining meaning making. The elderly represent the most experienced part of society, yet little is known about their learning styles (Truluck & Courtenay, 1999). The stimulus for learning is most often cognitive conflict of puzzlement and determines the organization and nature of what is learned. This suggests that the problems of aging seem to be greatly influenced by the organization and nature of the meaning making of the elderly (Gibbons, 2003). Meaning making as a coping model in this study involves cognitive appraisal: making attribution about why the event occurred, how the
event is threatening, controllable and predictable. This evokes different kinds of
coping styles (Park, 2005). As we study the meaning making of individuals as
they deal with the problems of aging it will help us understand our future selves
and a growing part of society; the elderly.

1.1. Aims and objectives
This study is qualitative and hypothesis generating. The aim of this
phenomenological study is to study the self-described meaning making of elderly
Icelanders during rehabilitation and self-described learning during rehabilitation.

1.2. Research question
Main research question: What is the self-described meaning making of elderly
Icelanders during rehabilitation at HNLFÍ in Hveragerði?
Sub questions: What is the self-described learning during rehabilitation? What
self-described factors in role models help in rehabilitation?

1.3. Definitions
As the aim of this study is to examine meaning making of the elderly the concept
of ‘meaning making’ needs to be clarified. The concept meaning making as used
by Park and Folkman (1997) signifies perceptions of significance. They divide
these perceptions into two levels; global and situational and both involve
individual constructs and ways of understanding. Global meaning refers to
abstract basic goals, fundamental assumptions about order, beliefs and
expectations about the world. Global meaning strongly influences many aspects of
situational meaning. Situational meaning refers to appraised meaning of a stressor,
which involves cognitive appraisal, which involves making attributions about why
an event occurred (Park, 2005). Park’s theories will be examined more closely in
chapter 2 and different approaches to the meaning making concept will be
examined later in this chapter in the literature review. It would be interesting to
see the history of the concept of meaning making, as it appears as an essential part
of connecting psychology and religion.
The concept *elderly* in this essay refers to individuals over 65 years of age, based on the definition of Laura Talarsky (1998). Her definition involves avoiding labeling elderly as a social group as an "at risk" group, which leads to problematic social and cultural implications. By avoiding any underlying assumptions about elderly frailty and need for treatment, treatment centers around medical intervention can provide support at the level of the individual. Also avoiding “language of crisis” which posits those over 65 as infirm, unproductive and consuming social resources at the expense of the collective body is meant to reinforce a more positive cultural ideology which posits the growing body of elders as a productive part of society. In such a context the cultural constructions forming the basis of this study may contribute to policy-making based on a “language of opportunity” rather than “crisis,” placing the elderly at a more central part of sociopolitical discourse (Talarsky, 1998).

1.4. Research design

This qualitative study was meant to explore the self-described meaning making and helpful learning of Icelandic elderly in rehabilitation. It was conducted in the field of psychology of religion, as the study was based on the curiosity of the researcher to hear when and how the elderly describe existential meaning in relation to rehabilitation and thus health related difficulties. I wanted to ask questions that did not directly ask about when or if participants ascribed or wanted to ascribe existential meaning to their health related difficulties, as I wished to listen from their own standpoint what they found meaningful and helpful in their situation.

Qualitative, hermeneutic phenomenological research is a broad approach to an exploration of various issues and the study of phenomena (Creswell, 2002). In order to answer the research question the methodology used as a foundation for my research project is *The Vancouver School of doing phenomenology* as described by Halldorsdottir (2000).

The study was ethically evaluated and approved by the Icelandic National Bioethics Committee (12-068) and professor Sigridur Halldorsdottir responsible for the translations. The sample for this study was chosen by purposeful sampling, by finding participants who would have a typical and untypical experience of the
phenomenon being researched, while taking care that the sample would not be too
homogeneous. The inclusion criteria were that the participants were older than 65,
and were community dwelling. They also had to be able to participate in
conversations in relation to language, hearing and memory. Care was taken that
the sample were individuals from rural and urban homes.

The contact was made by a medical secretary at HNFÍ who contacted
elderly visitors who had stayed at least 2 weeks at the clinic. She introduced the
research and asked if they were interested. In all 11 interviews were conducted
with 8 participants, 4 males and 4 females, ages 65-72, the mean age being 67
years. Participants resided in Akureyri, Reykjavík, Dalvík, Kópavogur,
Vestmanneyjar and Selfoss but many had also lived in other parts of the country.

Data analysis was initially inductive, followed by an abductive approach,
i.e., hermeneutical interpretation. The research design and its procedures will be
more thoroughly described in the Methods and Material section.

1.5. Literature review

This study addresses the gap in research on the lived experience of meaning
making of Icelandic elderly. This could provide a novel theoretical framework to
explore the elderly individual’s concept of meaning making during health crisis.
This literature review is meant to describe the current field of research focused on
in this study; meaning making, gerontology, phenomenology and sense of
coherence along with cognitive learning theory as a foundation for examining
meaning making. I will try to give a brief overview of the vast literature on
meaning making, meaning making of the elderly and sense of coherence. This is
meant to frame the inquiry of this study and connecting it to a larger context.
Before describing the result of the review, the procedure of data gathering will be
outlined.

1.5.1. Procedure of Literature Review

Creswell (2009) provided helpful guidelines for developing this literature review.
PsychINFO and PubMed were the main databases for this literature search. Key
phrases were sorted out during initial searches and from articles that were
retrieved. Examples of key phrases used are: meaning making gerontology; meaning making health; sense of coherence health, gerontology health sense of coherence. Searches were conducted until saturation was achieved. A literature map was drawn based on the suggestions of Creswell (2009), i.e. sources were organized into different categories depending on their content to help with designing a coherent overview. During this process studies were excluded that did not contribute directly to framing the subject of this study, in order to narrow the approach.

1.5.2. Meaning making studies

Reviewing the substantial quantity of meaning making literature, a wide variety of approaches and definition are presented. Extensive research has been done on meaning making, making it hard to make sense of. Park (2010) and Moser and Schroder (2012) give an extensive overview of where research on meaning making stands at the moment, and suggest possible ways of aiding future research to be formed on a stronger, more coherent grounding. Park (2010) suggests that the dynamics of stress and meaning making, e.g. how they change over the course of life’s circumstances develop through aging have remained obscure for 3 reasons; measurements of stress and meaning making are still primitive, differences in personal beliefs, values, commitments shape the appraisal of stress and thus manner of meaning making, these factors shape morale, social and work functioning and somatic health. Further longitudinal observations are also needed (Lazarus & Delongis, 1983).

The insightful paper *The Meaning Maintenance Model: On the Coherence of Social Motivations* (2006) by Steven J. Heine, Travis Proulx and Kathleen D. Vohs gives an interesting reading on their theory that meaning making research is built upon the western existentialist thinking, shaped by authors such as Camus, Kierkegaard and Heidegger. They also provide an overview of their theory presented in their meaning maintainance model (MMM), which fits around various different psychological theories; such as e.g. cognitive dissonance theory, self-verification theory, terror management theory, self affirmation theory, system-justification theory and uncertainty management theory. They argue that all these theories describe how people respond to violations of expected
relationships, or committed meaning frameworks, in order to regain a sense of lost meaning. Irrespective of the content or valence of committed beliefs, violations of those beliefs lead to a common syndrome of aversive autonomic physiological arousal and neurocognitive activation. This arousal, in turn, motivates palliative fluid compensation efforts to reduce or diminish the aversive arousal, efforts that can take the form of assimilation, accommodation, affirmation, abstraction or assembly. Proulx and Inzlicht (2012) call on psychologists to move beyond these theories describing isolated phenomenon that characterize our field and recognize that a core conceptual framework underlies them all. Thus they integrate a broad range of findings and theories from psychology and other fields to present an ambitious theory of meaning-making as a core psychological motive (Major & Townsend, 2012).

Routlege & Vess (2012) point out that despite making a lot of sense, the meaning making model of Travis Proulx and Michael Inzlicht, with its broad assertions, is a little overambitious, sometimes conceptually problematic, and not always consistent with the data.

The existential dimension is one of the 5 operationalized dimensions of culture provided by Arthur Kleinman and adapted for use in the Swedish cultural context by Valerie DeMarinis (2003). The existential dimension is an important part of wellbeing and health; it includes worldview conception, life approach, decision-making structure, way of relating, and way of understanding, rituals and other ways of making meaning (2003, p. 45). DeMarinis describes how the typological model, the worldview chart identifies categories of existential need and helps classify meaning systems in a postmodern context. The chart is based on Wulff’s summary schema published 1997 in his work Psychology of Religion: Classic and contemporary and is DeMarinis adaption (2003, p. 50).

Emmons (1999) mentions in his book The Psychology of Ultimate Concerns: Motivation and Spirituality in Personality, that in his field of personality psychology, a major trend has become the representation of personality in terms of dynamic processes, emphasizing how individuals strive for personally defined goals, construe daily opportunities for the realization of these goals, and regulate their behavior in an attempt to process toward that which is personally meaningful and self-defining. His particular focus is to articulate these goals, and examine
which aspects of goals can promote optimal psychological well-being (Emmons 1999, p.4).

I will review some studies conducted on meaning making in focus of this study. Peterson, Ruc, Beerman, Park and Seligman (2007) conducted the study *Strengths of character, orientations to happiness, and life satisfaction*, on whether certain character strengths were more associated with life satisfaction than others. A sample of US adults ($N = 12,439$) completed online surveys in English measuring character strengths, orientations to happiness (engagement, pleasure, and meaning), and life satisfaction, and a sample of Swiss adults ($N = 445$) completed paper-and-pencil versions of the same surveys in German. In both samples, the character strengths most highly linked to life satisfaction included love, hope, curiosity, and zest. Gratitude was among the most robust predictors of life satisfaction in the US sample, whereas perseverance was among the most robust predictors in the Swiss sample. In both samples, the strengths of character most associated with life satisfaction were associated with orientations to pleasure, to engagement, and to meaning, implying that the most fulfilling character strengths are those that make possible a full life.

Religion as a meaning-making framework in coping with life stress has been studied by Crystal L. Park (2005). She presents a model which is the base of the theory used in this study that emphasizes the role of meaning making. She studied 169 bereaved college students, (121 women, 44 men, and 4 students who did not identify their gender). The sample was fairly religious, with an item mean of the intrinsic scale of 2.30 ($SD = 1.07$). Only 7% of the sample scored 0, and a total of 13% scored less than 1. From the study she illustrates some of the pathways where religious meaning can influence coping processes in making meaning following loss. The findings indicated that the connection between religion and adjustment varied across time of loss, and suggested that meaning making coping is the mediator of such associations.

The meaning making literature has reached positive psychology in clinical practice as well. Martin E. P. Seligman (2008) gives an overview of this trend where this field, as it is concerned with well-being and optimal functioning, aims to broaden the focus of clinical psychology beyond suffering and its direct alleviation. He proposes a framework which parts happiness into three domains: pleasure, engagement, and meaning. He presents assessment tools appropriate for
the clinical setting that have been validated and proven along with supplying evidence that suggests the efficacy and effectiveness of positive interventions aimed at cultivating pleasure, engagement, and meaning. The biological measures varied with the medical disorder under study. The subjective measures were similar for all disorders under study. The functional measures were a combination of measures developed specifically for a disorder and measures that were used across all of the disorders.

As this list of literature suggests, theories on meaning making appear to address an important aspect of emotional-coping strategies in relation to wellbeing. The studies mentioned call out for further research in the field of psychology and religion as they can shed light on important processes when dealing with various stressors. The continuation of research on meaning making based on this previous research will broaden the scope of understanding of the multidimensional dynamics of the connection between meaning making and health.

1.5.3. Gerontology and meaning making
This part of chapter one reviews studies on the subjects of gerontology and meaning that are related to this study. The model of Park and Folkman (1997) enriches stress and coping theory by making more explicit the roles of beliefs and goals and the functions of meanings in the processes through which people appraise and cope with stressful events and circumstances. Their study suggests that there are inherent, stage-related changes in the ways people cope as they age. Individuals selectively engage in cognitive activities that assist learning and are motivated to learn actions that they value and believe will lead to rewarding consequences. Much of human learning occurs in the absence of overt behaviour; or vicariously by observing others (Park & Folkman 1997). Individuals are given several vicarious ways to learn behavior and meaning making in their cultural surroundings, influencing the way they deal with life-difficulties.

Krause has conducted several studies on meaning making in the field of gerontology. In a study named Religious meaning and subjective well-being in late life (2003), Krause examined the relationship between religious meaning and subjective well-being, assessing race differences in the relationship between these
constructs. Interviews were conducted with a nationwide sample of older White and older Black adults (N = 1,361). Data were collected on meaning in life, mortality, and select control measures. Survey items were administered to assess a sense of meaning in life that is derived specifically from religion. Subjective well-being was measured with indices of life satisfaction, self-esteem, and optimism. The findings suggested that older adults who derive a sense of meaning in life from religion tend to have higher levels of life satisfaction, self-esteem, and optimism. The data also implied that older Black adults are more likely to find meaning in religion than older White adults. In addition, the relationships among religious meaning, life satisfaction, self-esteem, and optimism tend to be stronger for older African Americans persons than older White persons.

In another study Stressors arising in highly valued roles, meaning in life, and the physical health status of older adults Krause (2004) examined stressors arising in highly valued roles and whether they affected health by eroding an older person's sense of meaning in life. Interviews were conducted with a nationwide sample of older people. Survey items were administered to assess stressors in highly valued roles, meaning in life, and self-rated health. The findings suggested that life events arising in roles that are valued highly are associated with less favorable health ratings. The data also suggested that stressors in highly valued roles can affect health primarily by eroding an older person's sense of meaning in life. Krause (2007) also examined whether 3 types of social support were associated with change in meaning in life. The study was longitudinal and examined social supports; enacted support, negative interaction and anticipated support. Data was collected from a nationwide longitudinal survey of older people and the findings suggested that greater anticipated support is associated with a deeper sense of meaning over time. The same was true with respect to emotional support received from family members and close friends. In contrast, the findings interestingly revealed that, at least initially, negative interaction lowers an older person's sense of meaning in life.

Krause (2009) also studied the connection between meaning in life and mortality and old age, where interviews were conducted with a nationwide sample of older adults (N=1,361) and data was collected on meaning in life, mortality and select control measures. Three main findings emerged from the study. Firstly, the data suggested that older people with a strong sense of meaning in life are less
likely to die over the study follow-up period than those who do not have a strong sense of meaning. Secondly, the findings indicate that the effect of meaning on mortality can be attributed to the potentially important indirect effect that operates through health. Thirdly, further analysis revealed that one dimension of meaning – i.e. having a strong sense of purpose in life - has a stronger relationship with mortality than other facets of meaning. The main study findings were observed after the effects of attendance at religious services and emotional support were controlled statistically.

Carolyn M. Aldwin (1990) examined the perceived controllability of situations of 228 community-residing adults with a mean age of 42.16 (SD = 14.88). Aldwin meant to investigate the contradiction that while elderly individuals are widely perceived to have less control over their environment than other adults, studies have shown that they differ little from younger adults in their approaches to coping with stress. Path analysis revealed that appraisals and attributions seem to affect the use of coping strategies such as instrumental action and escapism in the expected directions, and age is negatively associated with perceived control. However, there was an independent and negative relationship between age and the reported use of escapist coping strategies, which mitigated the adverse effects of perceived lack of control. Neither age nor perceived controllability had direct effects on depression, but they had indirect effects through their influence on the use of coping strategies and perceived efficacy.

1.5.4. Sense of coherence
As sense of coherence is closely related to meaning making, as Heine and Proulx (2006) accounted for so nicely in their article on their meaning maintenance model (MMM). This part focuses on research specifically examining sense of coherence, related to this study.

Antonovsky developed a theory of \textit{sense of coherence}, SOC, to describe how the general resistance resources seem to make all the stressors we face in life understandable. The concept of SOC has three components, comprehensibility, manageability and meaningfulness. Intelligibility (I know) is the experience of stimuli (stressors) that are understood and information that is orderly, coherent and clear. People strive to control their future and organize and understand when
they experience unexpected things. Individuals who have a high sense of coherence seem to find it easier to make unexpected stimuli understandable (Antonovsky 1991). According to Antonovsky (1991) affecting SOC is difficult, because people's relationship to the surroundings is formed during a long period. In order to bring about lasting changes in the patient's SOC, professional caregivers can help the patient to identify his SOC and thus elevating experience in the patient’s life.

Cohen, Ben-Zur and Rosenfeld (2008) conducted a study where they tested sense of coherence, coping strategies and text anxiety as predictors of test performance among college students. 216 1st-year undergraduates attended 3 obligatory courses and completed inventories assessing SOC, coping, and test anxiety during the final session of the 2nd semester; their grades on the final examination were recorded. The results showed SOC to be negatively related to test anxiety, whereas emotion-focused coping and avoidance were positively related to it. Problem-focused coping contributed positively to performance on the test, and avoidance coping adversely affected test grades. The data suggests that test anxiety is minimally associated with performance grades, and the 2 measures are related somewhat differentially to coping strategies and SOC.

