Moments of meaning

– Towards an assessment of protective and risk factors
for existential vulnerability among young women
with mental ill-health concerns

A mixed-methods project in
clinical psychology of religion and existential health

Christina Sophia Lloyd

UPPSALA
UNIVERSITET

Dissertation presented at Uppsala University to be publicly examined in Room IV, University Main Building, Biskopsgatan 3, Uppsala, Friday, 2 February 2018 at 13:00 for the degree of Doctor of Philosophy (Faculty of Theology). The examination will be conducted in Swedish. Faculty examiner: Professor Wolfgang Rutz (Coburg University, Germany; Uppsala University (emeritus)).

Abstract
Lloyd, C. 2018. Moments of meaning – Towards an assessment of protective and risk factors for existential vulnerability among young women with mental ill-health concerns. A mixed methods project in clinical psychology of religion and existential health. *Psychologia et sociologia religionum* 26. 135 pp. Uppsala: Acta Universitatis Upsaliensis. ISBN 978-91-513-0181-5.

The present sequential mixed-methods project was conducted in the area of clinical psychology of religion and existential health. The central aim of the project was to investigate clinically relevant areas for an assessment of protective and risk factors for *existential vulnerability* and dysfunctional *existential meaning-making* in a clinical sample of young women with mental ill-health concerns. Three theoretical areas were applied and operationalized for the project: *Existential meaning-making*; *Ontological security*; and, *Emotion regulation*. The sample was composed of female participants at an outpatient psychodynamic psychotherapy clinic for young adults in Sweden, with depression as the most common preliminary diagnosis. Study I, *quantitative*, comprised an online questionnaire of established assessment-measures, completed by 53 women (17–30 y., M = 22.4 y.). Depression-related personality traits were explored as possible underlying variables when studying relations between mental ill-health and a dysfunctional existential meaning-making process, by comparing groups pertaining to different levels of depression-related personality traits to explore possible differences between groups in the areas studied. Study II, *qualitative*, comprised an in-depth interview, with a subgroup (n = 10; range 21-25 y, M=22.7) drawn from the preceding study, and representative of those high on depression-related scales. Interrelations between *existential meaning-making* and *emotion regulation* were explored in relation to everyday life, critical life-events, and ultimate concerns through a systematic text condensation process. Study III, *multi-method*, comprised several assessment steps of data from the subgroup, and an assessment of inter-rater reliability (IRR). Possible *functional factors (protective)* and *dysfunctional factors (risk)* for mental ill-health were explored through an assessment of *Existential worldview function*, by the exploration of interrelations among *existential worldview*, *ontological security* and *self-concept.* According to our hypothesis, high scores on the depression-related personality scale Inhibition of aggression were strongly associated with a less functional existential meaning-making process in this sample of young clinical females. Among the High scorers, a crisis of meaning was found in terms of weak or no access to sufficient cultural knowledge or existential resources in intergenerational, emotionally-nurturing relationships. Results further indicated a general lack of an operating existential worldview accompanied by little or no reflection on existential worldview matters among a majority of the subjects and their parents.

Keywords: Clinical population, depression, anxiety, existential anxiety, internalized symptoms, crisis of meaning, inhibition of aggression, identity, meaning-making, emotion regulation, sense of coherence, self-concept, disruption and repair, high affective moments, existential worldview function, ontological security, belonging, loneliness, sacredness, death

Christina Lloyd, Department of Theology, Box 511, Uppsala University, SE-75120 Uppsala, Sweden.

Abstract in Swedish

Detta *sequential mixed-methods* projekt genomfördes inom området för klinisk religionspsykologi och existentiell hälsa. Det centrala syftet med studien var att undersöka kliniskt relevanta områden för en bedömning av skydds- och riskfaktorer för existentiell sårbarhet och dysfunktionellt existentiellt meningsskapande i ett kliniskt urval av unga kvinnor med psykisk ohälsa. Tre teoretiska områden applicerades och operationaliserades för studien: *Existentiellt meningsskapande*; *Ontologisk trygghet*; och *Känsloreglering*. Undersökningsgruppen bestod av kvinnliga deltagare vid en psykodynamisk psykoterapimottagning för unga vuxna i Sverige, med depression som den vanligaste preliminära diagnosen. Studie I, *kvantitativ*, bestod av en online-enkät med etablerade bedömningsinstrument, som besvarades av 53 kvinnor (17-30 år, M = 22,4 år). Depressionsrelaterade personlighetsdrag utforskades som möjliga underliggande variabler i relationen mellan psykisk ohälsa och en dysfunktionell existentiellt meningsskapande process, genom en jämförelse av grupper med olika nivåer av depressionsrelaterade personlighetsdrag, avseende de undersökta områdena. Studie II, *kvalitativ*, omfattade en djupintervju med ett urval av informanter (n = 10, intervall 21-25 y, M = 22,7) från den föregående studien, representativa för dem med höga värden på depressionsrelaterade personlighetsskalor. Interrelationer mellan *existentiellt meningsskapande* och *känsloreglering* undersöktes i förhållande till vardagsliv, kritiska livshändelser och livets yttersta frågor genom en systematisk textkondenseringsprocess. Studie III, *multimetod*, omfattade flera bedömningssteg av data från urvalsgruppen, och en bedömning av interbedömarreliabilitet (IRR). Möjliga funktionella (skydds-) faktorer och dysfunktionella (risk-) faktorer för psykisk ohälsa undersöktes via den *Existentiella världsbildens funktion*, operationaliserad som sambandet mellan *existentiell världsbild*, *ontologisk trygghet* och *självbild*. Enligt vår hypotes var höga värden på den depressionsrelaterade personlighetsskalan Aggressionshämning starkt relaterade till en mindre funktionell existentiellt meningsskapande process i detta urval av unga kliniska kvinnor. Bland dem med höga värden framträdde en meningskris med avseende på svag eller ingen tillgång till tillräckliga kulturella eller existentiella resurser i intergenerationella, känslomässigt stödjande relationer. Resultatet indikerade vidare en generell brist på en utvecklad och funktionell existentiell världsbild åtföljd av en låg grad av reflektion gällande existentiella världsbildsfrågor bland majoriteten av informanterna och deras föräldrar.

To Amanda and Felicia

List of Papers

This thesis is based on the following scientific papers, which are referred to in the text by their Roman numerals.

I   Lloyd, C. S., af Klinteberg, B., & DeMarinis, D. (2015). Psychological and existential vulnerability among clinical young women: A quantitative comparison of depression-related subgroups*, Mental Health, Religion and Culture,* 18(4), 259-272.

II   Lloyd, C. S., af Klinteberg, B., & DeMarinis, V. (2016). Emotion regulation and existential meaning-making in young women with mental ill-health concerns – A qualitative study. *Psychology and Behavioral Science International Journal,* 1(1), 1-11.

III   Lloyd, C. S., af Klinteberg, B., & DeMarinis, V. (2017). An assessment of existential worldview function among young women at risk for depression and anxiety – A multi-method study. *Archive for the Psychology of Religion,* 39(2), 165-203.

Reprints were made with permission from the respective publishers.

Table of Contents

Abbreviations

APA	American Psychiatric Association
APA	American Psychological Association
CFI	Cultural Formulation Interview
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5th ed.
EVS	European Values Study
FHM (in Swe.)	Public Health Agency of Sweden
KSP	Karolinska Scales of Personality
MHP	Mental Health Promotion
MIL	Meaning in Life
MUCF (in Swe.)	Swedish Agency for Youth and Civil Society
PMI	Prevention of Mental Illness
SASB	Structural Analysis of Social Behavior
SCB (in Swe.)	Statistics Sweden
SCL-90	Symptom Checklist-90
SKL (in Swe.)	Swedish Association of Local Authorities and Regions
SOC-29	The Sense of Coherence 29-item Scale
SOS (in Swe.)	National Board of Health and Welfare
STT (in Swe.)	Swedish Agency for Support to Faith Communities
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WVS	World Values Survey

List of figures and tables

Acknowledgments

support from family and friends has been very important. I would like to thank especially Linda, Marie, Lotta, Sophie and Monica for their persistent support.

It is so important to be curious about who your children are, to learn how to play with them, and to encourage their imaginations. All that we have learned about neural plasticity tells us that the brain is primed to grow in conditions of safety, positive excitement, shared openness, and exploration. These states of mind create the flexibility that lets you adapt to your children and helps them discover their inner world.
(Cozolino, 2006)

To merge briefly with another (i.e., the therapist) and then separate was seen as a healthy microcosmic experience of one's life journey – the inherently unobtainable, simultaneous pursuit of isolation and union.
(Shumaker, 2012)

Existential health in the form of perceiving one's life as meaningful and full of purpose promotes overall psychological and physical health.
(Routledge, Roylance, & Abeyta, 2017)

1 Introduction

Towards an assessment of existential vulnerability

Multiple studies affirm that psychological as well as existential vulnerability manifest in different ways for adolescents and young persons on their way to becoming adults in contemporary Swedish society (e.g., Adamson, Hartman, & Lyxell, 1999; Jacobsson, Tysklind, & Werbart, 2011; Swedish Agency for Youth and Civil Society, 2015; Åsbring & Hochwälder, 2009). The deteriorating mental and psychosomatic health among young people is considered a serious and growing public health concern at a societal level (Government Offices of Sweden, 2012; Public Health Agency of Sweden, 2016; Swedish Agency for Youth and Civil Society, 2015). To determine protective as well as risk factors for mental ill-health among young people, causations and gender differences are topics under investigation (e.g., Petersen et al., 2010; Swedish Agency for Youth and Civil Society, 2015; Ybrandt & Armelius, 2010). However, notwithstanding the known urgency of the existential aspects of youth's mental ill-health (Burrow & Hill, 2011; Fitzgerald, 2005; Steger, Bundick, & Yeager, 2012), these aspects have not yet gained sufficient attention on either societal or governmental decision-making levels to have an impact on related research and funding (Ministry of Health and Social Affairs, 2012; The National Board of Health and Welfare, 2015).

The vulnerability of falling ill from mental ill-health is especially pronounced for the age group 16-24 years of age (Swedish Agency for Youth and Civil Society, 2015; Statistics Sweden, 2014), there internalized problems such as anxiety and depression seem to be a growing concern (Jarbin, von Knorring, & Zetterqvist 2014; Bor, Dean, Najman, & Hayatbakhsh, 2014). Recent studies indicate that it is mainly stress-related problems that have increased (Social Insurance Agency, 2017:1), and girls seem here to be particularly affected (Schraml, Perski, Grossi, & Simonsson-Sarnecki, 2011; Public Health Agency of Sweden, 2016; Bremberg & Dalman, 2015; Novus Sweden Panel, 2016). The National Board of Health and Welfare (2017) describes stress as an imbalance between the demands placed on us and our ability to handle them. Persistent stress-related symptoms may develop into difficulties in managing everyday life, with signs of anxiety and depression, and in severe cases to post-traumatic stress disorder, and fatigue syndrome (Åsberg et al., 2010). Research findings indicate that girls and boys have different kinds of stresses and vulnerabilities as risk factors for mental health problems (Novus

Sweden Panel, 2016; Ybrandt & Armelius, 2010; Lager, 2009). Other studies also indicate that females and males display different kinds of expressions of mental ill-health and depression (Hausmann, Rutz, & Benke, 2008; Dobson & Dozois, 2008). Ybrandt and Armelius (2010) found that internalizing problems, such as anxiety and depression, for girls were predicted best from aspects of their self-image, while for boys, parental behaviour played a more crucial role. The present project focusing on a sample of clinical young women, was constructed in light of the fact that predominantly anxiety and depressive symptoms, as they are usually measured, have been found to be more common among adolescent girls than boys of the same age (Moksnes, Moljord, Espnes, & Byrne, 2010; Remes, Brayne, van der Linde, & Lafortune, 2016).