Another study closer to the scope of the present study was conducted by Lutgendorf, Vitaliano, Tripp-Reimer, Harvey and Lubaroff (1999) where the connection between sense of coherence and natural killer cell activity in healthy older adults was examined. The study investigated mood and immune effects of anticipated voluntary housing relocation in 30 healthy older adults and 28 age-matched controls and examined whether SOC would buffer effects of relocation on natural killer (NK) cell activity. Movers completed assessments and had blood drawn 1 month before relocation to congregate living facilities; controls were assessed concurrently. Compared with the control group, movers showed decreased positive mood and NK activity and elevated thought intrusion. Positive mood mediated the relationship of moving with NK activity, whereas SOC moderated this relationship. Low SOC movers had the poorest NK activity; that of high SOC movers was less compromised. These findings were consistent with possible salutogenic contributions of SOC and positive mood to immune function in older adults facing stressful life transitions. Thus the importance of studying the
sense of coherence of the elderly, could provide indicators to what enhances SOC and what hinders it.

1.5.5. Conclusion
Reviewed studies indicate that there is extended literature on the relationships between meaning making and psychological health and on the rehabilitation and empowerment of the elderly based on a humanist approach as suggested by Mezzich (2007). As Park (2005) has noted, studies on meaning making lack a coherent theoretical framework if they are to provide an addition to the general concept of health in the health care system. By examining how elderly Icelanders describe making meaning in their situation in relation to rehabilitation, this study could contribute by;

- Providing data on how elderly experience meaning making in rehabilitation in the Icelandic cultural context.
- Generating hypotheses in the area of meaning making, which Park (2010) has mentioned needs a more solid theoretical grounding.
Chapter 2 Theory

2.1. Sense of coherence and cognitive learning theory

At this point the phenomenological paradigm must be mentioned, concerning its understanding of knowledge. At the same time that the descriptions of the participants of the phenomenon to be studied is the most crucial element in order to reach understanding of their experience, at the same time by using theories as a foundation of the open ended questions in the semi-structured questionnaire, the findings are possible to compare to the larger body of research on the topic at hand.

Antonovskys’ (1991) theory of sense of coherence and Crystal L. Parks’ (2005) of theories presented in the transactional stress and coping model and meaning making model (2005) provide a framework to explore an individuals’ description of meaning making in their personal situation, in this instance, rehabilitation in the Icelandic cultural context. This study is in clinical psychology of religion and in the area of health care. I also used social cognitive theory to design the interview guide (see appendix 6). Though there are other similar theories, these theories were chosen because of their broad range for hypothesis generating rather than theory affirming.

Continuing from Antonovsky (1991), Sjöström and Strandell (2011) focus on the importance of meaning making since individuals who have a high sense of coherence seem to find it easier to make unexpected stimuli understandable (Sjöström & Strandell 2011, p. 24). A sense of meaning is a motivational component that has an emotional component that gives life meaning. A high sense of purpose gives energy to stimulate and raise interest, changing stimulus to a challenge rather than being a burden. During unfortunate events, a sense of meaning and purpose seems to help individuals facing challenges and to try to see meaning in what happened. This is the basis of encouraging meaning making, from the standpoint of Antonovskys’ theory (1991, p 119). Thus there is interplay between a sense of coherence and a sense of wellbeing (Sjöström & Strandell 2011, p. 21) (see diagrams 1 & 2 in appendices 1 and 2).
According to social cognitive theory, rather than being passive recipients of information, individuals contribute actively to their learning goals and exercise control over goal attainment. People selectively engage in cognitive activities that assist learning and are motivated to learn actions that they value and believe will lead to rewarding consequences (Folkman et al., 1987). Park presents an extension of sorts on the social cognitive theory in a model that focuses on cognitive appraisal as presented by Folkman in a transactional stress and coping model and meaning making model (2005) that describe different ways people interpret and sense their control over situations; through sense of understandability, controllability, predictability, amount of threat sensed, and sense of what can be done. So the model presented by Park might be seen as a working model based on social cognitive theory.

In Parks’ presentation of the meaning making model she stresses that the cognitive structures that global beliefs are built on guide people through life in a deeply influencing way, both by ways of construing reality and structuring global goals. Park suggests that global goals are the foundational representations of internal desired outcomes that motivate people in their lives. The model defines appraised meaning of events as to include appraisal whether they are a loss, threat or challenge along with the initial causal attribution of why the event occurred. Appraised meaning also involves whether the event is discrepant with global meaning and finally also decisions regarding what can be done to cope with the event (Park, 2005, p. 709).

2.2. Working model

The working model in appendix 3 is meant to describe the intended research process. The starting point will be the researcher who is embedded in a certain culture (working definition used here will be of culture will be that of Thornes and McGregor (2003, p. 190): “all that is not nature”) and environment (“all that is nature.”) These working definitions may seem crude and overly simplistic, but they are merely meant to represent the multitude subtle or obvious factors that influence researchers and subsequently the entire research process. Based on this the researcher chooses a philosophical grounding or a certain paradigm to base his research question on. This will as well influence the entire research process. The
research questions are molded from this, determining the use of theories that finally help form the questionnaire. The phenomenon under study is then studied based on the data gathered and interpreted through the 12 steps of the Vancouver school of doing phenomenology. After this analysis the research question and theories used are revisited through hermeneutical interpretations, used as a lens to look at the findings of the analysis.

The theories of Park and Antonovsky form a basis for inquiring after the perceived meaning making of Icelandic elderly in rehabilitation. As meaning making is a multidimensional and “hydraulic” phenomenon, this approach is only one dimensional and hypothesis generating. As the theories guide the inquiry and connect it to a larger body of research, it is also possible that they limit its scope at the same time. Reflecting on the research approach, from the perspective of the theories a model was drawn (see appendix 3), in attempt to describe how the standpoint of the researcher is always the foundation of any research. The philosophical standpoint and thus further procedures are founded on the researchers’ interests. At the same time the researcher must avoid bias, he or she must also be honest concerning the fact that the analysis and research process is influenced by this.
Chapter 3 Methods and Materials

This chapter presents the overall design and the applied methods of the study. The methods sections are designed according to the research process and depict in what order each method was used. This chapter will start by giving a description of the data collection procedures followed by the two stages of data analysis. The chapter will end with a section that deals with validity, reliability and my relation to the subject. Underlining this study is a phenomenological paradigm.

Planning the study encompassed designing an interview guide and questions. A journal was kept during the research procedure where the thoughts and reflections of the data collection were kept. The transcription involved a digital audio recorder that was used to record the interviews. The place of each interview was a secluded office where interviewer and interviewee had peace and quiet to reflect mutually on the phenomenon at hand. The transcribing procedure took about 5-8 hours for each interview and was done in two stages. In the first stage the main interview was transcribed and in the second stage corrections to the text were made to ensure confidentiality to the informants.

The first applied method will be the inductive phenomenological approach of the Vancouver school. The approaches will be emerging. I will analyze the data according to the 12 steps of the approach. The secondary analysis is abductive, applying hermeneutical interpretation as a method that goes back and forth between the material and the theories. The theories used as a lens of the analytical process will be cognitive learning theory and sense of coherence theory. The hermeneutical approach combines themes in the entire corpus of collected data and interview analysis. By applying the theories to the findings, an interpretation pattern can be deduced from the overall set of analysis. Thus a dialogue is made between the theories and findings. The objective is to clarify the essence of the findings in light of previous theories and original aim of the study. This use of theory as a theoretical lens is meant to guide the study and raise questions. The choice of theories was based on the important issues that were meant to be examined. The choice also indicates how the researcher positions himself in the qualitative study and paves the ground of the final written accounts (Creswell, 2003 p. 131).
The practices adopted in this study will be positioning of self as the participants’ meanings are collected. The focus will be on a single phenomenon but also the context and setting of the participants (Kvale, 2007 p. 113). Several ways will be implemented to validate the accuracy of the study’s findings. After collecting data it will be interpreted, the findings will bring a possible agenda for change.

Spiegelberg (1965) wrote an extensive overview of the phenomenological movement noting the difficulty describing its characteristics as it has many versions and schools. The founder of phenomenology was Edmund Husserl (1964) who wished to counterweight quantitative approaches and methodologies. Zahavi (2008) writes how phenomenology was one of the main philosophical trends of the 20th century, as a certain answer to reductionism and scientific approaches that assume there are universal criteria for reality and truth. Phenomenological approaches deal with the world as we know it, examining it in new ways to attain a more detailed knowledge of phenomena. Schwandt (1994:118) highlighted the importance of personal construction of reality. He stated that the common points between constructivism and interpretationism is how they share two goals; the goal of understanding the complex world of lived experience from the point of view of those who live it and the goal of understanding meaning, i.e. for grasping the actor’s definition of the situation.

In this study the Vancouver school of doing phenomenology was used to answer the research question. The philosophical context the approach adheres to is that the world is essentially made up of meanings. These meanings influence how people experience and live their lives. Phenomena are used by people to construct meanings which are in turn treated as phenomena by others. Philosophically speaking, the Vancouver School stands for moderate realist ontology, a transactional epistemology and a hermeneutic, dialectical methodology. It involves the hermeneutic circle of grasping a meaning of a phenomenon by understanding the parts and the whole through twelve essential steps that results in a multi-voice reconstruction of a lived experience. The research process of the Vancouver school is a process, not a linear phenomenon. There are seven basic stages: silence, reflection, identification, selection, interpretation, construction and verification (See appendix 4) (Halldorsdottir, 2000).
A chapter on the Vancouver School of phenomenology by Halldorsdottir appears in a book concerning qualitative research methods for the health sciences edited by Fridlund and Hildingh (2000). Understanding of the phenomenon is constructed first through individual cases (steps 1-7) and then as a whole (step 8). It involves the hermeneutic circle of grasping the meaning of a phenomenon by understanding the parts and the whole; first of individual cases and finally with a construction from the final analytic framework. It is a rational process of argumentation and debate (Halldorsdottir, 2000).

Comparing the Vancouver schools' approach to interview analysis with that of Kvale (2007) a fuller understanding may be achieved on the intensions of the researcher, and the ideology behind the empirical attempt in this study to generate a hypothesis.

In describing the six steps of analysis described by Kvale are preceded by an important suggestion, that the basis of analysis is deciding the method of analysis in advance. Thus it guides the interview situation itself and gives opportunity for the researcher to attempt to confirm or reject certain interpretations during the interview. Thus parts of the analysis are situated in the interview itself. The subsequent analysis will thus be founded on a securer ground. The Vancouver school suggests this as well, stressing the importance of keeping the interviews open ended and the interview is a platform primarily for the subject, who describes the phenomenon as a co-researcher, it also stresses the importance of the researcher being open towards asking further about certain statements, confirming or correcting his or her understanding of the phenomenon. Kvale speaks of the paramount importance of using the interviewers own words in describing phenomena in a phenomenologically based meaning condensation (p. 107). This is in line with step 12 of the Vancouver school's approach (see appendix 3). For a further comparison see appendix 8. As the comparison suggests, the approaches are very similar.

In conclusion, The Vancouver School of Doing Phenomenology offers a methodology where lived experience becomes central in an inquiry process. This can help in developing criteria of evaluation based on ethics of caring, personal responsibility, and open dialogue. It is aimed at the larger purpose of developing knowledge for the human sciences and for the purpose of more thoughtful, reflective, attentive and socially relevant practice (Halldorsdottir, 2000). I will
also use the program Open Code from Umeå University, which is a data processing program for qualitative research material (Open Code Program).

The final step in the methodological approach is to interpret the findings in light of the research questions and theories of Antonovsky and Park set forth in the beginning using hermeneutic interpretation. This way a hypothesis in relation to results and analysis can be developed in accordance with previous literature on the subject. Based on Creswell’s approach I consider whether meaning making in rehabilitation made a difference for the participants who experienced them and suggest why or why not the results were significant. I address whether the results might have occurred because of inadequate experimental procedures and indicate how the results might be generalized to certain people (Creswell, 2009). The data will be available only to me, my supervisor and the senior professor of research.

3.1. Selecting the sample

The sample for this study was chosen by purposeful sampling, by finding participants who would have a typical and untypical experience of the phenomenon being researched, while taking care that the sample would not be too homogeneous. The inclusion criteria were that the participants were older than 65, and were community dwelling but presently participating in rehabilitation at the HNLFÍ rehabilitation center. They also had to be able to participate in conversations in relation to language, hearing and memory. Care was taken that the sample were individuals from rural and urban homes.

The contact was made by a medical secretary at HNLFÍ who contacted elderly visitors who had stayed at least 2 weeks at the clinic. She introduced the research and asked if they were interested. In all 11 interviews were conducted with 8 participants, 4 males and 4 females, ages 65-72, the mean age being 67 years. Each interview took from 20 minutes up to 45 minutes. They were conducted between the second and eighth of May 2012. Participants resided in Akureyri, Reykjavík, Dalvík, Kópavogur, Vestmannaeyjar and Selfoss but many had also lived in other parts of the country.
3.1.1. Presentation of informants
This part is meant to provide a brief presentation of the population in this study. Pseudonyms were used to protect the identity of the 8 participants. Donald was 65-70 years old carpenter working at a hardware store in a small town in West-Iceland. Eric was a 70-75 year old retired electrician, residing in a small town in Northern-Iceland. Elizabeth was a 65-70 year old retired director, residing in a small town in Northern-Iceland. Reva was a 65-70 year old invalid from the main capital area in South-West Iceland. Iris was a 65-70 year old independent seamstress living in a small town in Northern-Iceland. Anne was 65 years old and had been working at an archive in a rural part of South-Iceland. Stephen was a 65-70 year old chairman living in a small town in South-West Iceland. Grissom was a 68 year old invalid.

3.2. Ethical Considerations
The study was ethically evaluated and approved by the National Bioethics Committee (12-068). All participants obtained written information about the study before participating in the study and signed an informed consent before the beginning of the interview. Methods of anonymity included the following: only the first author knew the identities of participants; sound recordings were deleted as soon as interviews had been transcribed; pseudonyms were used; and all information that could identify individuals was removed from the transcripts.

3.3. Data collection and data analysis
The data collection and data analysis is in two steps. The first step is based on the 12 basic steps of the research process of the Vancouver School (see table 1 in appendix 3). The second step is based on hermeneutical interpretation. Interviews were recorded and transcribed and transcriptions were analyzed for main themes and subthemes. The findings from each interview were constructed into individual analytical frameworks in accordance with steps 3 to 6 of the Vancouver School. The author repeated this procedure for each participant, constantly repeating steps 1 to 6 until a holistic understanding of the participant’s experience seemed to be
captured. Each of the analytical frameworks was then verified with the relevant participant to make sure the researcher understood their words correctly (step 7). Through examining how participants described acquiring information and skills in rehabilitation, preferred learning styles and what methods of information or skill gathering could be discerned. Participants congruently described how they ascribed meaning to circumstances where learning took place.

Thematically, the questions framing the interviews were based on the theoretical conceptions of the research topic to aid with the subsequent analysis of the interviews, as suggested by Kvale (2007, p. 16). Finding the line between allowing the interviews being open ended, thus allowing spontaneity and yet grounding them on a conceptual structure was difficult. This was none the less an important endeavor as it increased the likelihood that the findings could be hypothesis generating and relevant.

3.3.1. Presentation of the interview design

This part presents the thematic structure of the questionnaire, based on the theories used.

<table>
<thead>
<tr>
<th>AIM</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>General information</td>
<td>Please tell me about your: Occupation? Age? Health? How long have you been in the rehabilitation program?</td>
</tr>
<tr>
<td>Questions about meaning making based on Parks’ presentation of theories (2005, p. 709):</td>
<td>Situational meaning What is very important in your life now?</td>
</tr>
<tr>
<td></td>
<td>Global meaning What do you feel is the meaning of life?</td>
</tr>
<tr>
<td></td>
<td>Further on global meaning What do you think of the darker sides of life?</td>
</tr>
<tr>
<td></td>
<td>The influence of aging on meaning making Has this changed since you reached your pension?</td>
</tr>
<tr>
<td>Questions based on sense of coherence theory (Antonovsky, 1991) and transactional stress and coping model as presented by Park (2005, p. 708)</td>
<td>Meaningfulness and understandability Why did your ailment appear?</td>
</tr>
<tr>
<td></td>
<td>Controllability</td>
</tr>
<tr>
<td></td>
<td>Predictability</td>
</tr>
<tr>
<td>Rephrasing of controllability and</td>
<td></td>
</tr>
</tbody>
</table>
| Understandability | How threatening is it?  
|                  | Is it possible to control?  
|                  | Is it possible to predict?  
|                  | What can be done?  

| Questions on the influence of rehabilitation on meaning making as coping | Has your attitude changed in any way since you came to HNLFl?  
|                                                                      | If yes, can you describe how and why?  
|                                                                      | Have you learned something during the last period?  

| Questions based on social cognitive theory (Folkman 1987) | Who is/are your role models?  
|                                                           | What elements/attitudes in this person are important for role-modeling?  
|                                                           | Where have you learned the things that help you to control your life?  

3.4. Validity, reliability and limitations of this study

The research process of the Vancouver School has some inbuilt strategies designed to increase validity and reliability, particularly ‘member checking’ in steps 7 and 11 (see table 1 in appendix). This entailed asking each participant whether he/she agreed with the analytical model I drew from the interview/s I took with him/her. After I had finished the analysis I asked 4 participants whether they agreed with my findings, using the tentative explanatory model to describe the findings. A ‘reflective diary’ was used at all stages of the research process, as required in the Vancouver School. Research on the meaning making of Icelandic elderly is scarce so comparing the findings to previous research was difficult.

Limitations are connected to the use of theory as a foundation and lens of the interview data. This may possibly limit the scope of the descriptions of the participants of how they make meaning as they deal with their health related problems in rehabilitation. The choice of other theories would probably have resulted in different results, just as a different researcher with a different background and interest would have analyzed the data differently.

This study is conducted in a certain rehabilitation setting that is different from others in their paradigm concerning how to rehabilitate elderly (see appendix
Doing the same study in a different rehabilitation setting is needed for comparative analysis. Also this study is of the self-described meaning making of elderly Icelanders, the self-described meaning-making of other age groups in different setting in the Icelandic context is also needed for comparative analysis.

Another limitation is concerning language: during validity checking (see appendix 5, step 7 & 11), I validate each model made from the description of each participant, by asking each participant whether they agree with my interpretation. Finally I present my findings to some of the participants in order to see whether they agree with my understanding of the phenomenon. Although they agree with my models and findings, this validation is done in Icelandic, so during translation there is a risk a certain understanding might be lost in translation.

Chapter 4 Results and Analysis
This chapter starts with an introduction to the structure of the chapter. To begin I describe the relation between the descriptive part of the analysis and next the theoretical analysis, i.e. the inductive and abductive approaches introduced in the methods chapter. The questionnaire was open ended yet guided by a theoretical lens provided by theories of Antonovsky and Park. The lens served as a foundation to understand ascribed meaning both in personal situations and on a global scale. The lens also served to ground the study, as suggested by Park. After analyzing the interviews according to the Vancouver school a tentative explanatory model was drawn (see appendix 7), which serves as the skeleton of the structure and focus of chapter 4.1. Finally, in chapter 4.2., the findings were analyzed again in light of the theories forming the questionnaire, connecting the results to a larger body of research.

In order to clarify, social cognitive theory and sense of coherence are used as described in the theory chapter. In the analysis the theories served as foundation in form of guiding open ended questions in the semi-structured interview guide. As participants answered the questions, often relating one thing to another, I perceived it as though they ascribed meaning to the relation that could not be understood or described any further than their self-description allowed. Since the first part of the analysis is inductive, through coding the data I
tried to preserve the voices of the participants. This is why the coding “sense of importance” is used when presenting descriptions of what is most meaningful to the participants. This way the phenomenon they describe is separated from the theories of meaning making, social cognitive theory and sense of coherence, in an attempt to preserve the voices of the participants. In the second part of the analysis, 4.2., I connect the first analysis to theories and other findings to see in what way this data might contribute to a larger body of research on the subject under study.

4.1. The Vancouver school analysis

This chapter will begin with a phenomenological description of the results from the Vancouver school analysis built on the model in appendix 7. The foundations of the meaning making of these Icelandic elderly in rehabilitation were built on and related to; childhood, i.e. the role-models from childhood, bonds made in childhood and trauma experienced in childhood, self-assessment, health image, ways of expression and ethical values. These factors were all closely related to and seemed to have a great impact on how participants viewed both problems and success and thus seemed to influence their sense of importance.

The participants described their sense of importance from a variety of standpoints, influenced mostly by the foundational factors. Four themes in descriptions of sense of importance emerged when analyzing the interviews; perception of the meaning of life, personal meaning in current situation, family as most meaningful and essential core aspects of role models. When asked what was most important, participants mentioned their hopes and goals in their current situation, thus their goals seemed to be closely related to their self-assessment and health image.

Factors that were mentioned that compromised meaning making were; compassion pains, experiencing futility, “brain rambling”, difficulties expressing emotions, “numbness” from post-traumatic stress disorder, loss of family member, being disorganized, losing coping resources and a certain theology of “pain.” In circumstances where it was not in the participants’ capacity to change the situation, the feeling of powerlessness caused additional distress. In some cases where the stressor could not be dealt with, some participants found a sense of
importance in the situation and perceived that their difficulties were meant to be a lesson.

Participants described indirectly and directly several factors that seemed to positively influence their sense of importance. During the analysis 11 main themes were constructed; practice of virtues (or role modeling, e.g. serenity, charity, mirth), helping others could e.g. be positive worldview affirming, strong family bonds, overcoming problems, professional success, working on emotions/trauma, humor, meditation, experiencing nature, belief in a higher deity and finally hoping. When affirming a positive sense of importance they performed actions they felt were important, these actions were most often related to childhood role models, reliving the positive feeling seemed to relate to memories of role models.

Participants described several learning factors that seemed to influence the sense of importance; role models as blueprints, “igniters of change,” virtues learned e.g. vicariously in religious settings, lectures (or other accessible ways of information gathering) and professional care. This theme focused on varied stories from the participants where new information or skill was acquired. Several participants mentioned the need to be “ready” to make changes, acquire skills and information and deal with certain problems.

4.1.1. Foundations of the sense of importance of the participants
The foundations of the meaning making of these Icelandic elderly in rehabilitation were built on and in relationship with; childhood, i.e. the role-models from childhood, bonds made in childhood and trauma experienced in childhood, self-assessment, health image, ways of expression and ethical values. These factors were all closely related to and seemed to have a great impact on how participants viewed both problems and success and thus seemed to influence their sense of importance.

4.1.1.1. Caring in childhood as predetermining sense of importance
Anne’s, Elizabeth’s, Eric’s and Stephen’s childhood was related to memories of caring and positive feedback from their main providers and other relatives. Anne grew up on a secluded island in the northern part of Iceland and described how meaningful a caring upbringing was to her, still providing her strength and
nourishment as she faces today’s challenges; “I think my strength comes from the upbringing I got. Yes, just caring (Icel. vantumpykja) and caring for yourself and respecting yourself.” For Eric, the care and strength from his grandparents was „life-important“ to him, his parents were hard working and often did not have time for him when he was „messing about, you could always turn to [your grandparents].” Elizabeth recalls her childhood fondly, remembering how caring her parents were. Stephens’ father died when he was a teenager, yet he recalls his relatives providing good support and care. Iris did not speak of her childhood and did not want to speak of role models, both because she „went completely blank“ and also because she found the question uncomfortable.

Reva, Donald and Grissom describe less positive childhood memories. Donald was a young child when he lost his mother and his father had a drinking problem, making him a „motherless lamb, slow to grow“ (Icel. undanvillingur). Donald describes himself as having “been a loner my whole life.” Grissom expresses similar experiences. Grissom lost his father at the age of 5 and was molested by a worker at the farm when he was 7. He did not reveal this to anyone until he was 53. After the incident he „went about alone ever since“ and felt he „had to survive by himself.“ His mother did also not recover from her husbands’ death: “I think mom actually lost it […] when dad died because she often talked about, to us kids who were little after all, that she wished she was dead. And that was quite hard for me.” “Grandfather was always kind to me, I guess, […] we weren’t really close or anything. I took dad’s things and went my way, with the dog up mountains and terrain, such a little tyke that I was. That was sort of my soul’s peace (Icel. sálarró).“ Grissoms’ view on life and especially his view on what he expects of himself as his own „support“ since childhood seemed to relate to his traumatic memories and feeling unsupported. Although Reva describes her family as supportive and caring she also describes how she was “a care giver” since she was “a child.” She was independent towards her mother, concealing things like menstruation, as she felt it was her personal business. She became pregnant as a teenager and found it a very difficult experience.

4.1.1.2. Role models incorporated in self-image
Role models seemed to relate to many aspects of a sense of importance in the lives of the participants. This subtheme focuses on how the participants described
their role models in relation to their self-image. Donald, Iris, Stephen and Grissom did not see anybody as their role model, but most mentioned traits in parents, grandparents or stepparents that they valued. Grissom mentioned traits in a good friend that he valued. Several participants mentioned that they had not thought as such about role models. Iris had a role model in mind, but she wished to be excused from answering the question. I find it very interesting that three out of four of the men answered a definite ‘no’ when asked, while most of the women referred to their parents and/or grandparents. Grissom, Stephen and Donald do have in common losing a parent before reaching adulthood.

Those who felt they had role models seemed to have been greatly influenced by them. These role-models were also main supporters in childhood. Eric speaks of his father and finds himself being like him; “[He was] calm and down to earth.” “I think I’m down to earth, even more. Maybe too much.” Elizabeth’s role models seemed to closely relate to her perception of the meaning of life. Her parents were big influents and answering what is the meaning of life she mentions traits of her role models. Elizabeth met mentors through her career and through the years she became a role model for her children and co-workers.

Concerning Reva’s parents as role models, her description is different as she lists how she takes after them in different aspects, in both positive and negative ways; “I have the clairvoyance and intuition from mom and the emotional [side.] It was extremely good holding dad’s hand. [...] he was just like a rock, and I have his temper too.” Reva connects both positive and negative aspects in herself to her parents, noting as well that her mother needed her father for support.

When asked what trait her grandparents had that were especially important to her, Anne answered by using especially strong phrases, compared to her usual style of rather speaking in understatements; “Grandfather [faced his troubles] with serenity, you know, never ever complaining about it. I never heard grandmother complain ever in her life, not in any way. They laughed a lot, [...] unbelievably solid and good people and I feel I’ve been able to retrieve a great deal regarding them, concerning life.”
4.1.1.3. Self-assessment as a foundation of sense of importance
Anne notes that the meaning of life changes from day to day, based on “how you experience yourself in the morning.” Donald, Elizabeth, Anne and Stephen assess themselves on positive terms. Anne and Elizabeth speak of the importance of respecting yourself and standing your ground; Reva notes that she is learning this now at the HNLFI Rehabilitation Centre. Anne refers to herself jokingly being “spoiled” and “self-centered” and nothing besides her health can enter her mind at the moment. Elizabeth notes the importance of “standing up for yourself”; “[It is important to] have a certain flexibility, [...] I actually can be quite inflexible (laughs), yes but [...] I’m only inflexible up to a certain point.” Donald and Stephen mention the importance of positivity and consider themselves very positive individuals. Donald; “There’s not a negative dot in me concerning anything.” Eric and Grissom speak primarily of accepting things as they are. Neither Eric nor Iris spoke of their self-image in relation to personal coping experiences.

Self-assessment also seemed to relate to how participants perceived their family and how it functioned. Experiencing positive family bonds seemed to be positively self-affirming. Being a role model for others was also mentioned to be important by Elizabeth and Stephen. When asked about health, difficulties and life Stephen spoke not only based on his own experiences but on his family’s and friends’ as well, how they dealt with their problems and what kind of personalities they were.

Reva and Grissom describe several traumas they have been through in life and the subsequent reflections on themselves, life and others. Their self-image seemed to be extremely influenced both by the trauma and their own reaction to it. Reva recounted how her traumas influenced her self-image: “I’ve ended on the street 4 times, I’ve been raped, [...] I’ve been shot [...] then I was beaten like a cutlet (Ice. barin og buffuð)” Reva felt she could not always rely on her coping strategies and called herself “dim-witted” towards handling difficulties yet believed they held meaning. She spoke in long, elaborate answers, often embellishing them with stories and going off topic. Reva felt she did not cope with difficulties very well; she connects this to her religious beliefs, where she finds it hard to shake of the notion that the “best way to mature in life is through pain.”
Grissom sees himself as a “health-less pensioner.” He is independent, works a lot with his hands and enjoys it immensely. He describes various difficult situations he managed to face with serenity. Among the greater difficulties in his life is to cope with severe physical pain because of his illness, but the emotional pain of past traumas are harder to control. Both Reva and Grissom are concerned with being good to others and helping others seemed often more important to them than helping themselves. This part of their self-image is maybe related to their difficulties in childhood, either way it is an important part of their worldview. As the participants who described the longest history of traumatic events it was interesting that they were the only ones who mentioned that their old “child beliefs (Ice. barnatrú)” did not work anymore for them.

Elizabeth saw herself as a “rather healthy person.” She recounted; “I have always felt good, often there have been difficulties in my work, but those difficulties have been to learn from them.” Anne saw herself as being “usually very positive towards life and existence.” Her views on difficulties stemmed from a strong self-image: “I’m not very fond of beating around the bush. It’s the same with this [answering concisely] as with everything else in life, I just want to address the issue, finish it and start the next. It’s really good.” Grissom finds himself a calm person; “I work on [difficulties] with a sort of serenity (Ice. æðruleysi). Sure I’ve been frustrated and... seen black and all that. But in between you always pull yourself up and see the bright sides.” Grissom finds it meaningful to be independent and strong and described in relation to this how he strived through withdrawal from painkillers.

4.1.1.4. Health image as a foundation of sense of importance

Donald, Elizabeth, Iris and Anne describe themselves on positive terms and look at the problems they are dealing with at HNLFI Rehabilitation Centre as an exception from that rule, that is, despite their illness they feel they are healthy individuals with well-balanced lifestyles. Elizabeth describes her health in the following way; “I’m a rather healthy person, and I’ve always felt good, often been difficulties at work but those difficulties have been to learn from them.” Elizabeth feels in control of her problems even though it has threatened her wellbeing, she also notes that she can predict the fatigue and stress related problems; “I know what causes stress [...] and I need to work a bit on that, I know it.” “I had a big
trauma last year and that affected my wellbeing greatly. And I’ve been very tired after that and it has affected [me in such a way] that I haven’t enjoyed life as much as I used to, but apart from that I look... I usually consider myself in good health, but this affects it; I have experienced anxiety and mild depression and I have not been able to participate in my family life as much as I did, and been less active in a fitness program than I am used to.” Iris describes her health in the following way; “Usually I’m just in good health. But now my back has been a bit bad, I’ve been mostly working on that here.” “Then I have.... yes, mostly been nervous. [...] You always have worries, I’m sure I’m not the only one.” Anne describes her health by an understatement, but she has been combating cancer; “[The health] hasn’t been good lately but I had very good health until I got sick. Then it’s just hoping I get it back.” “I’m just trying to gain my strength after sickness and losing weight. I lost so much weight.”

Stephen and Eric describe their health as being tolerable, despite certain problems. Stephen feels that his „biggest problems come from the fat.” “[I’m here] both because of obesity and also because of the heart [but] I mostly came here because of my wife, [...] she has polyarthritis.” Three out of four men mentioned they were at HNLFI Rehabilitation Centre because of their wives. Eric describes his health in a concise manner and uses understatements like Anne; he described his way of dealing with difficulties thus; “I think I’ve just tried to let it pass, and continue like I used to do.” Answering whether Eric feels he is in control of his situation he answers; “I’ve just accepted it. This is just a thing that is like this and [the solution is] to just really accept it. [...] I know it will be like this.” This coping method consists of accepting the situation, continue as before and try “to let it pass.”

Reva and Grissom describe themselves as being unwell individuals, or as Grissom puts it; “a health-less pensioner.” Grissom describes his health in the following way; “Since I was 43 years old [the health] has been rather sad, [...] I’m always dealing with some pain related problem.” His pains are also emotional; “I’m hoping that here in Hveragerði they’ll be able to help me anaesthetize [the memories of trauma].”
4.1.1.5. Social self-image as a foundation of sense of importance

Elizabeth, Donald and Stephen viewed themselves as very social persons, although Donald sees himself as a “loner” as well. Donald notes; “I’ve been asked sometimes to say a few jokes. But I’m really shy though, extremely shy and a loner.” “Although I’m shy, I’m a social being [yet] I’m an extremely withdrawn person by nature. But I am the center of attention at all [...] social gatherings.” Grissom is very outspoken and narrates very personal and hurtful memories in a passive way. He does not view himself as social although he has had several good friends, and he connects this to his childhood trauma. When describing his sociability he notes; “I’ve always been more of a loner. Albeit I was in a club [...] one of its founders, so I was in a fellowship. [...] But after we moved south [...] I haven’t been a part of anything and my best friend has Alzheimer.” “I’m not going to sit at a table during lunch hours and chat to people about everything and nothing; I’m just not that type. I’m not depressed exactly, I’m sober-sided. And laughter is something I lost many years ago.” Thus Grissom does not actively seek social contact, lessening his social activities as he feels most comfortable relying on himself.

Eric and Anne spoke little about themselves when answering questions, since the questions didn’t directly require it. They chose to answer in concise, short answers. Most participants chose to describe their background and worldviews when answering the questions. Iris chose not to speak about herself, but on general terms. Eric and Anne did answer all the questions and used understatements when describing their health.

4.1.1.6. Ethical values as a foundation of sense of importance

Donald believed that it is inevitable to go through hardship, no matter how unfair it seems and you have to work out your problems. He none the less felt it was important to help those in need and felt thankful in life as he believed; “I have learned much, much, much more from it really than what I have lost, I think so. And I think these things have helped me through life.“

Eric felt that hard work was a normal and vital part of life. Eric did describe having to work hard in his life, but it was “just as I expected.” Despite describing a car accident and being diagnosed with a slow heartbeat, Eric assessed these incidences as controllable non-difficulties. Anne, Stephen and Grissom had
a similar stance, describing how they valued being diligent and not complaining but staying positive. Grissom felt one must try to “savor (Ice. njótá) what you have and enjoy what is available.”

Elizabeth found that “being a person in my mind is to be able, caring for other people and being honest and conscientious and humble and finding it easy to... yes, be, have certain flexibility.” Reva felt that “everything is mutual,” meaning that one reaps what one sows. She felt that material gain was unnecessary because “the only thing you bring with you to heaven are your thoughts.” Her motto was; “Never judge someone until you’ve walked in his moccasins.” And she felt that since “everyone is connected” and one in “God in the universe” “you should help [when you can].”