Possible sociocultural causes to youth's mental ill-health and existential vulnerability

According to The National Board of Health and Welfare's (2013) review of the area, there are currently no simple answers as to why mental ill-health is increasing in general among young people in Sweden, and not just occurring among children and adolescents in particularly vulnerable situations due to stressful psychosocial factors. When comparing high-income countries, the prevalence of psychological problems among young adults were found to increase in societies where youths are confronted with a prolonged time for establishment into adult life (Arnett, 2000; Fombonne, 1998; Lager & Bremberg, 2009). The heightened individualization in the Swedish society may also be a factor (World Values Study, 2010-2014; Inglehart & Baker, 2000; Pettersson, 2007). Whitley (2008) argues that the social transformations in contemporary Western societies are unprecedented in comparison to previous eras, stating that *"it could be argued that individualization associated with postmodernity may be considered a risk factor for diverse psychiatric outcomes, including depression, suicide, and anxiety"* (p. 355). Whitley (2008) further argues that little work in psychiatry has been applied explicitly to themes related to changes in the postmodernity context or to investigate their impact on mental ill-health, help-seeking behavior, clinical encounters, and outcomes. In addition, a higher demand for qualified education, and an increase in socio-economical inequalities in the Swedish society are other risk factors for mental ill-health among emerging adults (Statistics Sweden, 2014; Public Health Agency of Sweden, 2014, 2016). In a few decades, Sweden has shifted from being one of the most equal and well-developed societies pertaining to societal and social security systems (Nelson, 2012; Nelson & Fritzell, 2014; Roine & Waldenström, 2014) to becoming a highly unequal society, with growing gaps in several socio-economic and health-related areas (Public Health Agency of Sweden, 2016; Karlsson, Carrigan, Malmberg, &

Stiernström, 2015; Sweden's City Missions, 2017; Save the Children, 2015). Wilkinson and Pickett (2009) reason, from their research and meta-reviews, that growing socio-economic inequalities in a society lead to a general increased stress and a hunting for different status markers (see also Piketty, 2014; Payne, Brown-Iannuzzi, & Hannay, 2017; World Health Organization Europe, 2011, 2016). Children and adolescents are stressed to compete for grades in order to qualify for the most attractive programs, which both have a status value in themselves and are a precondition for the most well-paid jobs. This expanding area of research has been labeled: *The science of inequality* (Chin & Culotta, 2014). Other factors influencing mental ill-health and existential health issues among youth may be more general psychiatric and sociocultural changes involving how to conceptualize and treat psychological suffering as neuropsychiatric diagnosis has increased, and consideration of social-psychological aspects of mental ill-health has decreased in Swedish psychiatry (Hallerstedt, 2006; Sveneaus, 2013; Topor, Borg, Di Girolamo, & Davidson, 2011; see also Reeder, 2010). In relation to the new diagnosis categories in the *Diagnostic and statistical manual of mental disorders* (5th ed.; *DSM–5*; American Psychiatric Association, 2013), representatives from several disciplines have underscored the need to safeguard the area of normality, where they think a wider range of expressions of emotions, emotional states and behaviors should be included, than what is generally suggested by the *DSM-5* diagnosis system (e.g., Frances, 2013; Kleinman, 2012; Sveneaus, 2013). *DSM-5* is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders (Hume-Pratuch, 2013).

Multiple studies confirm that the sociocultural challenges and changes, resulting in different kinds of stress experiences, do not seem just to be associated with psychological vulnerability and mental ill-health, but also to an increase in existential questions and issues among young people (Adamson et al., 1999; Jacobsson et al., 2011; Lindfors, Solantaus, & Rimpelä, 2012). Therefore, a needed sociocultural and mental health area of investigation presents itself: how existential questions and issues are being framed by youth, and how existential needs are understood, assessed, and met on different levels of society, ranging from personal to institutional levels.

Cultural changes in beliefs and existential worldviews

Co-occurring with the mental health deterioration of youth, changes in belifes and existential worldviews have occurred for many in the Swedish majority culture (Bäckström, 2014; Bäckström, Davie, Edgardh, & Pettersson, 2010, Vol. 1; 2011, Vol. 2; DeMarinis, 2008). In comparative studies, Sweden is understood to be one of the most secularized countries in the world. Notwithstanding, about 70 percent (Church of Sweden, 2016; Swedish Agency for Support to Faith Communities, 2015) of Swedes are officially members of a

religious institution, around 45 percent believe in "some spirit or life force" and 15 percent in a "personal God" (European Values Study [EVS], 2011; see also Day, 2011). However, recent studies show a complex picture, filled with contradictions and incongruities, where a majority (up to 70%) of the Swedes in a simple operationalized way can be neither categorized as religious nor secular (af Burén, 2015; Voas, 2009; Willander, 2014). (For an overview of the complexity of Swedes' belief profiles see af Burén, 2015; Bäckström, 2014; DeMarinis, 2008).

Regardless of what one believes in, the findings point to the situation that the main part of the Swedish majority culture to a very little degree considers religion and God important in life, and less than five percent of Swedes think it is important for children to learn about religious faith at home (Inglehart & Baker, 2000; Pettersson, 2007; World Values Survey, 2010-2014). For many ethnic-Swedish youth, there is an absence of a functional existential worldview system (religious or other) in childhood, which can lead to a crisis of meaning in terms of access to cultural knowledge or existential resources. Often this points to a lack of a basic existential worldview rather than a dys-functional impairment of such (DeMarinis, 2008; Schnell & Keenan, 2011; see also Reker & Wong, 2012). The more simplified belief profile has been confirmed among Swedish youths in a recent nationwide study (n = 1 316, 16–24 years), (Lövheim & Bromander, 2012). Even if a majority (around 70%) answered that they more or less belonged to Christianity, religion seemed to have had little importance in their lives or for their identity com-mitments. These results imply that whatever mental ill-health issues or exis-tential question or concerns youths may have in their transition into adulthood, religion/spirituality is not considered a resource or a frame of reference for reflections and answers, or as a safe haven to turn to in times of crisis and loss.

Culture critical reflections on Swedish mental health care

Regardless of regional differences in Sweden, the need and demand for treat-ment and psychotherapy generally are not fulfilled for youths, and specifically existential questions and concerns, such as existential vulnerability and im-pairments in existential meaning-making (DeMarinis, 2008), are not explicitly addressed, assessed or treated when youths use the mental health care system (Stockholm's City Mission, 2016, 2017; Swedish Association of Local Au-thorities and Regions, 2012).

In relation to the Norwegian psychiatric context, Ulland and Bertelsen (2010) argue that the scientific biomedical epistemology to a lager extent than today, needs a humanistic epistemology as a complement and a coequal dia-logue partner to the biomedical perspective. They emphasize the need for an open dialogue between those two perspectives to implement an ethical health work process, concerning decisions on diagnosis and treatment. They refer to Nessa (2003):

Should the phenomena that medicine is concerned with, be explained and treated, ought both of these perspectives be used. The Human Sciences have theories, concepts and methods to study those aspects of disease and health that are not captured in a Natural Sciences' understanding: meaning, social relations, history, and culture. (Nessa, 2003, pp. 12–13, the present author's translation from Norwegian; see also Lundin, 2008)

Even in Sweden, representatives from multiple disciplines have started to question the often unquestioned or unilateral biomedical and neuropsychiatric approach in psychiatric healthcare (e.g., Bäfverfeldt, 2014; Hallerstedt, 2006; Svenaeus, 2003, 2013; see also Werbart, Levin, Andersson, & Sandell, 2013; Whitley, 2008).

In a recent study, Ulland and DeMarinis (2014) explored how therapists in a person-centered and humanistic-inspired psychiatric clinical context in Norway understood and addressed what the authors call "existential information" in therapies with adolescents. Existential information in itself was considered important for understanding clients' psychosocial and sociocultural needs in multicultural Norway. However, even if the informants regarded the clinical context as supportive to including existential information in therapy, the majority emphasized that they lacked training and supervision, both in their education and clinical practice, *"in relation to specific competence to understand and work with existential information in psychotherapy in a multicultural clinical context"* (Ulland & DeMarinis, 2014, p. 9; see also Tyrberg, 2015). The authors underscore:

The need for competence in this field has increased in recent years because of a *multicultural* and *multi-religious* society [-] where cultural and spiritual references are important parts of life and contribute to the formation of understandings of illness and health. Implicitly or explicitly, existential information often enters into the process of therapy. The skills needed to identify coping mechanisms, resources, problems, and meaning-making sensitivity will improve the alliance between the therapist and the client. It will also be helpful for gathering information to further diagnosis and treatment (referring to Rosenfeld, 2010, as discussed in Ulland & DeMarinis, 2014, pp. 9-10).

The Norwegian therapists expressed a need to gain experience for developing clinically relevant ways to integrate existential information into their therapeutic work with youth. It is also noteworthy that the therapist's opportunity to share and explore her/his own personal belief background and current existential orientation in and of itself, through the study, were considered helpful *"to improve the therapeutic alliance and gave them a diagnostic means and therapeutic manner for identifying and including existential information in therapy"* (Ulland & DeMarinis, 2014, p. 11). DeMarinis and colleagues (2011) have earlier described how *"existential information should be handled in a clinical context according to strategy documents at national, regional, and clinical levels"* (DeMarinis, Ulland, & Karlssen, 2011, p. 79), and this

approach was supported by the informants. The informants understood the concept of existential needs as being fundamental and universal, that should be a natural part of the healthcare system (see also Koslander, Barbosa da Silva, & Roxberg, 2008), but they lacked having discussions on existential/spiritual issues in collegiate teams and treatment meetings. Due to cultural closeness between Norway and Sweden one may assume that this picture, to some extent, would be confirmed in a corresponding clinical context in Sweden (see further Tyrberg, 2015).

Further, if and how existential information, including religion/spirituality (R/S), should be a valued and valid part in clinical assessment and psychological/psychotherapeutic treatment has long been debated (e.g., Blass, 2007; Hodge, 2004; Shafranske & Malony, 1996). In the introduction to the Culture Formulation Interview (CFI, American Psychiatric Association, 2013, pp. 749-750) the authors conclude that an enhanced understanding of the importance of culture for diagnosis and mental health are needed where religion and spirituality should be evaluated and included as key factors in culture. Kirmayer (2005) writes on the need to have a culture sensitive approach in psychiatry:

> Individuals have many competing schemas at their disposal. The relative prominence or weight given to a specific model is determined by the social context and purposes for which the person is reflecting on, recollecting or recounting their experience. Accounts of symptoms and illness experience are therefore highly dependent on the social context of narration. Psychiatric nosology and the process of clinical assessment must consider the ways in which psychopathology is shaped by social and cultural contexts including those of the family, workplace, and health care system as well as global professional, economic and political interests. (Kirmayer, 2005, p. 192)

The American Psychiatric Association's guidelines for the Culture Formulation Interview state in accordance with Kirmayer that: *"Understanding the cultural context of illness experience is essential for effective diagnostic assessment and clinical management"* (American Psychiatric Association, 2013, p. 749), stressing that *"all forms of distress are locally shaped, including the DSM disorders"* (American Psychiatric Association, 2013, p. 758; see also Sveneaus, 2013; Frances, 2013). A more culture-sensitive perspective also points to the fact that mental ill-health, psychopathology, and developmental crises always should be seen as interrelated, and ought to be assessed and treated in this interrelated way in mental health care services (see further van der Kolk et al., 2009; Lerner & Castellino, 2002; Whitley, 2008).

Research context

Clinical psychology of religion

This mixed-methods project was done in the field of clinical psychology of religion. Psychology of religion as a subfield in psychology, and especially in clinically-related areas, has grown rapidly in interest and application in recent decades (Emmons & Paloutzian, 2010). Many books, handbooks and articles have been published in the field, and several by *The American Psychological Association* (e.g., Emmons, 1999; Pargament, 2013, Vols. 1-2; Richards & Bergin, 2000; Shafranske, 2003). The American Psychological Association's Division 36, with roots back in the 1940s, was in 1993 renamed the *Society for the Psychology of Religion and Spirituality* (Reuder, 1999), and facilitates nowadays the interchange of ideas between science and clinical as well as applied practice, and seeks to increase public awareness of psychological dimensions of religion and spirituality. One area in which further research has been asked for, is investigation of the close relationship between the psychology of religion and the psychology of emotion (Emmons & Paloutzian, 2003; Hill & Hood, 1999; Watts, 1996). The present project encompasses both of those theoretical perspectives in certain operationalized ways by focusing on *Existential meaning-making* and *Emotion regulation*.

Clinical psychology of religion's updated role in the Scandinavian context

The human need and search for meaning and significance is one framework for research in contemporary psychology of religion that includes religious/spiritual as well as secular beliefs, worldviews and different sources of meaning (Pargament, Ano, & Wacholtz, 2005; Park, 2005a, 2010; Schnell, 2009). However, there still remains considerable theoretical and methodological disagreement and concern about how the category of existential information (including religion/spirituality, worldview, meaning in life, the sacred, etc.) best can be operationalized and studied to include everyday and ultimate questions of life, and to accommodate highly secularized sociocultural contexts (DeMarinis, 2008; Murphy, 2017; Schnell, 2009; see also Wong, 2012).