4.1.2. Conceptions of importance or sense of importance

The participants described their conceptions of importance from a variety of standpoints, and seemed to be influenced mostly by the foundational factors listed in the previous chapter. From their descriptions of what was perceived as important, based on what they chose to cognitively store in their mind and recount as opposed to the other 1001 stimuli they had interacted with through their lives, their responses were analyzed and coded. Four themes in descriptions of conceptions of importance emerged when analyzing the interviews; role models as meaningful, personal sense of meaning, family as most meaningful and perceived meaning of life. Childhood influences seemed to connect deeply to the perceived conceptions of importance. When asked what was most important, participants mentioned their hopes and goals in their current situation. Their goals seemed to be grounded on their self-assessment and health image.

4.1.2.1. Role models as meaningful

When describing why role models were important, most participants used phrases such as “guiding light” or “road sign.” This expressed the guiding and supporting value of their role models. Most participants on the other hand, had not thought about role models directly as such; Donald, Eric, Reva, Anne, Stephen and Grissom. Stephen does mention a big influence in his life being his grandmother, who was well respected and very caring towards him, but he does not describe her
directly as a role-model. He uses the same phrases for their interactions, as for his interactions with his grandchild.

Participants also interpreted the question of role models differently; Donald and Stephen for example connected it to sports, and being competitive. Donald described; “[I] rather just [...] tried to work out things that I have taken on (Ice. taka fyrir hendur) the best way that I could. [...] Even though you were in all sports that were available you weren’t competing with anybody or nobody to get him or become better. [...] If I couldn’t do more and somebody else was better, he simply deserved it. [...] Never envied anybody.” He does on the other hand describe certain characteristics that he found valuable; “[My stepfather] understood the situation. [...] He just looked past it. I always dared to tell him about [things.] He was tuned that way, he always wanted to guide, guide, so things were allowed to evolve (Ice. próast) so that a... mid-ground was found. He tried to reconcile everything.” Donald uses the same word here, sætta (Eng. concile), to describe his stepfather, as he uses for the meaning of life; “Sátt og samlyndi (Eng. reconciliation and concord).” He feels he has learned ways of coping from his “foster parents, one of them [meaning his stepfather], much charity and love (Ice. kærl eika og ást).” “I think you just live according to that [...] that has been your guiding light through time.”

Concerning role models, Eric mentioned especially his father and grandfather. Eric and Anne spoke of their grandparents as their “guiding light.” Several participants; Donald, Eric, Elizabeth and Anne, when describing their role models, use the same phrasing and thoughts as when they are describing the meaning of life. Those who had strong role models, found it so meaningful that they felt it was a part of the meaning of life to be like their role models.

Elizabeth describes five individuals who she sees as role models in her life; “Especially my mother. She was very good to everybody and loved people and cherished people.” Elizabeth uses the word hlúa (Eng. attend caringly), both for her mother and her own relationship with her children, when describing why they are important to her. She also described what traits were meaningful in her father; “He was very caring. He was a farmer and didn’t have much time for his children but always when he was with us he held us. [...] There was this touch. [...] He was a very warm and caring man (Ice. Kærleiksríkur. Eng. rich with charity).” She continues onto the role-models of her adulthood; ““My husband
taught me extremely much, and he was naturally just my support and pillar (*Ice. stoð og stytt*, same used as for parents). “Then you learn immensely from your children. Raising a child is a great maturity project. It has great influence on how your life is going to be, how you deal with raising your children.” She also mentions three nurses who were her role models and describes how these role models both met her needs and also taught her how to meet the needs of others. She continued describing how the third nurse helped her and believed in her by insisting that she would take an executive position. This implied that she felt Elizabeth was a good leader and she notes; “It was naturally such an honor.” Reva described her parents as role-models, and mentioned both positive and negative traits she “inherited” from them.

Anne, like Eric and Stephen, mentions her grandparents as her biggest role-models; “They were very down to earth and lovable people. And I think they just sent me out to life with very good provisions (*Ice. veganesti*). [...] they gave me the strength to go through life. Her phrasing is strong compared to other questions where she uses understatements, e.g. when describing her health.

Concerning role models Grissom could not recollect anyone. He does none the less mention a friend who he looks up to; “He is actually 72 years old but he’s still, I think he runs 10 km every day and he’s so fit and a fun old man, so maybe I have him as a bit of a guiding light.” Iris does not remember having any specific role models and wishes not to answer the question, abruptly ending the interview afterwards.

### 4.1.2.2. Personal sense of meaning

Concerning the question of what is most important, all participants described their hopes in their current situation. Donald connected the question to the goals he was striving for at the moment; “Naturally it’s caring well for the health [...] eating correct food [...] exercising as much as possible, at least in my case it’s exercising. [...] Especially swimming and cycling, then I could keep things going for longer. Elizabeth described the importance of family among other things is having the same role models.

Reva had difficulty with finding personal meaning for her life; “Honestly, I don’t want to live.” “I honestly see no purpose and I’m hoping to be able to leave here (die).” She also stated in describing her feelings after a trauma; “[I was ] in
total meaninglessness, living but still half dead or dead to existence.” Going through the rehabilitation process Reva “received hope” and “purpose” that made her want to “put on [myself] a lot of work” in order to feel better.

When asked what is most important Iris answers, “I kind of think it’s the health [...] and naturally exercising [that’s a] big issue.” Iris sees health as the precondition of doing most of the things that are important to her, like being with her grandchildren.” Anne answering what is most important; “the most important thing of all is getting full health again. I just fix my eyes on it, there’s not much else that has space in the schedule. I’m just full of self-love (Ice. sjálfselsku; egocentrism) (laughs).”

When asked what is most important, Grissom states he just wants to feel tolerable (Ice. sæmilega); this personal sense of importance seems to be related to the meaning of life; to enjoy what you can. If he does not feel ok, he does not imagine life will have meaning. He adds, in response to this question, that moving from a place where several “coping tools” were situated was hard, as they were important to him.

4.1.2.3. Family as most meaningful

Seven out of eight participants mentioned family as having the greatest importance in their lives. This subtheme focuses on what aspects of family were found meaningful. Donald states; “It just gives you so much more... quality of life. To be able to tend to your grandchildren more, and because you have, I suppose, in the past [...] always been working full time, up to 16 hours a day.” “You have so much more time when you retire.” Donald described the importance of increasing the quality of life by being in better contact with his grandchildren.

Grandparents are important in Eric’s view, he lived like his parents, working hard and “Maybe you didn’t tend to the children well enough in their upbringing. [...] Used the time more in [working] but then there’s just making up for it with the grandchildren. On describing the importance of family Eric stated; “I wouldn’t know how I would fare if I didn’t have these people to look after; even though it doesn’t evolve around that exactly. You have an eye on [them] and try to assist if there is something. I just find it life essential.” “I just felt when I was small, this to look to, like I say, grandfather and grandmother when you had a problem. Very important. Your parents were maybe working then. They were
working a lot, a lot to do. [...] So in my mind it has all my life been... this.” “The feeling in me mostly lies in this. Of course also myself and my wife. But first and foremost I feel that I live for this.” Elizabeth expresses why family is important to her, describing a similarly strong relationship with her family today as with her childhood role models; “That’s also important, that you matter to somebody, yes, and that you are important in somebody’s life, some other person.” She noted a sense of the importance of the quality of family connections and described how her family ties are expressed; “My siblings are all from the same root as me. We all have mutual memories, mutual past that is extremely important to us. And we are all full siblings raised by the same parents who were our support and memorial (Icelandic: stóð og styttta) and our role models in life so we all have the same role models.” Elizabeth describes the importance of family among other things is having the same role models. The importance of positive role models is again emphasized, connecting siblings and strengthening family ties through generations. Support from people with same or similar role models seems to be more valuable than support from people who are not “from the same root.”

4.1.2.4. The perceived meaning of life
Marked feelings of importance on a global scale were not common, half of the participants mentioned they had not thought about it. When asked about what they felt was important all participants talked about things in their personal life. On the other hand, during the interview some notions of a global meaning were expressed, especially concerning the question of the meaning of life.

Reva speaks on a global level of meaning of life and justice. Reva’s and Stephen’s sense of the meaning of life were quite similar, Reva states; “It definitely has meaning, we came here to acquire more maturity. [...] I still haven’t found out why I’m here, I feel kind of like a terrible slow learner.” Reva describes as her personal goal in life to be a; “Life artist” or “to enjoy being in the moment.” Stephen states “the purpose with life, is to let you mature from one state of existence to the next.”

Donald believed that the meaning of life is; „being in reconciliation and concord (Icelandic: sátt og samlyndi) with everyone“ and „having existence.“ „To be able to enjoy existence and just exist, in actuality. I think that is the main purpose in every man’s life. Getting through things in one piece and enjoying what you
get. “Even though something goes wrong, you always have existence somewhere [you always have a place]. This is on the same note as Elizabeth; “Just being.”

Eric believes the main meaning of life is getting through life’s struggles; „First it is about getting reasonably through in the battle of life (Ice. lifsbarátta), [...] What kind of family you get and how you manage to deal with that (Ice. höndlja; also cope). My life’s struggle has revolved around that at least. [...] But I guess you got used to [toiling], grew up with it, the work got done, it came by itself, you had to work for things and it came naturally. I think that wasn’t bad at all. It has to be appreciated.“ Getting forward in „life’s battle“ seems to be more important in the eyes of male participants rather than the women, they often speak of their work and actions as providers, women rather seemed to speak of their relationships and caring, e.g. three out of four stressing the perceived importance of childbearing versus none of the men.

Stephen and Iris felt the question of the meaning of life was a “bit too lofty.” Iris’s answer was close to the ideology of behaviorism, where the meaning of life is procreation. She added an ethical standpoint to this; that it is also important doing good deeds.

When Anne was asked about the meaning of life she stated; “It changes from day to day, depending on how you experience yourself when you wake up in the morning until you go to bed in the evening.” “Usually I’m very positive towards life and existence.” “My purpose in life now, exactly this moment is just to get healthy and nothing else.” Anne seemed to relate her views on the meaning of life to her current situation, and did not see a reason to state or connect this to a global scale. When asked whether her views have changed through the course of her life she answered: “Everything changes through it in some way.”

Grisson expresses that the meaning of life is enjoying it as much as you can. He connects meaningfulness to hobbies and activities, and then to a traumatic suicide of a relative. He still had difficulty understanding the events, in relation to the meaning of life and death; “It’s naturally to try to savor what you have and, yes, enjoy what is available and something like that.” His feeling for the meaning of life has changed through the years; “Yes often you don’t maybe understand the purpose, the line between life and death is so thin. And when you maybe meet a man at noon in full action and then see him later that night dead, then you think totally differently about life and existence.”
4.1.3. Factors compromising positive conceptions of importance

Factors that were mentioned that compromised meaning making were; compassion pains, experiencing futility, “brain rambling”, difficulties expressing emotions, “numbness” from post-traumatic stress disorder, loss of family member, being disorganized, losing coping resources and a certain theology of “pain.” The participants mentioned a plethora of stressors to which they found it difficult or impossible to adjust. In this chapter the main stressors mentioned that seemed to influence the sense of importance will be reported, how they affected the participants and what responses they evoked. In circumstances where participants described to lack the capacity to change the situation, the feeling of powerlessness often caused additional distress. In some cases where the stressor could not be dealt with, some participants found a sense of importance in the situation; e.g. Elizabeth, Stephen, Reva, Donald and Anne who perceived that difficulties were meant as a lesson.

4.1.3.1. “Brain rambling” or intrusive thoughts

Some participants described the difficulty controlling their thoughts as a part of the factors that compromised the sense of importance. Elizabeth, Reva, Iris and Grissom expressed thoughts that were disruptive while Stephen expressed mild trouble following certain thoughts. All mentioned a need for a certain skill to control them. Elizabeth notes; “I feel that the concentration you learn in yoga, I feel it helps me, because my mind goes all over the place, these thoughts just come and I can’t control them.”

Iris describes her anxiety as thoughts she cannot control; “It may be just comes all of a sudden. I just think about something, I have no idea why I’m thinking it; it just comes all of a sudden. Not always, sometimes there’s a reason for it. Sometimes I get news of something, talk to somebody and then I fill up with some worries.” “Then I often get sort of, here (rubs chest). Like there’s something sitting here, if there’s something I’m worrying over. Just phew!” “It disturbs me quite often, then I become [...] restless and can’t get anything done.” “[The psychiatric nurse said] that it’s just, brain rambling or something in my head. You know, it revolves on this: I just think about this, think about this, think about this.” During the interview, when asked about her views on difficulties, she
started repeating certain phrases three times when she was very concerned about the topic at hand. Iris described how she thought more about her worries as she aged; “While I was working and with the kids and a home then I thought less maybe. [...] I did not have time to think about these things.”

Stephen mentions the need for the ability to discard thoughts sometimes, finding meditation helpful; “Sometimes it’s very good to throw... away something. You can be sad or grieved or, because of something, like with me now, my mother is at hospice.” “It’s just good to just throw this a bit a way, if only for 20 minutes but you come out refreshed, full of life’s energy.”

Grissom describes how thinking about traumatizing memories can be difficult to cope with; “[Different health professionals] have been helping me to get rid of this, I’ve been dragging this around in my head since [it happened] and [a psychiatric nurse] is going over this with me and trying to help me get rid of this scene.” “What helped me the most was going down into the shed and just build something or carve out or even draw some picture or something like that, maybe make a harness or a saddle. [...] Then I manage to block it out of my head. Then I focus on what I’m doing and then it disappears, during at least, what I’m running away from, but then again it often pours over me when I’m going to bed.” “What I’m hoping for is that here in Hveragerði, they’ll be able to help me make it numb (Ice. deyfa það). I realize I’ll never get rid of it completely.”

4.1.3.2. Compassion pains

Reva and Iris describe feeling pain when hearing or seeing the suffering of others. Iris listens to radio shows e.g. on bullying; “There are so many [bullying stories] I know about.” Iris is concerned with a feeling of injustice, waste of money and idleness of the government. She feels the solution is simple; the right things are simply not being done.

Reva describes feelings of discomfort when going to the mall at Christmas; “I avoid going to these shops in December. Because people have so many financial worries, [...] I take them in from people and they get stuck here in my back. So I’m dying and just try to hurry out. [...] It’s the same with people’s aches, and emotions, I sense it [and] suddenly I have some ache and it isn’t mine at all.” “It’s typical for people who are sensitive, sometimes it’s horribly troublesome (Ice. leiðinlegt) and hard. Sometimes you’re dead relieved that you
have it, because it’s often fun.” Both Reva and Iris are dealing with discomfort from caring for people they cannot help, so the result is lasting discomfort and feeling of helplessness.

4.1.3.3. Difficulties with expressing emotions
Some participants described that working out feelings was difficult and could compromise meaning making, since expressing emotions was considered helpful in finding a situation meaningful. Different modes of self-expression resulted in different reactions when faced with difficult emotions. Stephen, Reva and Donald described how they sometimes find it hard to ask for help. Donald notes; “I often don’t discuss things that maybe should have been discussed but I rather close them inside.” “You ask somebody to do something and if he doesn’t do it you rather do it yourself. That’s very strong in me, I only ask once.” “I only ask once, if it isn’t done then I just do it myself.”

Elizabeth described anger as a challenging emotion, and sometimes difficult to express in a constructive way. She felt this especially when her husband’s memory was compromised; “After I started being an executive I have needed to learn to tame the anger but in this darkness I’ve not really been angry. [...] And actually I was angry when I felt the memory of my husband was being maltreated. Then I became angry. That I could not stand [...] so my anger was pointed to [a public organization].” “I find it so meaningless to be angry, because it eats you from the inside. So when people become angry after an event like this, the first thing I feel people need to do is working on getting rid of the anger because it gnaws you from the inside, it takes so much energy. The grief takes enough of energy, to not need to add more to it.” Elizabeth worked on her anger by writing a letter to the organization, by standing up to what she felt was most meaningful. She found it important to work out this anger, for the sake of her own wellbeing.

4.1.3.4. Living with memories of trauma
Grissom was traumatized coming to the suicide scene of a close family member in mutilated form; “Yes it was a great shock [when] my sister’s son committed suicide [...] it was quite difficult, [...] it hadn’t been added to any police regulation that policemen needed assistance. After they finished school they would be ready for anything. So aid with post-traumatic stress was unheard of.” Donald and
Stephen also mentions a lack of help for post-traumatic stress in their childhood situations, when they lost their parents, adding that this has thankfully changed to the better in today’s society.

Grisom continues to describe the lasting effect of the incident; “And still today I visualize it like it had happened yesterday, or just now. [...] I realize I will never completely get rid of it. [...] But my method getting away from it, that is either that I’ve had dogs and gone for a walk with the dog, that has been sort of my souls’ help (Ice. sáluhjálp).” Another effect of the trauma was the disruption of a previously effective coping process; “I was very religious at a certain time but that has somehow faded with the years, especially after the latest deaths I was telling you about, the suicides. Then somehow, I used to look to faith but there came some doubt into me after all I’ve been through.”

Elizabeth noticed other effects of the trauma on her life; “It was a bit special that a few weeks after the accident I couldn’t read anymore in the Bible or the prayer book. I just... I did it but it had no effect on me. There just came a time where the word of God didn’t appeal to me, no it just didn’t work. But it’s coming back. So now I’ve started praying in the evenings and in the mornings, and also when I have gone alone on walks, not so much but a little bit.”