Park (2010) underscores that there is an urgent need for more empirical research, to test different theories, and for the development of better adjusted measurements on meaning-making. Further, DeMarinis (2008) through a public mental health perspective argues for the need to develop assessment processes for existential information, including existential meaning-making and existential worldview function, for inclusion in health contexts and especially in mental health programs. Building on cultural psychologist Marsella's defi-

nition of culture DeMarinis (2008) proposes that clinical psychology of religion's updated role would be to take responsibility for identifying and assessing parameters of existential meaning-making and existential worldview function and dysfunction in contemporary Swedish and Scandinavian cultural contexts, and then in majority as well as minority cultures (DeMarinis, 2008). Marsella defines culture as:

> Shared learned meanings and behaviors that are transmitted from within a social activity context for purposes of promoting individual/societal adjustment, growth, and development. Culture has both external (i.e., artifacts, roles, activity contexts, institutions) and internal (i.e., values, beliefs, attitudes, activity contexts, patterns of consciousness, personality styles, epistemology) representations. The shared meanings and behaviors are participant to continuous change and modification in response to changing internal and external circumstances. (Marsella & Yamada, 2000, p. 4)

DeMarinis (2008), referring back to this definition of culture and working in a public mental health perspective, argues that a cultural epidemic can occur when members of a cultural context do not have access to the culture's internal and external representations necessary for human development at the individual-, group-, and societal levels, and when ways of creating new, cooperative representations have not been established. DeMarinis (2008) also notes that understanding and assessing mental health and ill-health on public and individual health levels, necessitates that individual as well as sociocultural dimensions and their interrelations need to be considered.

The phenomenon studied

The phenomenon studied in this project is described through two psychological perspectives: (1) generally, as the human experience of meaning in life; and, (2) specifically, as the human capacity for meaning-making as a fundamental aspect of psychological development and a perquisite for an operating psychotherapeutic treatment.

Here, human meaning-making processes was delimited to *Existential meaning-making* and *Emotion regulation* as they were defined, operationalized and explored through the three studies in the project (see Paper I, II and III). Nonverbal and implicit aspects of meaning-making were not included in the investigation.

26

Meaning in life – An expanding research field

In general psychology (Steger, 2009), as well as in psychology of religion (Hood, Hill, & Spilka, 2009), there is a growing interest in the human experience of meaning in life (MIL), due to the evidence for its contribution to well-being and health (for a review, see Steger, 2009; see also Heintzelman & King, 2014a), and so even for young people (Brassai, Piko, & Steger, 2011; Ryff & Singer, 1998; Steger, 2012). Clearly defining and assessing a person's sense of meaning in life and meaning-making processes have been found to be quite problematic (Mascaro et al., 2004; Park, 2010; Schnell, 2009). Despite advancements theoretically (e.g., Baumeister & Vohs, 2002; Wong, 2012), and empirically (e.g., King, Hicks, Krull, & Del Gaiso, 2006; Schnell, 2009; Steger, Frazier, Oishi, & Kaler, 2006), *"many observers (e.g., Heintzelman & King, 2014a; Leontiev, 2013) have noted that the field still suffers from definitional ambiguity and simplified approaches that neglect the complexity and conceptual range of meaning in life as a construct"* (Martela & Steger, 2016, p. 531). Different models and conceptual constructs have been proposed in the last decades (for an overview see Martela & Steger, 2016). Martela and Steger conclude that *"we need to overcome 'the nagging definitional ambiguity of the construct' (Heintzelman & King, 2013, p. 471) and have further clarification on the basic question: What do we ask when we ask about meaning in life?"* (Martela & Steger, 2016, p. 531).

Building on previous research, and answering this question in a psychological perspective, the most consensus seems to be centered on the following three dimensions: *coherence*, *purpose* and *significance* (for an overview see Martela & Steger, 2016; see also Heintzelman & King, 2014a; Steger, 2012). Further, both cognitive and affective functions have been advocated as salient factors for the experience of meaning in life (Reker & Wong, 1988, 2012; see also Battista & Almond, 1973). However, cognitive aspects have been prioritized in MIL research, and when Martela and Steger, in a theoretical overview, aimed to define and pinpoint the differences and connections between these three facets of meaning, they left out the "problematic affective dimension" (Martela & Steger, 2016, p. 532). From their theoretical elaborations Martela and Steger (2016) argue that future research would benefit from treating these facets of meaning, coherence, purpose and significance, as separate, as *"the three facets have different psychological roots and fulfill different functions in human life. It can also be argued that their presence or absence is caused by different factors"* (Martela & Steger, 2016, p. 532). They point to the fact that the three facets of meaning are unified by our capacity for reflectively interpreting our lives, concluding that *"[t]he deep, abstract, conceptual work required to find coherence, purpose, and significance in life may be the most fundamentally human we have"* (Martela & Steger, 2016, p. 538).

It has also been emphasized that perceived positive or negative affect neither theoretically nor methodologically should be confused with a sense of

meaning in life or a crisis of meaning in life. Further, sources of meaning and the actual experience of meaning are not to be confused or conflated (Martela & Steger, 2016; see also Baumeister & Vohs, 2002; Mcknight & Kashdan, 2009; Schnell, 2009). A warning against confusing perceived sense of belonging and meaning are also voiced (Martela & Steger, 2016). Though belonging, as *"being part of something larger than the self"* (Schnell, 2014, p. 178), and perceived sense of meaning have been found to be closely linked (see also Lambert et al., 2013). In Schnell's research on meaning in life, belonging has a central place. She defines meaningfulness *"as a fundamental sense of meaning, based on an appraisal of one's life as coherent, significant, directed, and belonging"* (Schnell, 2009, p. 487). Martela and Steger (2016), though, countered this by arguing *"that sense of belonging and relatedness might be better understood as a centrally important source of meaning rather than a facet of meaning"* (Martela & Steger, 2016, p. 541).

In the present project, aiming in a broad sense to explore inter- and intrapersonal processes related to existential meaning-making and emotion regulation, the three facets of meaning: coherence, purpose, and significance, where not in the Martela and Steger's (2016) sense systematically treated or operationalized as separate items. However, sense of coherence was measured by SOC-29 (Antonovsky, 1979, 1987), and significance was explored by questions around a global and situational sense of meaning in life (DeMarinis, 2008; Park, 2005a, 2010; Reker & Wong, 2012). Furthermore, an affective/emotive aspect was assessed separately, and belonging aspects (i.e., relational networks) were investigated under the area of ontological security. Interrelations between existential meaning-making and emotion regulation were also explored through the project. "Interrelated" (2017), usually means *"connected in such a way that each thing has an effect on the others,"* and "interrelationship" (2017), *"the way in which two or more things or people are connected and affect one another."* In this presentation, the term "interrelations" is used, through a systems centered view (Beebe & Lachmann, 2002), to denote a complex and mutual impact between variables.

Meaning-making – A fundamental aspect of psychological development

Psychology of religion often uses psychoanalytic/psychodynamic theories as a framework for gaining a deep-psychological perspective. Generally, psychoanalysis in theory and technique gives meaning and meaning-making processes a central role (Tronick & Beeghly, 2011). In this project, the *Systems model of interaction* (Beebe & Lachmann, 1994, 2002) was used. This relational psychoanalytic model, developed from mother-infant observations and child development, has evolved within the work of the Boston Change Process Study Group (BCPSG), that considers the human's meaning-making capacity

as being a salient aspect of human psychological development (Tronick & Beeghly, 2011), and of existence and interpersonal interactions (Stern et al., 1998; see also Davis, 2015; Harrison & Tronick, 2007). Davis (2015, 2006) and Tronick (2005) describe meaning-making as *"understood to be an important self-regulatory process within the individual, and a process of mutual regulation in relationships"* (Davis, 2015, p. 431). This process is in a psychodynamic understanding both implicit/unconscious and explicit/conscious (for an overview see Davis, 2015; see also Fonagy, 1999; Fosshage, 2005; Mancia, 2006).

The context and the interactions shape expectancies and associations (Beebe & Lachmann, 2002; Harrison & Tronick, 2007), and our biographical stories rarely are told in exactly the same way, even if themes and memories recur. There some features, symbols, gestalts, become more present and persistent than others, especially over time (Bowlby, 1969, 1973; Stern, 1985; Winnicott, 1971). We try to make meaning of our self, our relations and our lives, we interpret, and re-interpret our own life-story in relation to new circumstances and whereabouts, and we cannot step into the same river twice. Our more or less (un)conscious expectations and choices are also always a part of what we say and do (Beebe & Lachmann, 2002; Harrison & Tronick, 2007). Davis (2015) underscores the nonverbal and implicit aspects of meaning-making, and the need to include even these levels in therapies. He writes:

> In spite of the growing number of papers in the psychoanalytic literature on implicit memory and nonlinear dynamic systems (e.g., Fonagy, 1999, Davis, 2001, Fosshage, 2005; Mancia, 2006; Singer and Conway, 2011), when analysts speak of meaning-making, they still are typically referring to meanings that are verbal and explicit (even if out of awareness). Tronick's work, however, opens the door to the psychoanalytic consideration of the vast area of nonverbal and implicit aspects to an individual's meaning making process. Broadening one's understanding of the many levels of meaning making, in turn, opens up an exciting array of interventions, particularly for the child [and youth (added by present author)] analyst, that are truly psychoanalytic in that they address the meanings that the patient makes of his or her self and world, but that are not typically viewed as part of analytic technique. (Davis, 2015, p. 431)

Davis (2015), with Tronick and Beeghly (2011), argue that *"expanding and making more flexible a patient's meaning making capacity is thought to be a major mechanism underlying psychoanalytic therapeutic action"* (Davis, 2015, p. 431).

Aim and research questions

The central aim of this project was to begin identification of clinically-relevant areas for assessing protective as well as risk factors for *existential vulnerability* and dysfunctional *existential meaning-making* in this patient group.

The project's applied aim was to inform clinical practice within Swedish and Scandinavian cultural contexts, by contributing both empirically and theoretically to the developing research area of existential meaning-making and mental health care for youth and emerging adults.

Central research question:

> *Regarding existential meaning-making and emotion regulation, what protective and risk factors for existential vulnerability can be found among young women with mental ill-health concerns?*

The central research question was operationalized into the following areas of the project's three studies, addressed in the three scientific papers:

Paper I: In this quantitative study depression-related personality traits were explored as possible underlying variables between mental ill-health and a dysfunctional existential meaning-making process. It was hypothesized that *level of anxiety*, in terms of self-rated inhibited aggression, which has been found to predict depressive symptoms (von Knorring, Perris, Eisemann, & Perris, 1984), *was closely linked to psychological as well as existential vulnerability.*

Paper II: In this qualitative study interrelations between *Existential meaning-making* and *Emotion regulation* were explored, as inter- and intrapersonal processes, in relation to lived experiences in everyday life, critical life-events, and ultimate concerns. The research question was: *Are emotion regulation and existential meaning-making as lived experiences in everyday life, critical life-events, and ultimate concerns interrelated processes among young women with mental ill-health concerns, and if so, how?*

Paper III: In this multi-method study possible *Functional factors (protective)* and *Dysfunctional factors (risk)* for mental ill-health were explored through an assessment of *Existential worldview function* among the subjects. A working hypothesis was used building on DeMarinis (2008), Giddens (1984, 1991), and Adamson and colleagues (1999): *Existential worldview, Ontological security and Self-concept are interrelated for both functional and dysfunctional aspects of mental health.*

Population

The sample representing young women with mental ill-health concerns was composed of female participants at a large metropolitan outpatient psychodynamic psychotherapy clinic for young adults in Sweden. The majority of the women, on the waiting list for or in treatment, were invited to answer the quantitative study's questionnaire (N = 100 women), response rate was 53% (17–30 y.). The qualitative interview study, included ten voluntary female participants (21-25 y.), from the quantitative study, who were on the waiting list for psychotherapy at the same outpatient psychotherapy clinic.

Demarcations and definitions of central concepts

Existential meaning-making

In this project the concept *Existential meaning-making* was operationalized in particular ways for the different studies in the project. This specific concept has been developed in clinical psychology of religion within the highly secularized Scandinavian context to include both everyday existential meaning-making and ultimate concerns as interwoven categories of general patient information in health-care research (DeMarinis, 2008; Kjørven Haug, 2015; Ulland & DeMarinis, 2014; see also Murphy, 2017). It has also been used to develop the fields of *Existential Health* and *Existential Public Health* in Sweden (Cetrez, 2011; DeMarinis, 2008; Melder, 2011). Existential meaning-making is here supposed to include both inter- and intrapersonal processes that to a high degree are implicit, but often become more urgent and explicit in times of crisis and stressful situations (e.g., Geels, 1991, 1992, 2003; Park, 2005b; Schnell, 2009; see also Pargament et al., 1998).

Both "global meaning", i.e., *"the cognizance of order, coherence, and purpose in one's existence"* (Reker & Wong, 2012, p. 434; Reker & Wong, 1988) and "situational meaning", i.e., *"the attachment of personal significance to specific experiences"* (Reker & Wong, 2012, p. 434) – where explored in the project (see also DeMarinis, 2008; Park, 2005a, 2010; Ulland & DeMarinis, 2014). Meaning-making, crisis of meaning, and search for meaning were, in line with DeMarinis (2008), Schnell (2009), and Steger (2009), considered and assessed as different dimensions.

The more general term *Existential information* was also used through the presentation when referring to *"all the different expressions of actual lived experiences of existential meaning, the search and longing for significance in life"* (Ulland & DeMarinis, 2014, p. 5; see also Murphy, 2017).

In Paper I, meaning in life and meaning-making were explored by the instrument *Sense of Coherence* (SOC-29, Antonovsky, 1979, 1987), and the

questionnaire items pertaining to *belief, meaning of life, view of life and death, religion/spirituality as a resource in life*, and youth's *existential life-questions* (for these specific questions see Appendix 1). In Paper II, a working definition for existential meaning-making was used, building more specifically on DeMarinis (2008), and Ulland and DeMarinis (2014): *Existential meaning-making encompasses lived experiences leading to a fundamental sense of belonging, significance, and meaning in everyday life, as well as in relation to critical events and ultimate concerns as life and death.* Existential meaning-making categories were explored here in relation to open interview questions related to the participant's perceived sense of *belonging*, *loneliness*, and *meaning* (including *moments of significant meaning*), and feelings and thoughts around the concepts of *death* and *the sacred* (see further the interview guide, Appendix 2).

Existential worldview function

Existential worldview function (DeMarinis, 2008) was operationalized as a salient aspect of existential meaning-making. To include the different existential worldview expressions in the Scandinavian context an existential worldview was defined as a person's *"narratives about life's meaning and the actions associated with the lived expression of these narratives"* (DeMarinis, 2008, p. 64). Following DeMarinis (2008), a functional existential worldview was in the present project considered to be linked to ontological security, and a dysfunctional one to ontological insecurity. Both a lack of a basic existential worldview from childhood and a dysfunctional impairment of such were considered related to a person's sense of ontological insecurity (DeMarinis, 2008; Schnell & Keenan, 2011; see also Reker & Wong, 2012).

In Paper III, *existential worldview* was explored by a simplified drawing of the participant's *worldview* together with a descriptive narrative, and open interview questions related to the participant's approach to *meaning of life*, *death*, *religion/spirituality* and the *sacred* (see Appendix 2).

Religion/spirituality, the sacred and death

In the field of psychology of religion, religion/spirituality are by some scholars emphasized as salient and maybe even as unique resources for human meaning-making, cultural worldviews and individual's existential worldviews (e.g., Pargament, Magyar-Russell, & Murray-Swank, 2005; Wilt, Stauner, Lindberg, Grubbs, Exline, & Pargament, 2017). While others emphasize broader, existential aspects of the human meaning-making processes (e.g., Reker & Wong, 2012; Schnell, 2009; Ulland & DeMarinis, 2014). This difference is also present in two established functional definitions of religion, where religion either is related to the sacred (Pargament, 1997) or to the existential fact that we all will die eventually (Batson, Schoenrade, & Ventis, 1993; see also Van Marle & Maruna, 2010). Pargament defines religion as *"a search for significance in ways related to the sacred"* (Pargament, 1997, p. 32). Batson

and colleagues are more existentially oriented in their definition of religion: *"Whatever we as individuals do to come to grips personally with the questions that confront us because we are aware that we and others like us are alive and that we will die"* (Batson et al., 1993, p. 8). (For an overview of different definitions of religion see Paloutzian & Park, 2013.)

Pargament, Magyar-Russell and Murray-Swank (2005), by their definition, regard religion as a unique process, *"for no other human process organizes itself around the sacred"* (p. 669; see also Eliade, 1957; Otto, 1917). However, they do argue that not all searches for significance are religious, and Danbolt and Stifoss-Hanssen (2014) even suggest that "the sacred" in a Scandinavian context should include even secular expressions (see also Durkheim, 1915; Pargament, 2008). Pargament, Magyar-Russell and Murray-Swank (2005) point to the sacred as usually referring to things that are holy, "set apart" from the ordinary, objects that are worthy of respect and reverence (see also Sacred, 2017; Eliade, 1957). There concepts of higher powers, such as God, the divine, and the transcendent, are included, as well as objects that are sanctified or have taken on a sacred status through their association with, or representation of the divine (Mahoney et al., 1999; Pargament, 1999). However, in the broader perspective, different theorists have included several classes of "objects", as material things, time and space, events and transitions, cultural products, people, psychological and social attributes, and roles, that can be experienced or viewed as sacred (Danbolt et al., 2014; LaMothe, 1998; Pargament, Magyar-Russell, & Murray-Swank, 2005). Even life as such and death can in this inclusive definition be considered something sacred.

Due to little differentiation and exploration among this project's informants, the terms *religion* and *spirituality* are for convenience throughout the presentation used inclusively as R/S, if not otherwise stated. (For a discussion on definitions of religion and spirituality, see Zinnbauer & Pargament, 2005.) To include more general aspects of religion/spirituality (R/S), *view of* and *relation to the sacred* and *death* were included in the investigation.

Ontological security

Generally, ontological security theory refers to practices and narratives that social beings (individuals and groups) use to secure their continuous sense of self and belonging through time (Giddens, 1984, 1991; see also Laing, 1960/1965). For this project Giddens' definitions and descriptions were used. *Ontological security* is the *"confidence that most human beings have in the constancy of the surrounding social and material environments of action"* (Giddens, 1991, p. 92). Giddens notes, to *"be ontologically secure is to possess, on the level of the unconscious and practical consciousness, 'answers' to fundamental existential questions which all human life in some way addresses"* (Giddens, 1991, p. 47). In Giddens' understanding, it is through the everyday lived behaviors and biographical narratives that people maintain

their ontological security and "answer" the existential questions concerning basic conditions of human life, such as *existence and being, finitude of human life, the experience of others,* and the *continuity of self-identity* (Giddens, 1991, p. 55; see also the four "givens of existence": *death, freedom, isolation* and *meaninglessness,* Yalom, 1989). With Giddens (1991), it is here supposed that a basic ontological security develops in the recurring everyday life with significant caregivers early on in life (see also Erikson, 1968/1980; Erikson & Erikson, 1982/1997; Winnicott, 1965, 1971).

In Paper I, ontological security was explored through questionnaire items related to *sense of belonging,* locally and globally, and *the need of an adult to understand life* (see Appendix 1). In Paper III, ontological security was further explored by interview questions related to *relational networks*, *significant others*, *basic sense of belonging* and *safety*, *basic sense of self*, and *ability to share existential information* – i.e., view of life, death, and religion/spirituality/the sacred – with significant others (see Appendix 2).

Emotion regulation

There is a range of definitions of the concepts "emotions" and "emotion regulation", including "affects" and "affect regulation" (Adrian, Zeman, & Veits, 2011; Gross, 2013, 2014; Schore & Schore, 2008). This present project used the *Systems model of interaction* (Beebe & Lachmann, 2002) to explore and assess emotion regulation among the subjects. This systems model, designed to explore and develop adult psychoanalytic and psychotherapeutic treatment (Beebe, 2004; Lachmann, 2008), has three principal areas for emotion regulation: (1) *Ongoing regulation*; (2) *Disruption and repair*; and, (3) *Heightened affective moments.* These three principles address the question, *"How do transformations come about?"* (Lachmann, 2008). Emotion regulation goes in the systems model principal areas on in two fields: *Interactive regulation*; and, *Self-regulation.* Those processes are related closely, creating patterns of *expectancies* and self and interactive *contingency* (Beebe, 2014; Haith, Hazan, & Goodman, 1988; Tronick, 1989).

Ongoing regulation is the basic process, the *disruption and repair* process captures a specific sequence broken out of the broad pattern, for the *heightened affective moments* process, one dramatic instance stands out in time, which can be either disruptive or repairing. Emotion regulation is in everyday life to a high degree implicit, but becomes, as existential meaning-making, more explicit or urgent in times of crisis and stressful situations. Adult attachment patterns and different forms of intersubjectivity are included as expressions of interactive regulation, and adult self-regulation includes *"(unconscious) fantasy, day dreaming, symbolic elaboration, and defenses"* (Beebe & Lachmann, 2002, p. 29). *Self-dialog* (Bråten, 2009) is considered an important aspect of self-regulation, and is in this project included as a salient aspect of

intrapersonal self-regulation. When the child's or adult's thoughts are not engaged in conversation with a real person they are occupied often by thoughts of conversations with an internal representation, an "activated companion" (Stern, 1985) or what Bråten (2009) calls a "virtual other," which also can be a child's imaginary playmate, and with Winnicott (1971), Rizzuto (1979), and Jones (1991) even God or some other entity. Bråten (2009) notes that people's self-dialogue seems to be a genuine self-organizing and self-regulating activity.

In Paper I, emotion regulation was assessed by three instruments: (1) *Personality traits* (KSP, Schalling, 1993; Schalling & Edman, 1993; Schalling, Åsberg, Edman, & Oreland, 1987) indicating introversion/extraversion; (2) *Self-concept* (SASB, Armelius & Benjamin, 1988) denoting introjected significant relational patterns; and, (3) *Strategies to handle negative emotions* (Lundh, Karim, & Quilisch, 2007). In Paper II, interactive regulation and self-regulation were explored by interview questions related to: (1) *Ongoing regulation*; (2) *disruption and* repair; and, (3) *heightened affective moments* in relation to a deeply felt *sense of meaning* (i.e., *moments of significant meaning*) (see Appendix 2).

2 Previous research

The research review was a work in progress throughout the research process. However, it was done more systematically during the preparation of the project, for preparation of the specific scientific papers, and finally in the concluding work for the thesis overview. The overall review process was informed by a university librarian, and included identification of MeSH-terms and text words. The following databases were included: EBSCO (PsycINFO, PsychARTICLES, PsychTESTS, ERIC), PubMed (Medline), SweMed+, Libris, ProQuest, DiVA, Google Scholar, ATLA, and Studies on Woman and Gender Abstracts. In addition to this, statistics and reports pertaining to youths' mental health have been updated from Statistics Sweden, National Board of Health and Welfare, World Health Organization, Swedish Agency for Youth and Civil Society, and The Public Health agency of Sweden. Handbooks and encyclopedias related to clinical psychology of religion, late adolescent development, and mental ill-health have also been consulted as needed.

The systematic literature search time-period varied depending on the result, with priority given to empirical research from the last twenty years. Only peer-reviewed publications were included. The review process was done in four steps: (1) reading the title and keywords; (2) if similar or corresponding text words, reading the abstract; (3) if similar objective and/or methods and/or results, reading the article; and, (4) if any uncertainty about the relevance arose, reading the article.

The present project was built on earlier research done on contemporary existential concerns in a Scandinavian context (Adamson et al., 2007; Adamson et al., 1999; Adamson & Lyxell, 1996; Jacobsson, Tysklind, & Werbart, 2011; Ulland & DeMarinis, 2014).

The measures used in this project, to my knowledge, have not been used in a research design like this or on a clinical sample of young women. However, all applied measures have been used on female youth in other studies. Previous research on SOC-29 (meaning-making aspect) and SASB Self-concept (emotion regulation aspect) were of primary interest for the present project.

In Sweden, the SOC-29 instrument has been widely used in both non-clinical and clinical samples of young adults (for an overview see Gassne, 2008). A large body of evidence has been found for a positive relation between the presence of meaning in life, as measured by SOC, and adolescent subjective health, psychological wellbeing and health behavior (Nielsen & Hansson,

2007; Räty, Larsson, Söderfeldt, & Wilde Larsson, 2005; Simonsson, Nilsson, Leppert, & Diwan, 2008; Torsheim, Aaroe, & Wold, 2001). Multiple studies have reported a positive relationship between perceived sense of meaning and coherence, as measured by SOC, and mental health (Kristensson & Öhlund, 2005; Nilsson, Starrin, Simonsson, & Leppert, 2007; Simonsson et al., 2008), and quality in life (QoL, for a review see Eriksson & Lindström, 2005). A more recent Swedish study has shown that low sense of coherence (SOC) was associated with general anxiety and persistent depressive symptoms in a cross-sectional study of a clinical (n = 73) and a non-clinical (n = 66) cohort of adolescent girls (Henje Blom, Serlachius, Larsson, Theorell, & Ingvar, 2010). The non-clinical cohort was recruited among high school students in a small rural town, a large city, affluent suburb and a less affluent suburb with a large immigrant population. In this sample of adolescent girls, a low SOC score mirrored levels of general anxiety and persistent depressive symptoms. The authors concluded, that these *"symptoms were better captured with SOC than by the specialized scales for anxiety and depression"* (Henje Blom et al., 2010, 58). Furthermore, they noted that the comorbidity of anxiety and depression-related disorders is common in adolescent females and corresponds to a more severe symptomatology and impaired global function. In the non-clinical sample the low quartile of the SOC score showed higher temporal stability than the high quartile. This finding contradicts salutogenic theory (Antonovsky, 1987), that assumes that the SOC-scale is more stable at the high end of the continuum.