The loss of a spouse caused serious disruption in Elizabeth’s life in unexpected ways she did not know how to cope with: “Somehow I did not realize the physical symptoms, the impact the hit of the accident had on my body. All these spiritual (Ice. andlega) wounds and the wounds of the soul, I realized them right away but the other effects didn’t come until later; this horrible fatigue and such. I experienced much more weariness than I had ever experienced before, I woke up tired in the morning and.... So it’s like this; there is much weariness and anxiety that I have never experienced before, besides from normal anxiety when you are dealing with something new or something, and a sort of mild depression (Ice. depurð).” “I have of course often in my occupation been unbelievably worn out, but I’ve always been able to rest. [...] I’ve just gone to bed and slept, and then slept and slept and slept, and then bounced back up again. I and my husband went walking a lot. And then I always went swimming every day. Then I went regularly to a massage therapist. [...] There is so much relaxation in that. So I have these resources to work on my stress and fatigue. But this fatigue is totally different, I’m... this is just somehow... this is some sort of mild depression (Ice. depurð).”
Reva describes similar effect from the trauma of losing her spouse; “Cognitively I should have gotten some help with post-traumatic stress a long time ago.” “I have been ignoring myself so much in this numbness, daze [...] in this misery after the death of my Josh, I’ve been really numb. [...] I feel I’ve been half dead and just ignoring my intuition.” She felt that working on these traumas was very energy consuming; “It’s so much, that’s why you’re so tired, I’ve been like a wound up table cloth all day (Ice. simile: being spent). [...] For example I cried a lot (Ice. hágrét) this morning [...] just had a crying fit and I had no idea what was wrong with me. [...] Suddenly I just collapsed, just cried onto my plate. There’s a lot of water flowing out and a lot of processing being done in us all.” Stephen also mentions himself crying uncontrollably at age 22, later realizing he was processing grief from his father’s death. Reva concludes: “The hardest work is the spiritual work, it exerts you the most [...] You’re never as tired as when you’re confronted with a lot of spiritual (Ice. andleg) work.”

Elizabeth, Reva, Iris and Grissom speak of the importance of routine. Reva, Iris and Grissom mention this in relation to not working at a public workplace, testing their skills in organizing their own time. After her trauma, Elizabeth’s first reaction was to stop working. Finishing her contract she had to work for 8 weeks more; “I went to work to finish it really. I soon decided after that to stop working so I just drove myself on. I went swimming in the morning like I used to, went to work and worked. Then I just went home and didn’t do much besides that.” She describes feeling “completely worn out” and very fatigued. Thus although her job was usually very giving, it did not provide the same pleasure as before, just like “reading in the Bible didn’t work” anymore. Trauma can thus make usual meaningful activities feel less important.

4.1.3.5. Family health problems
Donald, Elizabeth, Reva, Iris, Stephen and Grissom all mentioned the ailments of family members and related them to their own wellbeing and sense of importance in one way or another. Donald notes when describing his prayers; “My middle boy has had cancer for 3 years. It has been very hard to deal with [voice trembling]. [...] Then you’re fighting. Like I said, nobody goes through life... though there are barriers. It’s just like that.”
When dealing with her husband’s death, Elizabeth was very concerned about the wellbeing of her children and grandchildren. She was also aware of the grief her children were experiencing and was careful not to “put too much on them” by “going to a widows group at the church” where she could “just talk about it” and was concerned that the children were possibly not working on their grief.

Both Grissom and Stephen list their family’s health condition extensively when asked to describe their health. Grissom is concerned; “I haven’t been as diligent with [my wife] as she has been to me. I’m exactly here in Hveragerði to be able to confront her sickness too.” Stephen also “wants to have [...] spent more time on [family]. You were always working, doing something; you were in politics and such.” “I was so occupied with myself. [...] You didn’t give yourself time for the children, [...] for the grandchildren.”

4.1.3.6. Being disorganized
Lack of organization means not doing what you mean to, or want to do. Thus meaningful activities may feel less accessible when organizing skills are lacking. Three out of four women speak of the stress caused by lack of organization at home. Elizabeth notes; “That also affects the stress, when, you know, you’re not very organized. That causes stress.” “That’s what I’ve learned here, making goals, for each day or for each week. I’ve only done that in work you know, never at home; never for my private life.” “Maybe when I leave here, I will have learned to detect what is most important.”

Reva notes her need for help with post-traumatic stress; “I haven’t gotten it done. I haven’t been a person since Josh got ill. [...] I’ve dragged around mostly out of duty, eaten just something and something. I’ve cooked twice for the past two and a half year, because my food tastes so bad when I have to eat it alone.” “You wake up into an empty day. [...] It’s just hard work (Ice. hörkupúl) sometimes filling the day up. Especially when you’re tired and sick and a bit negative which normally comes with it.”

Iris mentions the same problem with organizing; “When you’re working there are always a stronger framework [for the day]. You know, you go to work and you don’t have to think about what to do. [...] But then, when you’re just at home then you’re organizing much, much more and that’s maybe what I’m not
good at, organizing myself.” “That’s what I’m maybe not good enough at, organizing my workday.”

4.1.3.7. Religious views perceived as causing emotional distress

Reva, Grissom and Elizabeth describe situations where their usual practice towards a higher deity, either prayer, reading scripture or “child faith (Ice. Barnatrú)” “did not work” or “felt troublesome” or “faded” after traumatic events. Donald also describes how he sometimes has “angry fits towards God,” because of his son’s cancer, possibly providing output for feelings of helplessness. He also notes; “My mother dies at the age of 36, [...] my wife goes to surgery for breast cancer at the age 36 and then my son goes to surgery at the age 36 (voice trembling). There you can see how soft you are [...] of course this is all a coincidence [...] this is of course a total coincidence.”

Theological questions on the meaning of suffering seemed to be important to Reva and she expressed her feeling towards global meaning through a theological dialogue, and expresses at the same time that she finds it hard to sense global and personal meaning; “I actually see no purpose” “Then there are people dying of hunger here, all over. [...] Whoever God is I think that is not acceptable to [him], there’s no kindness in this.” “[It was said] that now it had become obsolete to mature through pain and hardship, [...] through the heavy and massive energy. Now it was our turn to go into a more delicate energy. Like the Almighty is. [You know, how] you feel the divinity, [...] the source up there. And now it was time for us to mature through happiness. [...] It hasn’t quite happened. Slow learners (Ice. tossi) like me who has been a slow learner for quite a long time. [...] It’s so hard, you know so well how to hurt and that it should be hard and hurt and be bad; that you necessarily must suffer to mature. It’s absolutely totally off. [But] you know it so well and that’s why you look to this old [habit]; because you don’t manage to be in the joy, that I am now prepared to [be in], the humor.”

4.1.3.8. Isolation from coping resources

After his illness got worse Grissom could not participate in things that were important to him; “It disturbs everything a lot. You know, I enjoyed hunting, both shooting and trout fishing. You don’t go anywhere anymore; nobody dares to go with you, up on mountains to go fishing. So I make do with going to [a lake close by the capital.] This of course compromises a lot for you so, you don’t go as much
out as you did.” None the less Grissom continues the hobbies that do not depend on travelling, when trying to cope with difficulties.

Donald, Elizabeth and Stephen spoke of added effort to communicate when children live far away. When asked what was most important to him, Donald spoke of his family and the wish to strengthen the ties to his children now that he had more time. Elizabeth noted; “My son lives in Iceland now but he is actually moving to D--- and it was immensely hard when he told me that he was moving to D--- ... and I don’t have, it’s going to be hard for me but I will realize [how much] when he leaves. So then two of my children will be in D--- and 6 grandchildren. [...] This is an important matter to me.”

Other problems with location were being far from people or places that were important to the participants. Reva felt her location was “unfortunate” as it was “far from everything.” When asked what was most important to him, Grissom noted that he did not like moving to the city for many reasons; “The truth is I never wanted to move from B--- but I did it for my wife because she was tired of working where she worked.” He also spoke of the difficulty moving from his social network, as he was slow to make new contacts. Iris spoke of the feeling of isolation after she started working at home: “Then of course you work alone a lot. There is so much more communication [in a public workplace] than when you’re working alone at home, it falls out.”

4.1.4. Factors that seemed to positively influence the sense of importance
Participants described indirectly and directly several factors that seemed to positively influence their sense of importance. During the analysis 11 main themes emerged; practice of virtues (or role modeling, e.g. serenity, charity, mirth), helping others could e.g. be positive worldview affirming, strong family bonds, overcoming problems, professional success, working on emotions/trauma, humor, meditation, experiencing nature, belief in a higher deity and finally hoping (which leads to planning, which leads to organizing and executing). Participants showed different efforts of ingenuity in dealing with their circumstances. When affirming a positive sense of meaning they performed actions they felt were important, these actions seemed to be related to childhood role models, reliving
the positive feeling seemed to relate to memories of role models; people who showed virtuous behavior along with caring for and believing in the child/person.

4.1.4.1. Practicing virtues

The participants mentioned several virtues they found important when they were working on problems or accepting difficult circumstances, virtues were either mentioned in relation to role models or by themselves. Virtues that were described as characteristics of role models and seemed to be perceived as important were;

- Peace-making (Donald, Reva),
- psychic abilities, being mischievous, being meticulous, positivity, spirituality, humor, being on a spiritual wavelength (Reva),
- diligence, sensibility (Eric, Anne),
- serenity, humor, goodness (Anne),
- warm-heartedness, patience, being composed, well balanced, kind, perseverance, solicitude, charity and style (Elizabeth)
- supportive and respected (Stephen, Elizabeth)
- fit, wise and fun (Grissom)

Reva mentioned humility without referring to a role model; “I think I need to go more into humility and actually just ask for help. I need to be a bit humbler, softer.” The Icelandic word for humble is *auðmjúk* which means when translated literally; easily soft. Stephen mentions the importance of open-mindedness when gathering new information: “If you come with an open mind, I think that’s the bottom line. I came here to feel good.” All men mention diligence as an important virtue. Grissom states; “I’ve always been hard-working and keen in whatever I’m doing.”

Donald spoke of the importance of humor and positivity and he found great joy in making others laugh; “[all my jokes] are very modest, I don’t to disagreeable pranks, only pranks that give mirth. [...] Nothing vulgar or anything like that, I just need to get something off my chest.” „All my life I’ve been like that, a great joker. And I notice all jokes, collect them and use them among good friends.“ He also describes himself as being good to those in need; “You’re sometimes called do-gooder (*Ice. aumingjagóður*), or that’s what my wife says. In the past I’ve had really many friends. [Did many favors] but didn’t charge much.” The Icelandic term *aumingjagóður* could be translated as „good to those aching“
also could be translated good to losers, good to those who ache, this is related to
the saying: „this person is incapable of seeing anything aching“ meaning he must
always help when seeing someone in need, people with co-dependency are often
labeled aumingjagóður. This do-gooder tendency could be traced to the fact that
he says he himself was „aching, sore“ when he lost his mother as a young child,
left on the mercy of strangers, going from family to family. He expressed
receiving love and protection from those who „did not need“ to show it and how
he was imprinted by feelings of gratitude and memories of reciprocating love.
Possibly by doing the same good deeds he relives his good feelings, by
incorporating his own role-models from the past, like his stepfather.

Elizabeth finds helping others very important which seemed to influence
her choice of profession; nursing. This conception of importance is portrayed in
her view on the meaning of life; “Helping others [is] being. It’s being. And it’s
being a whole person. And what is being a whole person? It’s caring about other
people. I care about other people, not just my family.” She mentions that her
parents were very caring people; her mother especially showed people great care.

Reva connects helping others to her philosophy of life. She believes
“humanity is all connected, God in everything and God in yourself.” Being kind
and fair is important to her and she believes you only bring your thoughts to the
afterlife. She describes different ways she has helped others when describing
herself; “I have always been a caregiver, since I was just a little kid. Like mom
said, I’ll say, I consider myself lucky when you come home in your underwear
child, you give everything away.” “People are always being careful not doing
more. [But] you help, right? [...] I witness myself, time and again [...] offering to
help, shall I help you up? Then I look down at myself with the crutch in my hand
you see?” She describes also helping others by praying and asking others to pray
for those in need.

Grissom is known among his peers as a reliable person who is willing to
help with almost anything and shown he can handle very difficult circumstances,
both mentally and physically.; “There are unbelievable numbers of people who
look to me for help, who maybe think I’m, how shall I put it, nerveless (Ice.
taugalaus; without emotions).”

Donald, Reva and Grissom seem to connect and describe their action in
case of their self- and worldview, suggesting these actions is positively
identity and worldview affirming. Elizabeth described actions both in context with her worldview and self-image. Anne, Eric and Stephen did not express their opinion on helping others, partly perhaps because this was not asked directly. The others seem to relate helping others with their perceived meaning of life and self-assessment.

4.1.4.2. Strengthening family bonds
Family was an important factor for the participants when asked about the meaning of life and what holds most importance in their life, so experiencing strong family bonds increases positive conceptions of importance. In this subtheme I will focus on what specific aspects of family life have positive effects on meaning making. Three out of four women speak of the importance of being a mother and a grandmother, suggesting it being an important part of self-image; as they describe the importance to have somebody to look to and to care for.

   Iris and Reva feel they received strength from their family even though they are not there. Reva notes “I know I’m protected front to back, because I should have died many times over. [...] I have not survived alone, [to] just have my people.”

   Reva and Elizabeth are both getting used to life without their spouse who used to be a big part of their coping with daily life; their life was closely intertwined with the life of their husbands. When their spouse who was so integrated with their daily routine and coping methods was gone it left a big gap in their positive conceptions of importance in daily life. They also spoke of their spouses as role models, suggesting the importance of their support. Elizabeth describes her husband in the following way; “I had a [husband] who was absolutely unbelievable. [...] I never would have been able to achieve all those things if it wasn’t for him, because he did so much for me; helped me a lot.” Reva describes her husband, how together they were active and pursued many positive hobbies; “My soul mate, my best friend, my travel companion and my lover. He was just my husband. Really fun, positive and everybody loved him.”

   On looking back Stephen, Donald and Eric feel regret over not having spent more time with their children. Stephen notes “This sometimes dawns upon me. But... then this thought also comes: stop being so negative, just be positive and enjoy what you have now and what you have left.” Stephen expresses how he
finds family more important than he realized and how a good interaction with his children has more value to him today.

4.1.4.3. "Working out" emotions and trauma
The ability to look over past events that have caused difficult emotions and to see something positive in them seems to be an important part of coming to grips with them and accepting them as a part of reality, especially for participants who seemed to have a strong sense of coherence. Finding a new way of perceiving past events, seemed to change the feelings ascribed to them; so the feeling of sadness or despair makes way for feelings of meaningfulness. This can involve a new perception of a higher deity, beauty, love and happiness, and of what was lost.

Reva and Elizabeth mentioned that participating in this study was helpful to them, Reva notes; “You help me find my wisdom.” “I’m really grateful right now and it is so good to go into gratitude, I feel so good dwelling there.” Elizabeth also commented; “I felt these questions were very good and woke me up to contemplation (Ice. vakti mig til umhugsunar), I am sure these questions will help me on my journey, you know that?” Elizabeth found it helpful to say what was on her mind out loud and to describe her grieving process to a neutral person she could trust; “You see, death is beautiful, [...] It is beautiful. Death is beautiful. And even though this hurts just immensely then there just wasn’t any life left, he never would have become the same man. He never would have been able to, even though if he had lived, he never would have been able to talk to his grandchildren or me; maybe he would even not have recognized me. And then death is just beautiful. Yes. I feel good saying this, that’s what I feel. I feel good sitting here and saying this. And I have not said it out loud before, I have often thought it.” In Elizabeth’s personal grieving process she looks at a memory where she felt grief and pain and sees something positive, or “beautiful” about it. By finding a new way of looking at a past memory she changed her perception of it, making the memory hold a different meaning. She also expressed a new perception of beauty, the word “beautiful” itself expressed Elizabeth’s worldview as she processed difficult memories.

Both Reva and Stephen describe having unexpected crying fits after processing severe trauma. Reva appreciated the comicality of the situation,
looking back to when her ex-husband burned her house down, and found it was good to laugh at the absurdity of everything instead of crying.

Participants mentioned several ways to cope with anger, Elizabeth “wrote herself away from this anger.” Reva felt that karma made it unnecessary to be angry; “everyone who has done something to me gets what he deserves.” Donald expressed his anger towards God; “Not that I’m very religious but I have my true faith (Ice. santrú) and I have always followed that, with a bit of angry fits towards Him sometimes.” Possibly through his expressing anger towards God, Donald has a way to channel anger and preserve a sense of meaning while facing hopelessness and futility.

4.1.4.4. Professional success

The participants had diverse backgrounds, from various parts of the country and had varied professions. The men seemed more prone to connect their self-image to their profession while women seemed to focus more on family and motherhood. The men seemed to value hard work in itself, more than the women who were more concerned with connecting to people and caring for their family by nurturing.

Stephen and Elizabeth seemed very skilled and experienced in communicating and expressing their views and experience, this is possibly due to the great need for communication skills in their executive positions. They had both been hard working and successful and their self-image was integrated with the experience of success, shown in their positive disposition towards their capacity to deal with problems. Both described personal role models in their life that were greatly respected socially. Of the two, Stephen mentioned that overwork had interfered with his family life. Elizabeth on the other hand described how she had been overworked for the past years and had become very tired. She was very successful in her job, her motivation being her philosophy of life; caring for other people is what makes us whole, rather than feeling that being hard working is important, like the men.