Antonovsky intended to design the SOC scale as a measure of "a stable, enduring, and generalized orientation to one's world" (Antonovsky, 1987, p. 182). The stability postulate has been questioned and tested with different results and it *"is still unclear what internal and/or external circumstances determine the stability, rise, or fall of the SOC over years"* (Jeserich, 2013, p. 9). In a representative Spanish sample of adolescents, quality of parent–child relationships were found to be the most influential factor on the SOC score (García-Moya, Moreno, & Rivera, 2014; see also Lambert et al., 2010). With *"adolescents reporting parent–child relationships characterized by warmth, open communication, parental knowledge and high satisfaction being more likely to show a strong SOC"* (García-Moya et al., 2014, p. 1279). Positive models of behavior in the peer group, neighborhood assets, and class-mate support were found to have an intermediate influence. Small differences between male and female adolescents were found.

In a US study among 8th and 10th grade students (n = 1 619), Evans, Marsh, and Weigel (2010), tested the relative influence of risk and protective factors on SOC by exploring which environmental domains might be most strongly related to high and low levels of SOC values. Considering the global orientation of SOC, they selected variables from the literature that *represented both protective and risk factors in the lives of youth,* and *reflected experiences or characteristics in five domains of environment* (i.e., individual, home, peer,

school and community). Protective factors included for example: religion, emotional stability, parents and friends care, family pays attention and understands, community activities, and neighborhood cohesion. Risk factors included for example: problem behaviour, suicide attempts, alcohol and drug use, anger expression, family conflict, and (negative) peer influence. Results suggested that protective and risk factors significantly influencing SOC appeared from multiple domains in the environment for both males and females. There increased SOC was linked to more domains of support and lower SOC linked to more domains of stress. Evans et al. (2010) concluded, *"it appears that having safe and nurturing social supports or perceived ecological sanctuaries that can be a refuge from challenges and risk influences, aids in the positive development of SOC (with the reverse also leading to lower levels of SOC)"* (Evans et al., 2010, p. 40).

Regardless of the controversy on stability, in the Swedish context SOC-29 has proven to be a useful outcome measure for psychosocial and psychotherapeutic treatments (for an overview, see Gassne, 2008; see also Lazar, Sandell, & Grant, 2006). According to salutogenic theory, intentional alterations of the SOC are supposed to last only if both the personality of the individual and the SOC-determining social environment of the person or group are in focus for an intervention (for examples, see Antonovsky 1987). Of particular interest here, is also a critical appraisal review of twenty-one R/S oriented intervention studies in German- and English-language contexts, where data pointed to R/S oriented interventions as having a positive effect on the SOC score (Jeserich, 2013). These studies gave, though, little information on the permanence of the SOC modifications, due to the use of primarily plain pre-post intervention testing with no longitudinal follow up. From this critical review, Jeserich (2013) underscored that a *"revised stability hypothesis says that lasting changes of SOC rarely occur and that they take place only when the transformed inner and outer circumstances afford a new pattern of life experiences"* (Jeserich, 2013, p. 7).

King and colleagues (2006) found in multiple studies among undergraduate psychology students (n = 568, 290 females) in the US, a strong relation between positive affect (PA) and the experience of meaning in life (MIL), as partly measured by SOC-29. There PA was found to be a stronger predictor of MIL than goal appraisals, and global MIL was predicted by average daily PA, rather than average daily MIL. General negative affect (NA) predicted lower levels of MIL. These findings indicate that affects, positive and negative, are closely interrelated with meaning in life. For a systematic review on SOC in adolescent samples, see Rivera, García-Moya, Moreno, & Ramos (2013).

In Sweden, the SASB Self-concept has been used with youths in studies on social functioning (Ybrandt, 2008), future orientation in the transition to adulthood (Adamson et al., 2007), adolescent identity, existential questions and

adult contacts (Adamson & Lyxell, 1996; Adamson et al., 1999), and psycho-analytic psychotherapy outcome and problem formulations among youths in general compared to clinical populations (Johansson & Werbart, 2009; Lindgren, Werbart, & Philips, 2010; Philips, Wennberg, & Werbart, 2007; Philips, Wennberg, Werbart, & Schubert, 2006). Further, a number of empirical studies in different cultural contexts have linked a negative self-concept to depressive symptoms and anxiety (Erkolahti, Ilonen, Saarijärvi, & Terho, 2003; Orbach, Mikulincer, Stein, & Cohen, 1998; Räty et al., 2005). Of special interest for this project, were Adamson and colleagues' (1996, 1999) findings among Swedish non-clinical populations of students. There a positive self-concept was strongly related to the subjects' believing adults to be genuinely interested in their existential questions, and a feeling that one belonged in a life context was correlated significantly to a positive self-concept. Further, belief in God or some other kind of divine/higher existence was positively related to a feeling of belonging in a life context and a positive self-concept, whereas trying to find something to believe in was associated with a negative self-concept.

In the following research overview, primarily research on protective or risk factors for existential and mental health in relation to the three main theoretical perspectives, *Existential meaning-making*, *Ontological security* and *Emotion regulation* are presented.

Existential meaning-making

Few empirical studies have been conducted through a specific existential meaning-making framework (e.g., Cetrez, 2011; Kjørven Haug, 2015; Melder, 2011; Ulland & DeMarinis, 2014) and none, to my knowledge, in a clinical sample of young females. However, Kiang and Fuligni (2010) point to the fact that establishing a sense of life meaning is a primary facet of well-being that historically has been understudied in adolescent development and health-related behavior but has received increased attention recently (see also Brassai, Piko, & Steger, 2012; Park, 2005b). Strong support for an empirical link between meaning in life and depressive symptoms has been found (Debats, 1996; Steger, Mann, Michels, & Cooper, 2009), and some support has been found for a link between meaning in life and externalizing behaviors (Brassai et al., 2011; Shek, 1997). Among young adults the presence of meaning seems to play a major role in maintaining mental health, where the absence of meaning may lead to experiences of internalizing behaviors (e.g., depressive symptoms, anxiety) and engagement in externalizing behaviors (e.g., rule breaking, aggression) (Dezutter et al., 2014; see also Brassai et al., 2011). In order to cover relevant research for the field of existential meaning-making and female youth at risk for anxiety and depression, research in the following

areas has been focused upon: (1) belonging and meaning in life; (2) religion/spirituality as a resource for meaning-making in life; and, (3) the search for meaning, crisis of meaning and existential indifference.

1. Belonging and meaning in life

Our need for *belonging* (for a review, see Baumeister & Leary, 1995) and *meaning* (Frankl, 1963; for an overview see Steger et al., 2006) in life have been proposed by many theorists to be fundamental prerequisites for the human's physical and mental health (Lambert et al., 2013). Lambert and colleagues (2013) found a strong positive correlation among undergraduate students (n = 141, 118 females) in the US, between *sense of belonging* and *meaningfulness*, and levels of *sense of belonging* predicted perceived *meaningfulness* of life, obtained 3 weeks later. In line with these findings, Martela and colleagues in their research found that relatedness increased a person's sense of purpose and significance (Martela & Steger, 2016). Multiple research studies have indicated that personal meaning – divided as "global meaning", i.e., *"the cognizance of order, coherence, and purpose in one's existence"* (Reker & Wong, 2012, p. 434; Reker & Wong, 1988) and "situational meaning", i.e., *"the attachment of personal significance to specific experiences"* (Reker & Wong, 2012, p. 434) – generally buffered the effects of life stressors and promoted positive psychosocial functioning (for an overview see Reker & Wong, 2012; see also Pargament, Ano, & Wacholtz, 2005; Park, 2005b, 2010). Reker and Wong (2012) concluded that *"personal meaning can be seen as a potentially significant component of psychological resilience"* (p. 453), that together with other existential variables need to be addressed in further research on psychological and physical well-being (see also Schnell, 2011; Ulland & DeMarinis, 2014; for a review, see Heintzelman & King, 2014). However, Reker and Wong (2012) have noted: *"To achieve an enduring type of personal meaning [---] specific sources (i.e., situational meaning) need to be integrated into a larger and higher purpose (i.e., global meaning)"* (pp. 436-437) (see also Park, 2005a). Among different samples and cultural contexts, the presence of meaning in life consistently is associated with greater well-being and lower psychological distress, and is therefore considered to be a fundamental aspect of well-being (e.g., Brassai et al., 2011; Steger, 2012; for a review, see Steger, 2009).

2. Religion/spirituality as meaning-making resource

A variety of aspects of religion has been strongly related to both physical and psychological well-being in everyday life, and in coping with setbacks in foremost samples and contexts in the US (Oman & Thoresen, 2005; Pargament, Ano, & Wacholtz, 2005; Park, 2005b). Mascaro and Rosen's study (2006) among an ethnically diverse US sample of college undergraduates (n = 143),

found that spiritual and personal meaning were inversely related to depression and positively related to hope, though, only spiritual meaning moderated the relationship between daily stress and depression. They concluded that: *"Such results are consistent with the notion that some forms of meaning have causal influence on unique aspects of depression and hope"* (Mascaro & Rosen, 2006, p. 186; see also Mascaro & Rosen, 2005).

Among a sample of primarily Christian college students in the US (n = 169, 121 women, M = 19.2, 17–25 y), who had experienced the death of a significant other within the past year to whom they reported being at least moderately close, Park (2005b) found that religion was a significant predictor of subjective well-being and that its effect was mediated through meaning-making coping. Findings indicated also that religion was a significant predictor of stress-related growth and that its effect was partially mediated through meaning-making coping. Park (2005b) stated: *"These results demonstrate how religion may serve as a meaning system within which the bereaved can reframe their loss, look for more benign interpretations, find coping resources, and, perhaps, identify areas of personal growth"* (p. 721). Religion, as mediated through meaning-making coping, is, more likely to be used by those for whom religion is a salient aspect of their comprehension of the self and the world (Park, 2005b; for a review, see Pargament, 1997). Many studies imply that people use religious/spiritual beliefs and/or practices in situations of bereavement to make and change their meaning in life (for reviews see Wortmann & Park, 2008 (quantitative), 2009 (qualitative); see also Park, 2005b; Park & Folkman, 1997). However, meaning struggles, as loss of or crisis of meaning, and/or heightened search for meaning, may often also be a part of the mourning process. In terms of stress-related growth (Park & Folkman, 1997; Park & Helgeson, 2006; Park & Lechner, 2006), where people try to find meaning in or create meaning from negative life events, mourning can lead to the making of new meaning, which may influence the guiding principles and feelings about religion/spirituality as part of identity development (Cait, 2004; Wortmann & Park, 2009; see also Steger, Oishi, & Kashdan, 2009).

3. The search for meaning, crisis of meaning and existential indifference

The importance of search for meaning in life among young people has gained in interest among researchers. Not least, because *search for meaning in life*, as measured by the *Meaning in Life Questionnaire* (MLQ) (Steger et al., 2006), has been found to play a protective role in relation to adolescents' problems and health behaviors (Steger et al., 2012), and even so in largely unstudied populations, such as students in secondary schools in Romania (Brassai et al., 2011, 2012). Steger and colleagues defined the search for meaning as *"the strength, intensity, and activity of people's desires and efforts to establish*

and/or augment their understanding of the meaning, significance, and purpose of their lives" (Steger et al., 2009, p. 200, see also Batson & Schoenrade, 1991; Batson & Ventis, 1982). In two studies among samples of undergraduate students in the US, Steger, Oishi and Kesebir (2011) found that *Presence of meaning* (MLQ, Steger et al., 2006) more strongly related to life satisfaction for those who actively searched for meaning than for those who did not. Brassai and colleagues (2011) further, studied Romanian adolescents' existential attitudes by examining their perceived meaning in their lives (MLQ, Steger et al., 2006), their general expectations about the future, and their engagement in a quest for future meaning in their lives. They drew upon identity developmental theories (Marcia, 1966) when proposing the possibility for a positive role of searching for meaning among adolescents. Their results showed that search for meaning in life was positively correlated with presence of meaning and negatively correlated with hopelessness. This pattern is the opposite of what has been observed for search for meaning in later developmental periods (see also Steger et al., 2006). They concluded, *"our findings are in line with theoretical predictions about searching for meaning as an active mobilizing, meaning-making attitude, functioning along the lines of identity exploration (Steger, 2009), particularly in adolescence (Bronk et al., 2009; Cohen & Cairns, 2012)"* (Brassai et al., 2012, p. 728). Brassai and colleagues noted that the search for meaning should be a natural, healthy part of the youth developmental process – *"a deep, intrinsic motivation for finding opportunities and challenges and for understanding and organizing one's experiences (Steger et al., 2011)"* (Brassai et al., 2012, p. 728).