Reva, Iris and Grissom share the experience of not being a part of a public workplace for several years. Reva describes the shock of being listed as an invalid: “It was so hard being decreed as an invalid all of a sudden.” Iris describes
feeling rejection and unfairness when she was fired: “I was naturally just fired; Just walk, go out now and don’t come back.”

Donald had been a hard worker in the past and also been a big part of his town’s non-professional theatre group; “This makes you feel fully alive.” “This is kind of my [thing], I’m just like this; I’m a keen... musician. I like [music] extremely much.” “[Acting] has given me extremely much.” “Joy and just being around people.” Anne did not describe her work as this was not directly asked, implying she did not relate her work to her self-assessment or sense of meaning.

4.1.4.5. Using humor as response to stressors

Humor was an important part of the participants’ worldview, especially for Donald and Reva. The HNLFRehabilitation center had lectures that focused on the importance of humor and Reva especially was introduced to this philosophy at the clinic. Donald notes; “You just hope that you can continue with the humor, you get far on [it].”

On humor Reva notes; “You can’t just be Cookie the Clown (Ice. Tóti tráður) anytime, you know? You can’t push a button either, some happy button even though you can sometimes. [...] I need to practice with Bob [a nurse], I need to learn to put the humor in instead.” Reva described how one of the nurses, Bob, had helped her; “practicing [the skill of] putting humor into [situations], instead of worries or sorrow [...] by giving myself time to assess the situation.” Grissom in comparison feels that humor is something that he has lost; “I smirk and maybe see the comical side of things but laughter is something I lost over 30 years ago.” “It is most likely that the grandchildren can squeeze out of me some laughter; if they are playing or goofing around.”

4.1.4.6. Meditation and relaxation

Stephen, Elizabeth and Reva described the positive influence of meditation on their sense of importance. Stephen described how he experienced positive changes; “You close your eyes and enter relaxation.” “That is the psychology; it’s hypnotic relaxation.” “It’s just dark and beautiful music, I close my eyes and you can see colors if you want to. [...] You feel immensely good, in that relaxation. [You manage to] push everything away.” Stephen notes on the learning process of being in HNLF; “Here you can’t but [feel good], they make good thoughts for you.”
Elizabeth describes how meditation has helped her; “The meditation helps with the fatigue. And I feel now that I want to meditate, I seek to meditate. Yes, so this is something that’s paying off.” Reva finds meditation extremely giving; “It is so good to meditate, especially if you just go out of the body.”

4.1.4.7. Belief in a higher deity

In this theme the focus is on the participants’ description of the effect of believing in a higher deity in their lives. A belief in a higher deity was expressed by Donald, Elizabeth, Reva, Stephen and Grissom. Reva, Stephen and Grissom used the word “child’s faith (Ice. barnatrú).” Eric, Iris and Anne did not mention their stance towards believing in a higher deity as this was not asked directly. Donald, Reva and Grissom mention having “child’s faith.”

Donald mentions “not being religious (Ice. trúaður) as such.” “One naturally always has his child faith (Ice. barnatrú) [...] even though I have of course been hurt (Ice. sár) sometimes, but it’s always there.” [Through difficulty in childhood] I learned this, praying... and yes, being thankful [...] for existing.” “This is just what I was taught; I had that kind of upbringing.” “I just... read... like old, all sorts of prayers I was taught in childhood and... use them a lot, actually every night. I have always done that.”

Reva does not consider herself a Christian but a pantheist. She is very concerned with spiritual matters and systems and expressed needing help with finding a purpose in her life. She seemed to relate her difficulties with coping to her theological worldview; that maturity comes through pain and suffering. She wanted to start focusing on maturity through joy or “the more delicate energy.” She felt she needed professional help from a person who “was on this spiritual wavelength,” where her beliefs could be taken into account in treatment. In post-appraisal on how she has coped after her husband’s death, she sees it from a spiritual point of view; “I just don’t have a clue of how I did it. [...] The steps in the sand [...]when he says; Why are there only one pair of footprints there in the sand? And then God says to him; my child that was when I carried you, when I held you in my arms. [...] I think I was carried.” Reva also describes how spirituality is important to her in coping with difficult situations; “When I get connected to the Almighty and subsequently myself, go into the flow, then somehow [...] doors are opened that were closed before and you just get road
signs everywhere.” When Reva feels uncomfortable she prayed for protection, but she felt this did not work in all situations. Reva mentions how it benefits her being able to talk about her beliefs; “To be able to [talk about angels] to some other person who is on this [wavelength] makes me happy. I feel it’s amazing, just like feeling gratitude.” Reva expressed strong beliefs in the power of angels and prayers. She sometimes called a catholic monastery in Iceland and asked them to pray for her.

Stephen described coming from a very religious family. He expressed how he felt guilty of not going to church more often, but his pastor told him this was not the most important. He described how he believed in God, meaning “in the good (Ice. hið góða),” rather than “the man with the beard.” Recounting how spirituality helped him cope he recounted; “If you think and believe and know, then you just start feeling good. And yes I, all my life I say my prayers in the evening. [...] If something goes awry, not just when something goes awry, then maybe I pray stronger or think stronger about it.” “Sometimes I feel Him.” “If I don’t pray for it, He does not come. [...] You have to feel it yourself, you have to want it yourself.” Stephen thus described the hopes that are the stimulus of prayer: this expression seemed to suggest that his inner motivations, longings and hopes were deeply related to his religious beliefs and expressions.

Elizabeth expressed believing in a higher deity, praying to him especially when she went out on walks. After her husband’s death, she stopped going on walks and also felt that reading in the Bible did not have the same effect as it used to. She felt that her old spiritual coping strategies did not hold the same effects. After coming to the HNLFI Rehabilitation Centre she started walking again and consequently praying as well and reading in the Bible. This, along with other factors, gave her “a sense of peace.” Grissom said he had been “very religious” in his younger days but this had “faded over the years,” especially after the trauma of witnessing the suicides of a close relatives.

4.1.4.8. “Carrying hopes” as enhancing meaningfulness
The concept hoping here means anticipating something in the future. This is different from planning future events as hoping most often is the prerequisite of planning which can be an important part in reducing stress, according to Reva, Elizabeth and Iris. Most participants described different kinds of hopes although it
was not directly asked in the interviews. During the analysis it seemed that hoping for specific future events and planning them was perceived as encouraging in preserving health or changing habits. Thus tasks that seemed to relate to these goals were perceived as more meaningful. Donald, Stephen and Elizabeth had several specific plans for their future. Donald described his plans for retirement with excitement; “You know I just look forward to it, I have plenty to do.”

Most participants mention the importance of having something to do and when you stop working at a public workspace, your personal organizing skills are put to the test. Elizabeth’s „search for new opportunities“ for the future are intertwined with thoughts on how she will live with the memory of her husband; “I’ve thought a great deal about what I’m going to do this fall. [...]I want to start singing, [...] learn languages, learn Italian, so this is what I’m thinking of doing... I think I’m looking for new opportunities… In life by thinking about; I could do this and I could possibly do this.”

Grisson and Donald have hopes of strengthening family ties. Donald notes: “[Priorities] will change a lot. Instead of calling [the kids] every week you’ll be in touch every day. That could be improved.” Stephen’s plans are in a similar sentiment; “I just wait with joy for cherishing being old. Driving between and going to grandchildren and meeting young people such as yourself who are full of life’s energy.” Grissom expressed great anticipation of meeting professionals at the clinic, yet although excitedly hopeful, he tried to be realistic and not “hope too much” as to guard himself from disappointment. Grissom describes his hopes in several parts of the interview, towards the clinic, the professionals there and towards being able to travel in the future.

Iris was the only participant who did not explicitly express hopes; this may be because she strived to speak on the most general terms as possible. The “hoping styles” of the participants was very diverse, some hoped for outer factors to change such as closeness to family or more frequent travelling, while others expressed hope for personal factors to change, such as their health (Anne, Elizabeth) or the effects of a trauma to ease (Reva, Elizabeth, Grissom). Reva hoped to achieve her former joy of life; “To be able to say and mean it; that I enjoy living; I want this feeling again, and it will come, I know it well. It’s my third week now and I just feel this is great [the stay at the HNLFÍ Rehabilitation Centre].”
4.1.4.9. Experiencing nature’s “dimension”

Five out of eight participants speak of nature as an important part of their lives. Stephen mentions the importance of “going outside in the morning, hearing the birds singing and [...]enjoying being in nature. [...] Iceland is the best country in the world.” “I’m convinced that no place in the world is better to grow old in.” Grissom speaks of how important it is to him to “get out into the countryside.” He enjoys travelling out to the country and sleeping in tents.

Elizabeth and Reva speak of nature as an important place both because of exercise but also because they pray there. Reva feels she is “most sincere there,” she also mentions sincerity as an important part of being able to ask others for help so this is integral part of her coping processes. Reva described: “Out in nature I just go into some other dimension or something... and just feel great. And there I can talk to God and there I am most sincere like when I need to cry.” “There I meet God or the All-powerful; the thing that is in us all, the thing that connects us; the Good.” Reva also described how she finds performing special rituals in nature and praying there to be a very meaningful and healing process during uncontrollable difficulties.

Grissom felt a “soul’s peace” since childhood hiking up mountains with his dog. This coping strategy has followed him through life until his immobilization hindered his mountain trips. He also owned a dog for many years but as his new apartment building did not allow dogs, another meaningful resource was cut off.

4.1.5. Learning factors influencing sense of importance

Participants described several learning factors that seemed to influence the sense of importance; role models as blueprints for dealing with stressors, difficulties dealt with as “igniters of change,” openness towards “receiving help” in professional care, and finally rehabilitation and lectures influencing sense of importance. This theme focuses on varied stories from the participants where new information or skill was acquired. It was hard for them to look far back concerning learning, as they had not thought about the process consciously as such. This is why most of the learning descriptions were from what they were acquiring from the HNFLI Rehabilitation Centre in relation to their health related problems.
4.1.5.1. Role models conceptions as blueprints for sense of importance

Role models were an important factor of personality and thus meaning making. Role models were individuals who modeled behavior, views and coping. This subtheme focuses on how participants described learning from them and what sparked the need for copying these individuals.

Donald, Iris, Stephen and Grissom all answer negatively when asked whether they have role models, yet all but Iris mention individuals who had admirable traits that influenced them. The participants descriptions of strong role-models; Eric, Elizabeth, Reva and Anne, had very close resemblance to their description of the meaning of life, suggesting the deep influence of childhood role models on their coping strategies, world views and self-image.

Effective role modeling that seemed to strengthen positive sense of importance seemed to consist of various factors:

- Showing strong sense of importance.
- Virtuous conduct
- Providing care, warmth and support
- Being interested in the recipient as a person
- Believing in the great potential of the recipient
- Being respected by others
- Being down to earth and reliable
- Having a good sense of humor.

All role models that were mentioned, both strong and on side notes are described to show deep care and charity towards the participant, giving good support, leaving also a lasting influence by virtuous conduct. Participants used interesting phrases to describe what the role models gave them; guiding light, road signs and packed lunches were phrases that were used which I will look further into. It seems that role models are seen as a “gift” that keeps giving, and processing memories of them can provide guidance later in life. A positive emotional bond seems to make the impression lasting, and most participants mentioned feeling deep gratitude when recalling memories of these role models.

Reva mentions her biggest role model, her mother, being a psychic. Her descriptions of difficulties were constantly connected to a “spiritual” way of sensing importance, this was the way she learned to cope with difficult situations.
in her upbringing, through her mother. Her “spiritual system” seemed to be a big part of her “learning preference” through life. Anne felt that her grandparents were the ones who gave her the greatest “packed lunch” to go through life.

4.1.5.2. Difficulties dealt with as “Igniters of change”

Problem solving skills are very hard to determine when it comes to meaning making, as to determine what are better ways of meaning making than others. Each situation is unique and needs to be dealt with on a personal level, based on surroundings and resources. Looking at difficulties as “lessons” and a possibility for „maturing“ helped the participants finding a stronger sense of coherence in difficulty and adjusting to or solving problems. When asked about their views on difficulty, the participants answered very differently, based on what kind of hardship they had experienced. Those who had experienced severe trauma expressed difficulty in seeing the meaning of “the darker sides of life,” indicating a need and pursuit of acquiring their lost sense of coherence.

Donald, Elizabeth, Anne and Stephen expressed that despite their trauma they looked at difficulties as “lessons.” Finding a standpoint where one can be grateful for difficulties can be both valuable as a learning style and coping style. Eric did not feel he had been through difficulties, and when faced with hard circumstances he tried to “let it pass,” “hoping things will go by” and “getting used to it.”

A sense of coherence seemed to increase when an event that looks meaningless was perceived as a possible meaningful lesson, as Elizabeth describes; “I don’t understand why these circumstances have happened to me, that I’m in. [...] Naturally it’s just something that I face and have to live with and have no choice. [...] When I am now starting to work on the grief that has been very difficult to me... then I think to myself there must be something that I can, that I can learn from. What lesson can I take from this grief? [...] What lesson is there in this for me so I can carry on.”

Anne’s approach was different. Using her analogy of Phoenix from the ashes, when she planned to be like the Phoenix as she dealt with her cancer, describes a way of meaning making. Several other participants seemed to perceive problems, or flames, as challenges to be overcome and matured through. Stephen, Elizabeth, Anne, Reva and Donald perceived difficulties as “lessons.” Anne
described her reaction to being diagnosed with cancer: “When I got to know that I had cancer I just went into total denial, total. I was just going to finish this deal, 1, 2 and 3 and then just be like the bird Phoenix who rises from the ashes [...] and it would all be over. But that isn’t quite the case. Then [...] I got a bit of a shock when I discovered that, [...] I became unbelievably health-less afterwards but then you learn to just work it out… and it takes a much longer time than I expected. I haven’t gotten any crying-fits or anything. You just take it and try to work it out, just take each day at a time. Usually that has served me the best in life.” Anne described finding meaning in her circumstances that were harder than she expected and readjusted until she felt in control again.

Several participants mentioned the shock of discovering health related problems, having become familiar with it and not looking at it as such. Accepting help was also often a task in itself. The shock was an added stressor but if perceived as a challenge it could be an igniter, a kindling flame to change. E.g. when Stephen’s son pointed out that he had become overweight it ignited an extensive change in Stephen’s lifestyle.

4.1.5.3. Openness to “receiving help” in professional care
Several participants mentioned the need to be “ready” to make changes, acquire skills and information and deal with certain problems; one has to do it “in his own time.” Stephen notes; “you have to be ready, and [know] what do you want to give your heart to.” Reva and Elizabeth also mentioned the importance of having enough time and breathing space to “be ready to face” problems.

Reva described her learning process in relation to one nurse at the clinic, Bob, who was great inspiration and provided support. He was described as a caring and helpful resource when she was dealing with several problems. She felt she greatly benefited from learning from his stance towards difficulties; helping her look at them with humor. She felt gratitude which she felt was a great emotion “to soak in,” clearing the way towards recovery, fixing her in a more positive thinking pattern; “I’m extremely grateful right now, and it’s so good going into gratitude, I feel so good dwelling there. Then all fear disintegrates [...] not worrying, everything just works out.” “I’m learning. Like Bob said: about time.”

Reva repeats repeatedly what she has learned from Bob, referring to him as well on their previous conversations. His effect are notably great and with his
precedent she adjusts to a new thinking pattern; “Like Bob is telling me to use, also to listen to my intuition to get me again.” “I think it will be unbelievably fun, life, if I manage, practice hard enough to put the humor in [...] seeing the comical side of the situation.”

Grissom relied greatly on drugs and medical professionals in his life, both with health related problems and emotional damage. Thus Grissom both hoped that medication would help him with feelings, memories and bodily pain. He also often mentioned how important it was for him to get recognition from health care professionals, helping him deal with his illness; “[The nurse] said to me in fact that she thought I was taking things with unbelievable serenity.” He mentions other incidences where he either did or did not receive acknowledgement from health care professionals; “I was very proud when [...] my heart specialist told me once how surprised he was that I accepted things with great calmness and rationality, all these cannulations and pile-outs.” He mentions several incidents where he was gravely ill and did not receive recognition or care according to his condition; to him recognition affirmed the severity of his state.

4.1.5.4. Rehabilitation and lectures related to sense of importance

Most participants mentioned receiving considerable help at the HNLFI Rehabilitation Centre. Some mentioned that the information and support there helped them notice resources found in themselves, by e. g. enhancing their perception of “what is important.” Elizabeth notes; “I’ve had good time with myself [here], internally.” “I just need to start living my life, that’s why I’m here and I’m sort of learning that.” “What I feel I’ve learned here that I find most important is that I have to organize myself, also in my life now; [...] saying ‘no’ to have time with myself, and doing things for myself...” “[...] I’m in much better shape than when I came here, much better shape. Both that now I want to go swimming in the morning and I want to go out for walks. [...] That means a lot.” Reva and Elizabeth noted in particular the great impact the rehabilitation had on their motivation.