In a more recent study Dezutter and colleagues (2014) investigated *Presence of meaning* and *Search for meaning* (MLQ, Steger et al., 2006), in relation to positive and negative psychosocial functioning among a large US sample (n = 8 492, 72.5% females) of emerging adults from 30 colleges and universities. The study was person-oriented, and a cluster analysis provided support for five meaning profiles in relation to positive and negative psychosocial functioning. The five profiles found were: (1) *High Presence–Low Search*, reported the most adaptive psychosocial functioning, with high scores on well-being and self-esteem, and low scores on depressive symptoms, anxiety, aggression, and rule breaking; (2) *High Presence–High Search*, had only slightly lower scores on positive psychosocial functioning and slightly higher scores on negative functioning than the High Presence–Low Search (see also Cohen & Cairns, 2012); (3) *Low Presence–High Search*, scored very low on positive psychosocial functioning and very high on negative psychosocial functioning; (4) *Low Presence–Low Search,* scored highest on externalizing problems, as well as lowest on well-being; and, (5) *Undifferentiated*, near the midpoint with respect to both Presence and Search, reported consequently intermediate levels of psychosocial functioning. Individuals in the Low Presence–Low Search cluster represented a group with a very negative attitude toward meaning-related topics and a high degree of externalization, indicating that they probably

experienced the greatest degree of difficulty in the transition to adulthood. Dezutter and colleagues (2014) refer to Steger and colleagues (2011) that have suggested that individuals low in meaning in life might be better adjusted if they are not actively searching for meaning. However, Dezutter and colleagues (2014) suggest in contrast to this, that individuals with a Low Presence–Low Search profile are the most poorly adapted group, closely followed by individuals with a profile of Low Presence–High Search. Gender differences were found, and the Low Presence–Low Search cluster was only represented by men, the Low Presence–High Search where found to be the least optimal cluster for women. Dezutter and colleagues' (2014) five-cluster solution found for meaning in life showed to be highly consistent with research on identity formation (Luyckx, Goossens, Soenens, Beyers, & Vansteenkiste, 2005; Luyckx et al., 2008; Schwartz et al., 2011).

Wilt and colleagues (2017) recently found in two large US samples, comprised of adults (n = 1 047, 59.1% females) and undergraduates (n = 3 978, 62.6% females), that informants with low levels of presence of meaning in life combined with high levels of search for meaning were particularly likely to struggle with ultimate meaning. When compared, struggle with ultimate meaning related more strongly to depressive symptoms than presence or search. They concluded that these results suggest that struggle with ultimate meaning represents a distinct component of how people grapple with meaning that has implications for mental health.

A growing number of studies on meaning and crisis of meaning has also been done in European samples with *The Sources of Meaning and Meaning in Life Questionnaire* (SoMe, Schnell, 2009; Schnell & Becker, 2007), that in addition assesses 26 sources of meaning. There meaningfulness and crisis of meaning have proved to be relatively independent of each other ($r = -0.38$) (Schnell, 2009). As others (e.g., Steger et al., 2006) Schnell (2009) argues that meaningfulness and crisis of meaning should be measured as two separate scales to permit an assessment of correlations of both scales with psychological variables (see also Cacioppo & Berntson, 1994; Schimmack, 2003). Just as Duzetter and colleagues (2014), Schnell (2009) found, for both scales, different correlational patterns with positive and negative aspects of well-being and mental health. However, Schnell's results showed a more complex picture. There meaningfulness only moderately was related to positive measures of well-being. Schnell (2009) argued that the *"experience of one's life as meaningful can contribute to a positive state of mind, or vice versa"* (p. 496), and she continued: *"But, as is evident from the moderate effect sizes, meaningfulness cannot be equated with hedonic wellbeing. A meaningful life is not necessarily cheerful and free of negative affect; it is better conceived as 'a life lived well' in a eudaimonic sense, as described by Ryan, Huta, and Deci (2008)"* (p. 496). Correlations of meaningfulness with neuroticism, anxiety, and depression were even lower, which contradicts many previously pub-

lished findings on meaning and well-being and mental health. Schnell attributed these results to the separate and defined measurement of a positive and a negative dimension of meaning in life, which are designed not to notice negative affect that then would assure an association with negative well-being. However, crisis of meaning (i.e., high crisis of meaning, low meaningfulness), was strongly related to negative well-being. Individuals scoring high on crisis of meaning reported lower levels of satisfaction with life and positive mood, and higher levels of anxiety and depression. Those who reported a crisis of meaning presented with an explicit lack of and a yearning for meaning. Schnell (2009) stated, *"[p]sychologically, this is an experience of instability, hence likely to provoke anxiety and depressiveness. But a crisis of meaning can also be the consequence of a psychological disorder, 'created by extended feelings of depression' (Harlow et al., 1986, p. 6; see also Schmitz, 2005)"* (p. 496). Crises of meaning are often followed by a search for meaning (Baumeister, 1991; Klinger, 1998; Skaggs & Barron, 2006). Therefore, crises of meaning ought to be less stable than meaningfulness, as the urgent crisis passes after a fulfilling search for meaning.

However, in a succeeding study Schnell (2010) found in two German samples, one representative (n = 616), and one among psychology students (n = 135, 85% females), that the absence of meaningfulness did not provoke necessarily emotional instability such as anxiety and depressiveness. In this group of existentially indifferent (i.e., low crisis of meaning, low meaningfulness), commitment to all sources of meaning was low, and they differed from those in a crisis of meaning by reporting significantly lower values on self-knowledge, spirituality, explicit religiosity, and generativity. While their mental health (anxiety, depression) were, comparable to that of individuals high on meaningfulness, their psychological well-being (positive affect, satisfaction with life) were markedly lower. Results from an up-to-date study (Schnell, 2017) indicated that depression and crisis of meaning do not need to coincide, but that depression together with a crisis of meaning was significantly related to suicide.

In an earlier study on a Dutch sample of university students (n = 122, 82 females) meaningfulness was strongly associated with contact with self, others, and the world, while meaninglessness was associated with a state of alienation from self, others, and the world (Debats, Drost, & Hansen, 1995).

Pertaining to research in clinical contexts, it was found that sense of meaning and purpose in life contributed to a positive psychotherapy outcome in mental ill-health (Debats, 1996; Volkert, Schulz, Brütt, & Andreas, 2014), as well as in the processing of traumatic life events (Park & Folkman, 1997). In Volkert and colleagues' German sample the most relevant meaning area was social relationships for both inpatients (n = 214) and controls (n = 856). In another study (Weibel et al., 2017), among a sample of outpatients (n = 166) from Switzerland and France, neglect or abuse during childhood were found

to be associated with lower meaning in life in adults with continual and pervasive psychiatric disorders. However, the possibility to experiencing meaning in life was found to be an important step even in the recovery among psychiatric patients suffering from childhood maltreatment (CM). Improving the meaning in life in this patient group was dependent upon first treating the internalized psychopathology (i.e., depression, hopelessness and low self-esteem).

Both *Meaning in Life Questionnaire* (MLQ, Steger et al., 2006), and *The Sources of Meaning and Meaning in Life Questionnaire* (SoMe, Schnell, 2009; Schnell & Becker, 2007), have gained in interest in recent times (see also Wilt et al., 2017), but they have not been validated as yet in a Swedish context.

Ontological security

In philosophy and sociology theories on ontology, for quite some time, have been elaborated around the notion that impairments in a defined sense of self are related to ontological insecurity, a state characterized by overwhelming existential anxiety and an incapability to support a "biographical narrative" (Laing, 1960/1965, p. 44; see also Chase, 2013). However, it was through Giddens' (1991) broader sociological application of ontological security/insecurity, where he elaborated around certain issues pertaining to self-identity in late modernism and made it a more universal social-psychological construct that was relevant to human existence in general, that the interest for the concept grew in several disciplinary fields. Often analysis has been conducted on a macro-sociological level (for an overview see van Marle & Maruna, 2010). The concept frequently has been used to capture the hardships of refugees (Richmond, 1994), young people seeking asylum (e.g., Chase, 2013), and undocumented immigrant young adults (e.g., Vaquera, Aranda, & Sousa-Rodriguez, 2017), when establishing themselves in another country. Research on homelessness and mental illness (e.g., Padgett, 2007), as well as on the meaning of "home" and "housing" are also common (Nettleton & Burrows, 1998; Padgett, 2007; Whitley, Harris, & Drake, 2008). There Whitley and colleagues (2008) suggest that *"the 'home,' along with the meaning ascribed to it, becomes increasingly important in maintaining ontological security in the context of 'individualization.'"* (Whitley, 2008, p. 354). Critique from queer figurations and anti-militarist social movements have, though, challenged the ontological security perspective and its recent mobilization by international relations (IR), arguing that radical political change instead comes through the deconstruction of terms like ontological security and insecurity (for an overview of this critique see Rossdale, 2015).

Despite the quite widespread use of the concept "ontological insecurity," not least in sociological literature and research, ontological security/insecurity

rarely have been operationalized or measured in a standardized way (see Van Marle & Maruna, 2010), and few empirical studies on ontological security/insecurity, as such, have been done in the fields focused on in the present project. However, some studies with existentially-framed measures have been done among youths, and are of relevance for this present project (for a critical reflection on concepts related to ontological security, see Tratter, 2016).

Ontological insecurity, existential anxiety and youth development

Theoretically, a sense of ontological insecurity inevitably is linked to existential anxiety and self-identity issues (Giddens, 1991; Laing, 1960/1965). In one study Berman, Weems and Stickle (2006) examined the phenomenon of existential anxiety in a sample of adolescents, departing from the notion that *"[e]xistential anxiety is hypothesized to be a core human issue in a great deal of theoretical and philosophical writing [e.g., Tillich, 1952, 1961; Yalom, 1975, 1980]. However, little is known about the emergence of these concerns and their relation to emotional functioning in youth"* (Berman et al., 2006, n.d; see also Cooper, 2003). Data on existential concerns, identity development, and psychological symptoms were collected with youth in grades 9–12 (n = 139), using *The Existential Anxiety Questionnaire* (EAQ, Weems, Costa, Dehon, & Berman, 2004, building on Tillich's (1952) model of existential anxiety). Results indicated that existential anxiety concerns are common among adolescents, and associated with psychological symptoms, as well as identity problems. A high prevalence of existential anxiety issues in the sample was found, with the following percentages: death apprehension (48%); concerns regarding fate (64%); meaninglessness (30%); emptiness (70%); condemnation (53%); and, guilt (59%). Ninety-six percent of the sample had at least one significant area of existential anxiety, leading authors to conclude that *"it may be reasonable to consider [existential anxiety] a normative phenomenon"* (Berman et al., 2006, p. 308). Data from two other studies (both discussed in, Weems et al., 2004) confirmed that existential anxiety concerns are common in young adults and that they are linked with symptoms of anxiety and depression as well as psychological distress related to identity issues.

A fear of death is generally defined as related to existential anxiety, and is widely reported in normative studies of adolescent fear (Ollendick, Matson, & Helsel, 1985). This is confirmed by multiple samples world-wide, in America (Ollendick et al., 1985, Ollendick, Langley, Jones, & Kephart, 2001), in Europe (Ollendick, Yule, & Ollier, 1991), in Asia (Dong, Yang, & Ollendick, 1994; Ollendick, Yang, Dong, Xia, & Lin, 1995), and in Africa (Ingman, Ollendick, & Akande, 1999). Implying that fear of death is a common and general phenomenon in adolescence, that assumingly challenge youth's sense of ontological security. These earlier worldwide results are confirmed by the

findings from a recent Finnish longitudinal study (Lindfors et al., 2012). Over the study period (1983-2007, n = 17 750, 12-18 y), fear of death, including the death of significant others, increased from 17 to 39 percent and the fear of loneliness from 5 to 20 percent. The Finnish results indicate an increase in existential anxiety, as fear of death and fear of loneliness among youth in the last decades, further pointing to an increase in issues related to ontological security.