On how new learning is acquired, Elizabeth, Iris and Stephen mentioned that the educational material suited them, Elizabeth notes: “[...] There is for example a lot of educational material here, there is great work here, great work.
And there is a lot of rehabilitation, both spiritual and bodily and you can naturally go swimming and on walks [...] the gym [and] the relaxation (Ice. slöðun).

Iris describes how she enjoyed getting reaffirmation of what she was doing to work on her anxiety was the right course of action; “[I] just do something else, start thinking about something else and spread (Ice. dreifa) the mind. That’s what they are teaching here and exactly what I was trying to do.” Iris wanted to get the information on paper as she felt she tended “to be rather forgetful.” The lectures appealed to her as she had “always liked speculating on psychological issues (Ice. sálarlegu)[...]. Even though I can’t describe [what exactly]. You just have to speculate more afterwards.”

4.2. Hermeneutical interpretative analysis

Using hermeneutical interpretative analysis I reviewed the findings applying Antonovsky’s theory of sense of coherence, Folkman’s social cognitive theory (1987) and the models of Park as an extension of it. This was done by using the theories as a lens, analyzing how participants described their sense of coherence and how they described how they ascribed a certain understanding to their situation. The use of theories in this part of the study, i.e. in the hermeneutical interpretation is meant to be of equal weight, although sense of coherence theory might be more prominent due to its usefulness in looking over the findings as a whole. E.g. I examined closely how some participants described how they did not understand something that seemed to influence their worldview. This was described as causing distress and to influence motivation. Thus these interviews provide valuable examples of experiences of despair and lack of meaning. It is especially helpful as participants describe what kind of help has been most beneficial in coping with their circumstances, looking at how they adjusted through social cognitive theory, as they ascribed meaning to new thoughts or behavioral patterns. By learning from their responses to difficult situations, based on the foundational factors listed in the tentative explanatory model, better ways may be found to support people who are dealing with loss of sense of coherence.

As Reva describes the experience; “This bottomless despair, it’s just a sort of cry for help because you can’t handle existence and reality by yourself.” The tentative explanatory model was drawn thus:
Appendix 7: Model 2. A tentative explanatory model presenting the research findings based on the first step of the interview analysis.

It seemed that a strong sense of coherence suggested a stronger relation to all factors influencing conceptions of importance as presented in the model. Thus those with a strong sense of coherence seemed to be more likely to feel deeply influenced by positive factors, factors that compromised sense of importance and finally learning factors. Those who expressed strong notions of conceptions of importance seemed to strive to connect every aspect of their experiences tightly together; finding as many causes and effects as possible, perceiving difficulties as lessons. Thus those who relied on positive sense of importance as coping seemed to be more willing to adjusting to difficulties and making changes. Their learning preferences seemed to differ from those who described less the sense of importance in relation to coping. Among other things, focusing on meaningful virtues seemed to have positive effects on conceptions of importance.

Applying Folkman’s social cognitive theory and its extension in Park’s models (2005) it is interesting to examine the foundational factor of sense of importance; experiencing caring in childhood. Pairing together the findings from
the inductive approach, an important factor in ascribing meaning in certain behavior and attitudes, seems to be based on experiencing nurture from a primary caregiver.

By focusing on Antonovksy’s theory on sense of coherence, the relation between sense of coherence and meaning making as described by the participants as sense of importance might be understood more fully. Using the model drawn from the analysis in 4.1. as presented above, sense of coherence might be indicated by imagining the model being filled out by a participant, all the factors personally described according to the individuals circumstances, only not all parts of the model are felt as comprehensible, meaningful and controllable, which could be indicated by a different color.

The self-described effects of trauma, e.g. the loss of a spouse, were described as having negative influence on meaning making and sense of coherence. This influence could not only be described as a factor negatively affecting conceptions of importance, but also a factor that nullifies the perceived positive influences of other factors on conceptions of importance, e.g. reading the Bible. Thus trauma can change perceptions of factors that were described to influence conceptions of importance, e.g. reading the Bible. Thus trauma could be described as influencing the entire scope of a positive sense of coherence. The model in appendix 7 could provide visual aid in showing how e.g. previous positive effects on meaning making would not be perceived as coherent anymore.

Through the course of the rehabilitation, some participants described how they regained their SOC in different ways, changing their conceptions of importance. This suggests that through receiving certain aid, in this case in rehabilitation, and given time and breathing space, healing of SOC may take place. As the participants described their lived experience of maintaining wellbeing, SOC appeared as an important factor in tempering stressful factors in accordance with Antonovsky’s theory. None the less, the findings suggest that instead of stressors as leveraging against SOC, which was based on the participants’ way of sensing importance, SOC seemed to determine whether stressors were perceived as threats or manageable, positive parts of life. Thus the findings suggest that a stronger foundation of positive sense of importance and openness to learning factors make trauma less likely to lessen the influence of positive factors on sense of importance. Park’s theory (2005) posited that
discrepancies between appraised and global meaning is a highly uncomfortable state. Parks model is in line with the hypothesis presented in the model in appendix 7, as it seemed that the participants who described lack of global or personal meaning were having problems with their health related circumstances.

When examining the findings in a re-visitation to the foundational theories of Park (2005), Antonovsky (1991) and Folkman et al. (1987), some factors, labeled as learning factors in the first analysis, seemed to contribute to readjusting in new ways and learning new things in rehabilitation. Four factors were discerned; role models reused as blueprints, difficulties dealt with as “igniters of change,” openness to “receiving help” and finally rehabilitation and lectures. A certain way of openness was described as being ready and making oneself vulnerable and open to a certain relationship with a health care professional. Receiving help seems thus, in itself, to be a way of connecting to others. Giving, receiving and depending on is also described as the essence of family. By being vulnerable, the possibility of connecting to others seems easier, which can be a way of affirming self-image or worldview. Those who wished to be independent seemed less willing to accept help as they felt this would affirm weakness. These participants described relying on themselves in childhood.

Some participants mentioned that the information and support received at the rehabilitation clinic helped them notice resources in themselves, by enhancing their perception on their own coping tools and positive habits. Åhnby and Henning (2009) note that the view of the individual is important, when the aim is to support people to take responsibility for their health. They stress the importance of conveying to individuals their right to be active participants in their health condition and their longings, hopes and beliefs play an important part in bettering health and general wellbeing (Sjöström & Strandell, 2011). The main hypothesis generated in this study, based on the descriptions of the participants, is that certain “learning factors” can contribute to finding “new” meaning and sense of importance after trauma.
4.3. Conclusions

The multidimensionality of meaning making appears as an important part of motivation and wellbeing. Understanding how elderly ascribe meaning to their health situation, in both positive and negative ways, a more detailed health promotion can support this ever growing part of society. Some participants drew meaning from events that supported a negative self or world image. Positive meaning making, based on solid role models in childhood seems to be a good foundation for future coping methods in difficult circumstances. Role models later in life can also be beneficial as a blueprint for new behavior or learning new abilities. For some individuals difficulty with positive meaning making can be a hindrance in wellbeing.
Chapter 5 Discussion

In this study the self-described meaning making of elderly Icelanders during rehabilitation was examined. From the findings a tentative explanatory model was drawn and with hermeneutical interpretation on the founding theories the interplay between sense of coherence, meaning making and wellbeing was examined. The findings call for further research on new ways to motivate elderly towards positive meaning making as they deal with the effects of aging. Encouraging elderly possibly in an educational setting of rehabilitation will benefit the quality of retirement and late life stages, compensating for negative factors that are perceived to influence conceptions of importance. As the search and examination of structures or situations that limit the scope of SOC and thus positive meaning making need to be culturally sensitive, this qualitative approach to the meaning making of Icelandic elderly hopefully provides helpful data for future research on meaning making in the Icelandic context.

5.1. Theoretical reflection

According to Antonovsky’s SOC theory (1991), the concept SOC has three components; comprehensibility, manageability and meaningfulness. Influencing SOC seems to be difficult, possibly because people’s relationship to their surrounding is formed during a long period. Participants who described most extensively feeling positive changes in sense of importance in rehabilitation were all in a healing process after trauma. Loss of a spouse or a close relative, severe health problems and domestic violence were described as most debilitating, influencing participants on bodily, mental and interpersonal levels. The effects of the trauma was often surprising to the participants, and working on the emotional harm took often much longer than expected, even perceived as impossible to heal completely. None the less these findings suggest, and the main hypothesis generated in this study, based on the descriptions of the participants, is that certain “learning factors” can contribute to finding “new” meaning and sense of importance after trauma.
5.2. Methodological reflection

Some definitions of meaning making are based on the philosophical standpoint of “ultimate concerns,” so to speak, developed by Paul Tillich (1957). He argued that people function best when they perceive a sense of meaning and possess a life purpose. Clarke (2006) presented a discussion paper about ‘meaning’ in nursing literature on spirituality, using the work of Paul Tillich to interpret meaning. There Clarke wishes to shift the significance of the term ‘meaning’ from only what gives pleasure and satisfaction, to referring to “the depth of our being,” as an attempt to bring forth a more structured and purposeful approach to the meaning making literature. Researching particular meanings in order to connect it to what actually “the depth” of human being consists of, could be empirically difficult, as it revolves around truth statements of religion, rather than its functionality or influence. None the less, the examination of “ultimate concerns” can provide information on what provides support in difficulties, as it can appear as the core of daily and long term objectives and make life feel meaningful.

It has to be accounted for that the rehabilitation clinic’s approach was perhaps unique in providing certain help as participants described feeling stronger SOC. Conducting the study in other rehabilitation clinics in different cultural surroundings could give further insight, validating or disproving the hypothesis that SC can be healed by caring rehabilitation resulting in increased overall well-being. Also, by having a larger sample, further comparisons can be made between gender and other factors. It must be noted that the data analysis was possibly influenced by the theory of object relation of Rizzuto (1974) emphasizing the deep influence of primary caregivers in childhood on the existential dimension, labeled role models in the current study.

As this study was only an attempt to shed light on the descriptive aspect of meaning making of individuals, the relation between meaning making, wellbeing in the context of rehabilitation of the elderly could be examined further with more specific qualitative measurements on a longitudinal scope to assess the actual influence of different meaning making styles on wellbeing. Also, further research on the possible benefit of a positive meaning enhancing program could be a beneficial aid in rehabilitation as elderly need to adjust to changing health circumstances.
Given that the study suggested that certain kind of religious coping had positive effects on conceptions of importance, further considerations on choice of methods needs to be examined. I.e. how choice of method can possibly influence the answers of the participants. How could the religious coping methods of Icelandic elderly be examined without asking leading questions?

As phenomenological approaches build their foundation on lived experiences and self-described meaning making concerning the phenomena under study; when the phenomena is the meaning making process in itself, such meta-thinking is not perhaps in the participants thinking pattern. Many participants found it hard to understand the concept of meaning making and during the interview exasperated a bit when striving to phrase their meaning making. Thus this study would perhaps have benefited from taking a longitudinal approach, adjusting participants who are not used to thinking in such a way, to wondering about how they ascribe meaning and find SOC in their health related situations. The study itself, from a certain standpoint could then be described, as by Kvale (2007), therapeutic as participants are given time and space to further their thinking towards their own meaning making and sense of coherence.

As a researcher, it is possible that my background can make me biased regarding religious views and the rehabilitation clinic, as I come from a religious Lutheran background, have received a Cand. theol. degree in theology and worked at the HNLFÍ rehabilitation centre. In his book Research Design Creswell, (2009) warns researchers of “backyard research” where the researcher studies his or her own institution, or familiar work environment. This can lead to compromises in researchers’ capacity to publish certain information or difficult topics. Although collecting data may be easy and accessible, the results and interpretation of the data may be biased. Creswell points out that if “backyard research” is to be made, certain methods must be followed to insure the validity of the data and create security between the reader and the accuracy of the results.
5.3. Empirical reflection

The findings were in accordance with the theory of Park & Folkman (1997) that much of human learning occurs in the absence of overt behavior, or vicariously by observing others. Caring role models seem to be the key element in learning factors that seemed to influence SOC. Harmony within family seemed to be perceived stronger when the parents were perceived as good role models, thus easier to vicariously learn from. Support from people with same or similar role models was also perceived as more valuable than support from people who are not “from the same root” or “on the same wavelength.” Using virtues as models for problem solving also seemed to be helpful and role models were often the main resource for this. The participants described as being influenced by role models, changing the ways they dealt with life-difficulties, also in accordance with Park & Folkman (1997).

Some participants described feeling positive changes due to receiving sufficient privacy and support to process grief. Meaning making as coping has also been understood as seeing an event in a better light (Pealin, 1991; Creamer, Burgess & Pattison, 1992) This is in accordance with the descriptions of participants of cognitively working through traumatizing events. Some participants described how they were increasingly aware of the importance of accepting uncontrollable side effects of aging, as a way of coping. This is in accordance with the study of Aldwin (1990) who reported less use of escapist coping strategies as people age. Religious meaning making seemed to influence coping processes of some participants, which is in accordance with the study of Park (2005). Nature’s dimension was mentioned as an important resource, both for connecting to a higher deity and self. Those who described spirituality as a part of their coping strategies spoke on abstract terms on spiritual aspects, and also spoke of meditation to be helpful in coping. These descriptions of religious coping resources could be beneficial to research aimed at examining which religious coping methods may be particularly helpful in the therapeutic process (Pargament, Ano & Wachholtz, 2005).

On the perceived importance of goals, hopes seemed to be one of the determining motivator when participants were describing how and why they were adjusting to change or coping with circumstances. This is in accordance with the
study of Peterson et al. (2007) who found hope being one of the character strengths most linked to life satisfaction. Their hopes resulted in making future goals that entailed family, self-betterment and improved wellbeing. Participants had varied hoping styles depending on various factors, e.g. preconceptions of what to expect from the world and others. Hoping for the future can motivate positive meaning making in difficulties and help individuals make difficult changes. During the analysis it seemed that hoping for specific future events perceived as meaningful and planning them was an encouragement for preserving health or changing habits. Participants who described wellbeing as most meaningful were dedicated to it and motivated to make changes. Personal motivation seemed to be in relationship with goals, and the goals based on perceived importance, thus positive meaning making seemed to encourage organizing and making goals. This is in accordance with the research of Emmons who emphasized how individuals strive for personally defined goals and construe their daily opportunities for the realizations of these goals (Emmons, 1999).

Many participants seemed to connect helping others to their sense of meaning and self-assessment. Role models appeared as an important part of this aspect, as most participants found it meaningful to incorporate goals and sense of meaning their role-models had. This could be in line with Christof Wulf’s (2011) theories on mimetic processes, as they simulated their idea of their ideals.

Ana Maria Rizzuto (1974) suggests a strong influence of primary caregivers in childhood on the existential thoughts of individuals. This is in accordance with the findings of this study as several participants used the same phrases for describing the meaning of life and for describing their role models. Thus those who had strong role models seemed to find them so meaningful that they became a part of their meaning system.

5.4. Contributions

With better understanding of the experience and perception of health, in the light of the participants’ notion on wellbeing, the broad concept of health can be understood more fully and various personal motivation factors that have a positive influence on wellbeing can be discerned. By focusing on Icelanders, cultural and environmental factors could be examined more closely.
The findings suggest that the most influential positive self-affirmation is feeling strong family bonds next to a successful profession. The findings also suggest that Icelandic elderly men experience feelings of not having done enough for their children or spouse, while these feelings were not described by the females. The findings also suggest that being close to nature, relatives and an active social life improves SOC. Inner coping methods that the participants mentioned in particular as meaningful were practicing virtues, meditation, spirituality and humor. This inner focus on meaning making, on inward thought rather than searching for outward factors does not necessarily seem to be related to the perceived controllability of the problems being faced, but rather to what meaning making methods are chosen. Not only, does meaning making therefore seem to be a part of the use of inner and outer resources, but also a part of discerning and learning what resources work best, thus an interplay between intuition and habit during realizations that one is out of resources and needs to readjust in new ways. These findings are in harmony with the meaning maintenance model of Proulx and Inzlicht (2012), suggesting the “hydraulic” nature of meaning making.

The findings suggest that certain factors determined how participants coping with problems and how they perceived meaning. Childhood was the biggest influence on the self-image and how people viewed life and problems in general. It seemed that if the role models from childhood expressed a little sense of coherence, poor coping strategies or mental problems, these memories can have a bad influence when these individuals look to role models for a sense of coherence and meaning making strategies themselves. Self-assessment also seemed as an important indicator of whether participants felt problems were manageable or not.

The participants’ view on old age seemed to be perceived as mostly positive, despite descriptions of restrictions caused by deteriorating health. In reviewing several negative factors that were described to influence meaning making, intrusive thoughts, compassion pains, difficulties with expressing emotions, post-traumatic stress disorder, problems with location, family health problems, lack of sense of coherence and being disorganized were discussed extensively. When it was not in the participant’s capacity to change the situation, e.g. the effects of aging, the feeling of powerlessness caused additional distress, while working out problems seemed to influence the sense of importance. In some
cases where the stressor could not be dealt with problem solving, some participants found a sense of importance in the situation.

Findings suggest that loss of a spouse or a close relative, severe health problems and domestic violence are among the most debilitating traumas for sense of coherence, influencing participants on bodily, mental and interpersonal levels. The influences of the traumas were often surprising to the participants, and working on the emotional harm often took much longer time than expected, even perceived as impossible to heal completely. E.g. three participants mentioned that religious coping methods had faded through trauma when sense of meaning was lost, this seemed to influence their wellbeing considerably. Those who expressed positive sense of importance seemed to be able to recover more effectively from trauma.

The tentative explanatory model presented above and in appendix 7 was built upon the description of participants of difficulties they were dealing with during the rehabilitation. The importance of identifying factors that compromise or encourage sense of coherence in rehabilitation is stressed by lived expressions of their deep negative influence, and are worth further examination. Any possible precautions and care that can be taken to help the elderly sustain positive meaning making or discover new ways of finding coherence as they lose resources could bring us closer to discovering new ways of sustaining the wellbeing of the elderly.

5.5. Concluding thoughts

Can sense of coherence be healed after trauma by humanistic rehabilitation, resulting in increased overall wellbeing as the findings of this study suggest? In designing gerontological curriculum for health promotion, the most important component is the provision of opportunities – structural and contextual – for gaining a better understanding of reality through closer contact with another person who points beyond the former field of experiences. There is a need for more humanistic, self-constructive foundations for curriculum design in the health promotion of the elderly. In light of their unique learning styles, providing a model that encourages positive meaning making skills can be a beneficial motivation in the rehabilitation program (Prager, 1997).
If there is a possibility to systematically encourage positive sense of coherence and meaning making according to the findings of this study, further research is needed in order to understand the meaning making and sense of coherence of Icelandic elderly. Designing a meaning enhancing program could benefit the perceived quality of later life stages as Icelandic elderly deal with specific stressors as they lose resources such as personal coping strategies.

Designing a program where positive meaning making is supported could specifically help individuals who are in need of inner motivations. Such a program could be a part of helping a certain risk group of elderly, to strengthen their personal resources, what they hope for and what they thus want to aim at. The risk group could e.g. be individuals recovering from loss of spouse, cancer or other debilitating traumas. According to Folkman et al. (1987) there are inherent, stage-related changes in the ways people cope as they age. Age differences in coping result from changes in what people must cope with. Based on the findings of the present study, encouraging elderly to contemplate their meaning making could help them understand the foundation of their motivation in health crisis, what can possibly influence their motivation, positively or negatively, and what factors seem to encourage “new learning.” For example by filling out the outlines of the model based on the participants’ own situation they could write in their factors, and then draw a line indicating what they find understandable, manageable and meaningful (SOC). Thus SOC can be found in the negative factors as well, if they are e.g. perceived as “lessons.”

Furthering the findings of this study, this exercise could be introduced in rehabilitation and its helpfulness studied. As some participants noted, speaking or writing down thoughts benefited their sense of meaning and this could be a beginning of further inner reflection, helping elderly to realize the dynamics of their personal ways of making meaning.

I suggest that a meaning making program should be designed and made accessible, specifically to Icelandic elderly who perceive themselves lacking sense of coherence. Grounding the program on previous research and proven effective methods, a test group and a control group can be formed to test its functionality, both by surveys and test on changes in physical and mental abilities. The program would need to take into account cultural and environmental factors when analyzing findings on the sense of coherence of Icelandic elderly. The program
could provide further data on what may enhance and hinder sense of coherence in accordance to previous research; e.g. feelings of domination and negative beliefs (Resnick, 1996). In order to bring about lasting changes in the patients’ sense of coherence the first step would be to identify their ways of making meaning and thus elevating experience in the participants’ lives.

Additional training for health professionals on the relations between SOC and meaning making could be beneficial in rehabilitation processes. Through the joint forces of qualitative and quantitative research, data gathering on how elderly make meaning in their health related difficulties, better methods can be adopted. This may bring us closer to understanding how and why individuals experience meaning and how they sense their structure of meaning as coherent.
Summary
This study's aim was to explore the meaning making of Icelandic elderly in rehabilitation. The research question was answered by interviewing eight elderly people, four women and four men, ages 65-72, chosen through a purposeful sampling. The interviews were analyzed using the Vancouver School of doing phenomenology where developing an explanatory model of the phenomenon is encouraged. The findings were then analyzed through hermeneutical interpretation of Antonovsky’s theory of sense of coherence and Folkman’s et al. social cognitive theory extended by the models of Park (2005). In this study a model was developed as a result of the data analysis and used as a framework to present the findings. The sense of importance of the participants could be described as follows; sense of importance seemed to be founded on caring role models from childhood, self-assessment and health image was built on childhood’s foundations and seemed to influence ways of expression. Ethical values seemed to be built on these building blocks. The participant’s conceptions of importance involved; memories of role-models, personal sense of meaning, family as most meaningful and meaning of life. The conceptions of importance were constantly applied to and described to be influenced by positive and negative factors. The described positive influence on sense of importance were; practicing virtues, feeling strong family bonds, professional success, working out emotions and trauma, “putting humor in situations,” mediation, belief in a higher deity, “carrying hopes” and nature’s “dimension.” Factors that compromised meaning making were; “brain rambling,” “compassion pains,” difficulties expressing emotions, living with memories of trauma, family health problems, loss of sense of coherence, being disorganized, theology of “pain” and losing coping resources. Finally, certain learning factors were discerned that seemed to influence the sense of importance; role models as blueprints, difficulties as “igniters of change,” virtues learned, “receiving help” and rehabilitation and lectures.
References


Guðbrandsson, P. (2011). *Spiritual privacy*. Health institution of NLFÍ. Hveragerði: Heilsustofnun NLFÍ pub. [In Icelandic]


IIASA Population Projection Results. Online article:


The Open Code Program:
http://www.phmed.umu.se/enheter/epidemiologi/forskning/open-code/ (Retrieved 27-3-2012)
The Ottawa Charter for Health Promotion (1986):


World Health Organization. What is Mental Health? Online article:


Appendices

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Appendix 1.

Diagram 1. Antonovsky’s theory of Sense of Coherence developed by Sjöström & Strandell.

*Diagram 1. A simplified diagram showing salutogenes; the relationship between stressors and SOC from Sjöström and Strandell (2011, p. 24)*
Appendix 2.

Figure 1. A further description of Sense of Coherence in Sjöström’s and Strandell’s article.

<table>
<thead>
<tr>
<th>Sense of coherence</th>
<th>Comprehensibility</th>
<th>Managebility</th>
<th>Meaningfulness</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A sense that...</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>there is an explanation to events.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>what you do matters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>things, events and life is full of meaning.</td>
<td></td>
<td></td>
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</tbody>
</table>

*Figure 1. A further description of sense of coherence in Sjöström’s and Strandell’s article (2011, p. 27)*

Appendix 3.
Model 1. *The working model.*

Appendix 4.
Figure 2. The research process in the Vancouver school of doing phenomenology.

Figure 2. The process of doing phenomenology in the Vancouver School [Modified figure from Halldorsdottir, 2000 p. 56. Used with permission]. This cycle is repeated in every of the 12 steps of the Vancouver School.

Appendix 5.
Table 1. *How the Vancouver school of doing phenomenology was followed in the study.*

<table>
<thead>
<tr>
<th>Steps in the research process</th>
<th>Detailed description of the steps in the present study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1. Choosing participants (sampling)</td>
<td>Eight participants were selected with purposive sample.</td>
</tr>
<tr>
<td>Step 2. Preparation of the mind (silent reflection)</td>
<td>Preconceived ideas were meditated and consciously set aside.</td>
</tr>
<tr>
<td>Step 3. Participation in dialogue (data collection)</td>
<td>One to two in-depth interview per person, altogether 11 interviews</td>
</tr>
<tr>
<td>Step 4. Focused awareness of ideas and concepts (beginning data-analysis)</td>
<td>Ideas verbalized. The process of collecting and analyzing data was parallel.</td>
</tr>
<tr>
<td>Step 5. Detecting themes (coding)</td>
<td>Searching for an answer to the question: What is the essence of what this participant is saying? Main themes and subthemes were constructed.</td>
</tr>
<tr>
<td>Step 6. Building an analytical model for each participant (construction of individual analytic frameworks)</td>
<td>The main themes in each interview were constructed and the most important ones put in an analytical model for each participant.</td>
</tr>
<tr>
<td>Step 7. The verification of each analytic model with a participant (individual verification)</td>
<td>Verification was received from all participants.</td>
</tr>
<tr>
<td>Step 8. An overview model is built from the smaller analytic models (final analytic framework constructed)</td>
<td>All the analytic models of the individuals were compared internally and used as material for the final analytic framework.</td>
</tr>
<tr>
<td>Step 9. Comparison of the final analytic framework with the research data</td>
<td>To insure validity the interviews were once again read and compared to the final analytic framework.</td>
</tr>
<tr>
<td>Step 10. Construction of the study’s main theme.</td>
<td>The self-described meaning making of Icelandic elderly in rehabilitation.</td>
</tr>
<tr>
<td>Step 11. Final verification of the final analytical model and the study’s main theme with some participants.</td>
<td>The results were verified by four participants.</td>
</tr>
<tr>
<td>Step 12. The results of the study are written so that all the voices are heard (multi-voiced reconstruction).</td>
<td>The participants were quoted directly to increase credibility of the research and show how the results are built on the participants’ own words.</td>
</tr>
</tbody>
</table>

**Appendix 6.**
### Table 2. Sample interview questions:

<table>
<thead>
<tr>
<th>AIM</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General information</strong></td>
<td>Please tell me about your: Occupation? Age? Health? How long have you been in the rehabilitation program?</td>
</tr>
<tr>
<td><strong>Questions about meaning making based on Parks’ presentation of theories (2005, p. 709):</strong></td>
<td></td>
</tr>
<tr>
<td>Situational meaning</td>
<td>What is very important in your life now?</td>
</tr>
<tr>
<td>Global meaning</td>
<td>What do you feel is the meaning of life?</td>
</tr>
<tr>
<td>Further on global meaning</td>
<td>What do you think of the darker sides of life?</td>
</tr>
<tr>
<td>The influence of aging on meaning making</td>
<td>Has this changed since you reached your pension?</td>
</tr>
<tr>
<td><strong>Questions based on sense of coherence theory (Antonovsky, 1991) and transactional stress and coping model as presented by Park (2005, p. 708)</strong></td>
<td></td>
</tr>
<tr>
<td>Meaningfulness and understandability</td>
<td>Why did your ailment appear?</td>
</tr>
<tr>
<td>Controllability</td>
<td>How threatening is it?</td>
</tr>
<tr>
<td>Predictability</td>
<td>Is it possible to control?</td>
</tr>
<tr>
<td>Rephrasing of controllability and understandability</td>
<td>Is it possible to predict?</td>
</tr>
<tr>
<td></td>
<td>What can be done?</td>
</tr>
<tr>
<td><strong>Questions on the influence of rehabilitation on meaning making as coping</strong></td>
<td>Has your attitude changed in any way since you came to HNLFÍ?</td>
</tr>
<tr>
<td></td>
<td>If yes, can you describe how and why?</td>
</tr>
<tr>
<td></td>
<td>Have you learned something during the last period?</td>
</tr>
<tr>
<td><strong>Questions based on social cognitive theory (Folkman 1987)</strong></td>
<td>Who is/are your role models?</td>
</tr>
<tr>
<td></td>
<td>What elements/attitudes in this person are important for role-modeling?</td>
</tr>
<tr>
<td></td>
<td>Where have you learned the things that help you to control your life?</td>
</tr>
</tbody>
</table>

**Appendix 7.**
Model 2. A tentative explanatory model presenting the research findings based on the first step of the interview analysis.
Table 3. Kvale's steps compared to the Vancouver school’s approach:

<table>
<thead>
<tr>
<th>Kvale (2007)</th>
<th>Vancouver comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Spontaneous description of the subjects experience, with little interpretation or explanation.</td>
<td>The Vancouver approach also speaks of this, and adds a “silence” part in the interview analysis. Where it is suggested that researchers regularly try to take a moment and “empty their mind” to be more open towards understanding the subjects thoughts on the phenomenon.</td>
</tr>
<tr>
<td><strong>2.</strong> Discoveries of the subjects during the interview of meanings or relationships, free of interpretation.</td>
<td>This is also a part of the Vancouver approach.</td>
</tr>
<tr>
<td><strong>3.</strong> A process of interpretations of the interviewer presented during interview, and the subsequent response of subject. Also labeled an “on the spot” confirmation or disconfirmation of the interviewer’s interpretations.</td>
<td>This is close to step 4 where “Ideas are verbalized and the process of collecting and analyzing data should be parallel.”</td>
</tr>
</tbody>
</table>
| **4.** Analysis of the recorded interview by the interviewer alone or with co-researcher. This involves:  
  a. Computer programs for textual analysis.  
  b. Developing the meanings of the interviews, this provides:  
     i. Increased understanding,  
     ii. New perspectives of the researcher. | Kvale mentions that the research topic rests on the craftsmanship and knowledge of the researcher as he analyzes the meanings expressed in language (p. 103). This might describe the 5th step in the Vancouver analytical model. Both Kvale and the Vancouver school mention coding as analytical tools, which also rest on the skill and insight of the researcher. Kvale speaks of meaning coding, and meaning condensation, as an attempt to bring out what is in the text, which is as well described in the 5th step of the Vancouver school which is a search “for an answer to the question: What is the essence of what this participant is saying?” (see appendix 7). |
| **5.** A re-interview where researcher presents the interpretations to the subjects, furthering the process of correction and elaboration of statements, providing ‘membership validation’. | Re-interviews were encouraged and taken to several subjects to confirm, correct or elaborate on certain statements. |
| **6.** An extended continuum of description and interpretation, approximating the research interview to a therapeutic interview (pp. 102-103). | This seemed to take place in the analytical process, as some participants described the interview as therapeutic. |

Appendix 9.
Table 4. Details of the respondents taking part in the study.

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Age</th>
<th>Male/Female</th>
<th>Length of stay at the rehabilitation clinic</th>
<th>Reasons for rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donald</td>
<td>65-70</td>
<td>Male</td>
<td>10 &amp; 14 days</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Eric</td>
<td>70-75</td>
<td>Male</td>
<td>2 &amp; 3 weeks</td>
<td>Apnea and bradycardia</td>
</tr>
<tr>
<td>Elizabeth</td>
<td>65-70</td>
<td>Female</td>
<td>3 &amp; 3½ weeks</td>
<td>Loss of spouse, fatigue</td>
</tr>
<tr>
<td>Reva</td>
<td>65-70</td>
<td>Female</td>
<td>2 &amp; 3 weeks</td>
<td>Loss of spouse, fragmented hamstrings</td>
</tr>
<tr>
<td>Iris</td>
<td>65-70</td>
<td>Female</td>
<td>4 weeks</td>
<td>Back pain, anxiety</td>
</tr>
<tr>
<td>Anna</td>
<td>65-70</td>
<td>Female</td>
<td>3 weeks</td>
<td>Cancer</td>
</tr>
<tr>
<td>Stephen</td>
<td>65-70</td>
<td>Male</td>
<td>2 weeks</td>
<td>Obesity</td>
</tr>
<tr>
<td>Grissom</td>
<td>65-70</td>
<td>Male</td>
<td>4 weeks</td>
<td>Heart disease, recovery from paralysis from an embolism</td>
</tr>
</tbody>
</table>

Appendix 10.
Table 5. The online statement of the HNLFI clinic of their goal of the rehabilitation of the elderly.

The translated online statement of the purpose and aim of elderly rehabilitation at HNLFI, Iceland (retrieved 5.2.2013)
http://www.hnlfi.is/Sallikamlegt-svid/Oldrunarteymi/

<table>
<thead>
<tr>
<th>Questions posed in the online statement</th>
<th>Answers given</th>
</tr>
</thead>
<tbody>
<tr>
<td>For whom is elderly rehabilitation?</td>
<td>Elderly rehabilitation is for elderly individuals who have mental (Ice. Andlegt, also translated as spiritual) and bodily vigor to participate in active rehabilitation in a group.</td>
</tr>
<tr>
<td>What does the treatment encompass?</td>
<td>In the beginning of the rehabilitation bodily capacity are conducted, fall risk is estimated and the need for specific treatment is evaluated. A treatment plan is designed in a dialogue with the participant and fitted to the capacity of each and every one. Bodily training can entail balance exercises, water exercises, walking and strength training. The team evaluates the need for specific treatment that can e.g. be psychotherapy, nutritional counseling, therapeutic massage, physiotherapy, acupuncture, wax-therapy, water therapy, heat therapy. All treatments are always supervised by professionals.</td>
</tr>
<tr>
<td>How long is the duration of the treatment?</td>
<td>Average time is 4 weeks.</td>
</tr>
<tr>
<td>What is the goal of treatment?</td>
<td>The goal of the treatment is to increase bodily, mental (Ice. Andleg, also translated spiritual) and social skill of people. That way coping ability (Ice. sjálfsvígarmála) and quality of life is increased.</td>
</tr>
<tr>
<td>How is teaching (Ice. fræðsla, also translated information transmission) structured?</td>
<td>Diverse teaching is available at the Health clinic, e.g. on: the importance of training, preventions of falling, memory training, osteoporosis, sleep, anxiety, depression and diet. Discussion meetings and private interviews are a part of the service of elderly rehabilitation.</td>
</tr>
<tr>
<td>Who are on the team?</td>
<td>The treatment is taken care of by a team of professionals that consists of a doctor, a nurse, a paramedic, a physiotherapist, a sports expert and a massage therapist.</td>
</tr>
<tr>
<td>Final statement</td>
<td>In the end of the stay we try to find ways for visitors to maintain their positive progress after their discharge.</td>
</tr>
</tbody>
</table>