Youth's definitions of insecurity

Another relevant Finnish study (Vornanen, Törrönen, & Niemelä, 2009) (n = 683, 13-17 y.), investigated youth's own definitions of insecurity, by an open-ended question in a questionnaire, which showed how this age group assessed their lives, ontological insecurities, and threats in the world. The insecurities found could be divided under three headings: (1) the inner circle, insecurity related to personal emotions and inner experiences; (2) the social circle, insecurity related to social interaction and everyday life experiences; and, (3) the outer circle, insecurity related to external realities, as socio-economic ill-being, violence and war. The results in this Finnish study was explored by the concept of "risk society" originated by Beck (1996). In line with Beck, they argue: *"The concept of risk society implies the idea that people live in a global society in which they have to constantly face many different, contradictory threats that are at the same time global and personal"* (Vornanen et al., 2009, p. 402). There the authors note that *"[y]oung people have to identify, interpret and process the choices, threats and possibilities that previously were solved in families or communities"* (Vornanen et al., 2009, p. 402). Results showed minor gender differences in understanding insecurity. Girls' definitions were primarily related to social relationships and secondarily to their personal feelings. Girls defined for example insecurity as loneliness, lack of support and low self-esteem. Boys defined insecurity more often than girls as fear and anxiety, and as a lack of safety due to violence and fear of crime. The boys' definitions were slightly more individualized than the girls' definitions, though they first stressed the personal feelings and secondly the social relationships. The definitions of the boys also included more outer and violent threats than those of the girls. Boys seemed to define insecurity as an exterior threat to their integrity. Even if both genders pointed to societal insecurities regarding the future and the possibility of war, personal issues and social relationships constituted the main themes in their definitions. Some described how insecurity is precisely the feeling that you do not belong anywhere, they felt unhappy or afraid, or regarded themselves as outsiders in the society and the world. The feeling that nobody needed you was a typical expression among the responses in this category. The feeling of having no place in the world or not belonging anywhere, was one of the most dramatic expressions of insecurity.

Emotion regulation

The empirical study of emotion regulation has been an expanding international research area in recent decades (Adrian et al., 2011; Rottenberg & Gross, 2007; Wolgast, Lundh, & Vibog, 2011), including research in Sweden. At the department of psychology at Lund university different research studies have been done, foremost in the field of cognitive and behavioral therapies (CBT) (e.g., Arch & Craske, 2008; Hayes, 2008; Wolgast et al., 2011). Emotion regulation, developmental psychopathology, and deliberate self-harm (DSH) in youth, are other researched areas at Lund university (e.g., Lundh, Wångby-Lundh, & Bjärehed 2011; Zetterqvist, Lundh, & Svedin, 2013). Furthermore, Swedish research projects at the Center for Health and Medical Psychology (CHAMP) and Center for Developmental Research (CDR) at Örebro University, focusing on the role of emotion regulation in the development of depression, anxiety, and social anxiety in adolescence. However, none of the research projects at Lund or Örebro universities explicitly have focused on the association between emotion regulation and meaning-making or existential information as such.

Impaired emotion regulation, with a focus on affects and emotions as well as bodily experiences and expressions and symbolizations of such have also gained attention in several more recently developed psychotherapy methods, not least in short-term dynamic psychotherapies and trauma treatment (e.g., *Intensive Short-Term Dynamic Psychotherapy* (ISTDP)*,* Abbass, 2006; Davanloo, 1995, 2005; *Short-Term Dynamic Psychotherapy* (STDP), McCullough, 2003; *Accelerated Experiential Dynamic Psychotherapy* (AEDP), Fosha, 2000; *Emotion-Focused Therapy* (EFT), Greenberg, 2002; *Somatic Experiencing* (SE), Levine, 2010). Several of those affect and bodily focused methods aim at helping the patient overcome internal resistance to experiencing and integrating feelings about the present and past, which have been repressed or dissociated, and sometimes never have been consciously experienced or reflected on before (Bromberg, 2006; Malan, 1979; Schore, 2002).

The Systems Model of Interaction

This present project has used the *Systems model of interaction* (Beebe & Lachmann, 2002; Beebe & Lachmann, 1998; Lachmann, 2008). This model, highly grounded in empirical research using microanalysis of mother-infant video recordings, has been developed by Beebe and Lachmann (1994, 2013; see also Beebe et al., 2010) within the broader field of psychoanalysis (e.g., Beebe, Knoblauch, Rustin, & Sorter, 2003; Sander, 1977; Stern, 1971, 1974, 1985; Tronick, 1989). Therefore, previous research presented in this section will focus primarily on empirical findings pertinent to the development of this model,

which has been designed to develop adult psychoanalytic and psychotherapeutic treatment (Beebe, 2004; Lachmann, 2008).

> This rapid face-to-face communication system that we study between mothers and infants also operates between adults. Because verbal language is not available for infants we must try to understand their nonverbal language. Adult face-to-face communication is very similar to mother-infant communication. The nonverbal aspects of behavior, such as gaze shifts, slight changes in facial expression or head orientation, eyebrow raises, are almost imperceptible, but are extremely influential in communicating. This rapid, quasi-automatic social processing is largely nonconscious, out of awareness. It is an implicit, procedural, action-sequence form of processing. It is probably based on evolutionary adaptation to the need for rapid interpersonal processing and action in the service of survival. (Beebe, 2014, p. 5)

Beebe (2014) builds on the research of Jaffe and Feldstein (1970) who examined the coordination of speech rhythms in face-to-face conversation between adults. Jaffe and Feldstein found that silences (pauses) provided important information on the way partners exchange speaking turns. Specifically, the degree to which the communicating persons matched the durations of the pauses at the point of the turn switch was found to correlate with empathy, interpersonal attraction, field independence/dependence, and partner novelty. Interruptive speech, without pauses at the moment of the turn switch, lead to the breakdown of effective dialogue. *Thus in infancy as well as adulthood, the way partners exchange turns provides a potent assessment of the emotional quality of the relationship"* (Beebe, 2014, p. 14). However, Beebe and others (Beebe, Jaffe, Lachmann, Feldstein, Crown, & Jasnow, 2000; Jaffe, Beebe, Feldstein, Crown, & Jasnow, 2001) found that high coordination in infancy was not a prerequisite or even optimal for infant secure attachment at one year. Instead, a "good enough" (Winnicott, 1965), midrange degree of coordination of vocal turn taking was seen to be optimal. This midrange coordination left more room for flexibility, initiative, and uncertainty within the experience of contingency and correspondence, which are optimal for secure attachment (Beebe, 2014).

Beebe learned from interacting with infants and watching videos of those interactions, how to facilitate good enough coordination, by slowing down, tolerating long periods of very little happening, doing less, matching the pace and rhythms of the infants' facial and head movements, breathing rhythms, and bodily gestures. She found that this procedural, highly body-centered and aware approach also was useful in therapies with adults (Beebe, 2004, 2014; see also Knoblauch, 2008). Bayles (2007) investigated clinically and conceptually, whether these nonverbal enactments need to be symbolized for effecting therapeutic change. Results indicated that changes in self-representations can and do occur without the need for verbal symbolization.

An important part of the early dyadic interaction is the recurrent procedural patterns of disruption and repair. In multiple studies (Tronick & Cohn, 1989; Weinberg & Tronick, 1996) mother-infant dyads moved frequently between matched and non-matched states, and both mothers and infants affected the repair regime. Beebe and Lachmann (2015) concluded:

> Thus, repairing mismatches is a pervasive interactive skill for most infants. The experience of repair increases the infant's effectance, elaborates his coping capacity, and contributes to an expectation of being able to repair, which he can bring to other partners (Tronick,1989; Tronick and Gianino, 1986; Tronick and Cohn, 1989; Beebe and Lachmann, 1994). [---] Thus, the key clinical issue is not the presence of inevitable mismatches, but rather the capacity to repair. Patterns of disruption and repair organize experiences of coping, effectance, rerighting, and hope (Tronick, 1989). Interactions are represented as reparable. The expectation develops that it is possible to maintain engagement with the partner in the face of strains and mismatches (Beebe and Lachmann, 1994). (Beebe & Lachmann 2015, p. 331-332)

Tronick (2002) underscored that experiences of repair predict positive outcomes in development, and failure to repair predicts non-optimal development in everyday life as well as in treatment (see also Safran & Muran, 2003). In line with Tronick (2002), Beebe and Lachmann (2015) argue that repeated experiences of repair create positive moods in the infant, and repeated experiences of failure of repair create negative moods. Those basically experienced moods are considered important, as infants are hypothesized by Tronick (2002) to bring their moods into interactions with new partners, where the mood, along with procedural expectancies and contingencies, organize behaviors and experiences over time (see also Stern, 2004, 2010).

Research on early mother-infant interactions have shown that intersubjectivity is a primary motivation system in human development, and more resent neurobiological research has begun to explore maternal brain functioning and structure with fMRI techniques, adding information to the mother-infant intersubjective matrix (Ammaniti & Trentini, 2009). Beebe and colleagues (2013) recently conducted a follow-up study among 132 mother-infant dyads (filmed between 1985 and 1990) where the offspring now is in their early 20s. Thirty-two dyads were recovered, and the ways that mothers and infants, and especially strangers and infants, coordinated vocal turn taking (switching pauses) in infancy were found to predict aspects of the adult attachment interview at young adulthood. In a transgenerational perspective, adult attachment pattern research has shown that an inability to regulate severe affective states is passed on from generation to generation (Fonagy, Gergely, Jurist, & Target, 2004; Fonagy, Steele, & Steele, 1991; Main, Hesse, & Kaplan, 2005; Stern, 1985, 1995).

For an overview of the empirical base for this *Systems model of interaction* see Beebe (2014). For the contributions of empirical infant research to psychoanalytic treatment see Lachmann (2001), and Beebe and colleagues (2008). Case studies have also been researched where the psychoanalysis was informed by Beebe and Lachmann's systems model of interaction. In these cases the patients suffered from trauma-related mental ill-health, such as dissociation (Gill, 2010), traumatic loss and mourning (Beebe, 2004), couples with trauma histories (Feld, 2004), and some with a neuropsychiatric diagnosis such as AD/HD (Carney, 2002) and Asperger's syndrome (Fonseca, 2009). The area of self-regulation is however understudied (Beebe, 2014).

3 Theory

Framework: A multilevel interdisciplinary theoretical model

An interpersonal and sociocultural model for assessing psychological and existential vulnerability

A less defined form of the model presented in this chapter has guided the present project's mixed-methods research design, as a focusing lens (Creswell, 2009; Green & Caracelli, 1997), already from the project's inception. However, in dialogue with the quantitative and qualitative analyses presented in the three papers (Lloyd et al., 2015; 2016; 2017) the model was developed into its final form as the multilevel interdisciplinary model presented in Figure 1 (see below). Using a multilevel interdisciplinary approach has been advocated in psychology of religion (Emmons & Paloutzian, 2003, p. 395; 2010, p. 243) to encompass the complexity of the inter- and intrapersonal expressions and lived experiences studied (Murphy, 2017). Theoretically, the model used here was inspired by: (1) Ulland's and DeMarinis' (2014) culture model for assessing existential health and epidemiology at both societal and individual levels (see also DeMarinis, 1998, 2003, 2008; Kleinman, 1980); (2) Giddens' (1991) social-psychological theories on ontological security, self-identity, ontological framework and ontological reference points; and, (3) American Psychiatric Association's (2013) definition of culture and guidelines for the Cultural Formulation Interview (CFI). Culture as a factor of influence includes and permeates all levels in this model (Ulland & DeMarinis, 2014; Kleinman, 1980; American Psychiatric Association, 2013). Culture is, however, a complex concept, with many proposed definitions, including both external and internal representations (e.g., Marsella & Yamada, 2000). American Psychiatric Association's definition of the culture reads as follows:

> Culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems. Cultures are open, dynamic systems that undergo continuous change over time; in the contemporary world, most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experience. These features of

culture make it crucial not to overgeneralize cultural information or stereotype groups in terms of fixed cultural traits. (American Psychiatric Association, 2013, p. 749)

In the Cultural Formulation Interview (CFI) in the *DSM-5* a systematic assessment of the following five categories of information are recommended for all patients or clients: (1) cultural identity of the individual; (2) cultural conceptualizations of distress; (3) psychosocial stressors and cultural features of vulnerability and resilience; (4) cultural features of the relationship between the individual and the clinician; and, (5) an overall cultural assessment (American Psychiatric Association, 2013, pp. 749-750). The Cultural Formulation Interview in *DSM-5* was not published when the empirical part of the present project began, but these aspects are incorporated in the model as a framework for assessment of psychological and existential vulnerability.

From a general psychological and specifically psychoanalytic standpoint, it is also important to note that culture as an influencing factor, from individual to societal levels, in varying degrees can be conscious and reflected or unconscious and un-reflected (Erikson, 1950/1963; Hopper & Weinberg, 2011; Ulland & DeMarinis, 2014). *Cultural bereavement* (Eisenbruch, 1991) or *anomie* (Durkheim, 1897; Merton, 1938), can also be a factor on any level in the model, often leading to different kinds of sever sufferings and psychological symptoms for the individual (see also Cullberg, 1987; Johannisson, 2007; Laing, 1960/1965, 1969). Cultural bereavement *"is the experience of the uprooted person [or group] resulting from loss of social structures, cultural values and self-identity"* (Eisenbruch, 1992, p. 9). "Anomie", Greek for *"without law/rules', is a state of confusion and disorientation due to the situation that 'common values and common meanings are no longer understood or accepted, and new values and meanings have not developed"* (Anomie, 2017). Eisenbruch underscores that symptoms of cultural bereavement *"may be a normal, even constructive, existential response, rather than a psychiatric illness"* (Eisenbruch, 1992, p. 9). Cullberg (1984), who in the Swedish society found expressions of what he called an *anomic syndrome,* states: *"One can look at anomic disorders as existential deficiencies, as expressions of a lack of carrying meaning, goals, and basic security into existence"* (Cullberg, 1984, p. 148, present author's translation). Even anomie is considered a social or existential diagnosis rather than a psychiatric one (for an overview see Johannisson, 2007). Eisenbruch and Cullberg refer in their conceptualizations to more delimited vulnerable groups and situations, as refugees and people in war zones, and socio-economically strained groups and deprived suburb areas. Johannisson (2007) suggests, however, in accord with Giddens' use of the concept ontological security, that anomie as both a state of the society and of the individual, could be a valuable concept to more generally discuss and understand the cultural changes in our contemporary Swedish society

and the mental ill-health expressions that may be associated with those socio-cultural changes.

Furthermore, in the presented model (Figure 1) the multiple disciplinary fields used in this project, are represented by the three central concepts: (1) *Existential meaning-making* from psychology of religion; (2) *Ontological security* from social-psychology/psychiatry; and, (3) *Emotion regulation* from the field of contemporary psychoanalysis.
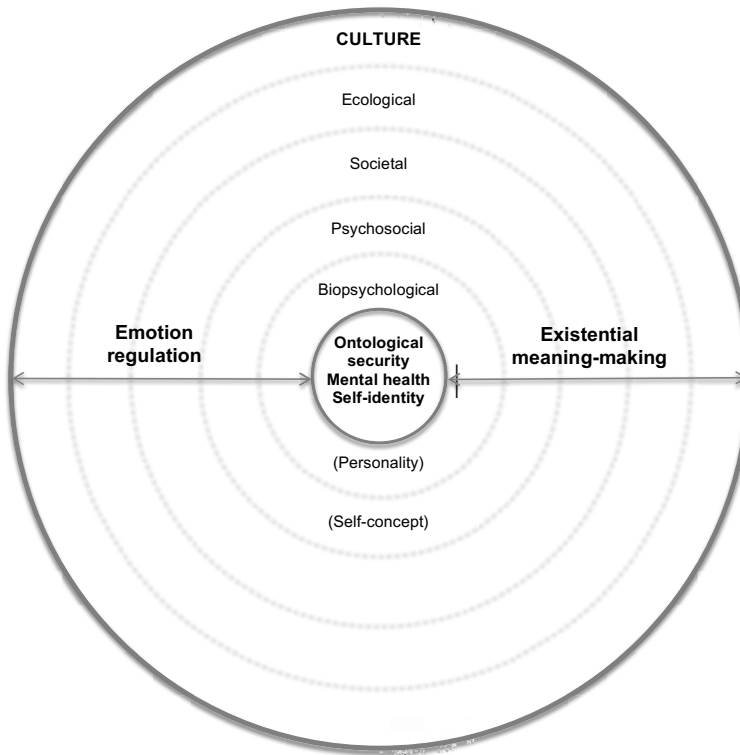
Figure 1. A multilevel model of an Ontological framework, where Ontological reference points are suggested for exploration in relation to Existential meaning-making and Emotion regulation.

The model's structure – An Ontological framework and Ontological reference points

This multilevel interdisciplinary model (Figure 1) identifies essential areas for assessing psychological and existential vulnerability through an analysis of interpersonal and sociocultural processes (see also American Psychiatric Association, 2013, pp. 749-759). The basic premise is that we as humans are born into a culturally-defined ontological framework, where we have to find, co-

construct, and create (Winnicott, 1971) our own ontological reference points in interpersonal and sociocultural contexts (Giddens, 1991; see also Winnicott, 1965, 1971; Erikson, 1968/1980; Erikson & Erikson, 1982/1997). Further, those processes are supposed to interact with our ontological security, mental health, and self-identity (see also American Psychiatric Association, 2013, pp. 749-759). In her cultural model, DeMarinis (1993, 1998, 2003) states that our basic existential assumptions are crucial for how public and individual health are assessed, described, and managed on both societal and individual levels. (See also Bosma (1995), and Bosma & Kunnen (2008), for *identity*, as a factor of the relationship between core and context.)

All levels in this concentric model should be seen as reciprocally interrelated, continuously affecting each other in the time-space continuum. Ontological security, mental health, and self-identity are in the middle, as the outcome of the inter- and intrapersonal processes of *existential meaning-making* and *emotion regulation* in the interpersonal and sociocultural contexts. However, in this reciprocal model, the individual's perceived ontological security, mental health and self-identity should also be understood as affecting inter- and intrapersonal processes of *existential meaning-making* and *emotion regulation* (see also Dixon & Lerner, 1988). Further, the constant tensions between control and resistance in all sociocultural life are implied in the model (Browne, 2017; Erikson, 1963/1950).

Using Giddens' (1991) theoretical concepts, this model constitutes a framework for ontological security. To answer and handle the "existential parameters" (Giddens, 1991, p. 27) of human life Giddens refers to a *framework for ontological security*, with *ontological reference points* (Giddens, 1991, p. 48). Giddens does not define these two concepts in a concise way. However, for the present project these concepts generally should be understood as psychosocially and socio-culturally created and shared practices and narratives that social beings use to answer basic existential questions and secure their continuous sense of self in every-day life throughout the lifecycle. Drawing on Kierkegaard's (1843/1954) notions of existence as "being-in-the-world" and anxiety as "the struggle of being against non-being" Giddens argues:

> The prime existential question which the infant 'answers' in the course of early psychological development concerns *existence itself*: the discovery of an ontological framework of 'external reality'. [---] To 'be' for the human individual, is to have ontological awareness. [---] The 'struggle of being against non-being' is the perpetual task of the individual, not just to 'accept' reality, but to create ontological reference points as an integral aspect of 'going on' in the context of day-to-day life. (Giddens, 1991, p. 48, italics in original; see also Stern, 1985; Winnicott, 1956)

Giddens (1984, 1991) stresses that by creating and maintaining our ontological reference points in the context of day-to-day life our *self-identity* is constituted and maintained. *"What to do? How to act? Who to be? These are focal*

questions for everyone living in circumstances of late modernity – and ones which, on some level or another, all of us answer, either discursively or through day-to-day social behaviour" (Giddens, 1991, p. 70). Giddens argues that pre-modern society, in contrast to the post-traditional late-modern society, to a great extent was structured by tradition. There *What to do? How to act? Who to be?* was handed down by longstanding customs and traditions in intergenerational networks (see also Esposito, Fasching, & Lewis, 2002, p. 25; Lyotard, 1979).

When societal traditions decline or change, the individual's own agency, responsibility, and ability to choose and/or create and maintain an ontological framework, whereby ontological reference points and a self-identity becomes central (Giddens, 1991; see also Bauman, 2000, 2001, 2006; DeMarinis, 2008; Johannisson, 2007).

In line with the model, the development of ontological reference points is supposed to occur in both inter- and intrapersonal contexts, and on both explicit/symbolic, narrated as well as implicit/non-symbolic, procedural levels (Beebe & Lachmann, 2002; Giddens, 1991), and through sociocultural sources of meaning, including religion/spirituality (DeMarinis, 2008; Schnell, 2009).

Personality, self-concept and self-identity – As parts of the model

In this multilevel model the concepts of personality, self-concept, and identity are activated on different levels (see also CFI, American Psychiatric Association, 2013). There is no absolute consensus on how to define any of these concepts, which in some ways also overlap (Hwang, Lundberg, & Smedler, 2012). For this project, a specific aspect of *personality* was defined and assessed by the Karolinska Scales of Personality (KSP) inventory (Schalling et al., 1987) measuring personality traits assumed to have a biological basis, defined in terms of introversion/extraversion, and certain "vulnerability" factors for a wide range of psychopathology, rather than a general assessment of personality functions (see af Klinteberg, Johansson, Levander, Alm, & Oreland, 2017). The KSP scales are conceived to be quantifications of some crucial personality or temperament dimensions representing qualities of the information processing and arousal systems of the individual, using concepts from psychopathological theories and research, and psychobiological theories of temperament (Schalling, 1977; Schalling, 1978; Schalling, Edman, & Åsberg, 1983). In the present model (Figure 1), personality relates to the individual biopsychological level.

Self-concept, in the present project, was defined and measured in accordance with the *The Structural Analysis of Social Behavior* (SASB) Self-concept

inventory (Armelius & Benjamin, 1988), assessing introjected relational patterns. Self-concept, in the present model (Figure 1), relates to the individual psychosocial level.

Regarding *self-identity*, Giddens defines it as *"the self as reflexively understood by the person in terms of her or his biography"* (Giddens, 1991, p. 53), where we continuously create, maintain and readjust our biographical narratives in relation to our ontological framework and ontological reference points – i.e., who we are, and how we became who we are now. Giddens stresses the reciprocity between self-identity and society in this process. With others Giddens (1991) highlights that *self-identity* becomes a continuous reflexive project in the post-traditional order, due to that we become more aware that there is a plurality of different identities and lifestyles to choose from, and that we constantly must take a position to make a coherent gestalt of ourselves (see also Bauman, 2006; Jørgensen, 2002/2004; Lyotard, 1979). Following Giddens (1991), and others (e.g., Dezutter et al., 2014; American Psychiatric Association, 2011) self-identity, is here suggested to be interrelated to both existential meaning-making and emotion regulation, and thereby to all levels of the presented model.

Identity and meaning – Emerging adult's developmental task

The interrelation between identity development and the development of meaning in life has gained increased interest by researchers in different fields of psychology and sociology (Steger et al., 2006; Steger, Oishi, & Kashdan, 2009; see also Giddens, 1991; Markman, Proulx, & Lindberg, 2013). Youth identity development *"is predicated on a level of self-awareness that is thought to fully develop in the second decade of life"* (Shumaker, 2012, p. 385; see also Blakemore & Frith, 2004; Schore, 1994; Thatcher, 1980, 1991). Emerging adulthood has been presented by Arnett (2000) as a new conception of development for the period from the late teens through the twenties in industrialized countries, due to sociocultural changes and a prolonged onset of establishment into adulthood. In late modernity or post-modernity, emerging adulthood as a distinct period in the life course, characterized by identity change and exploration of new possible life directions, seems to be affirmed by multiple studies (Arnett, 2004; Luyckx et al., 2008; see also Dezutter et al., 2014). Giddens argues:

> The existential question of self-identity is bound up with the fragile nature of the biography which the individual 'supplies' about herself. A person's identity is not to be found in behavior, nor – important though this is – in the reactions of others, but in the capacity *to keep a particular narrative going*. (Giddens, 1991, pp. 53-54, italics in original)

It also has been argued that *"[m]eaning is about rising above the merely passive experiencing, to a reflective level that allows one to examine one's life as a whole, making sense of it, infusing direction into it, and finding value in it"* (Martela & Steger, 2016, p. 538). In somewhat other wording and as emphasized in the present project, there is a general developmental need to find "answers" in everyday life and in times of crisis to the existential questions of the basic parameters of human life (DeMarinis, 2008; Giddens, 1991). Existential identity questions that are posed by youth include: *"Who am I?"* and *"Who am I in relation to others?"* as well as *"Who am I to become in the future"* (Adamson, 1999; Dezutter et al., 2014; Erikson, 1968/1980). In Adamson and colleagues' studies in the Swedish context, the question *"What sort of a person am I?"* was frequently transformed into *"What sort of a person should I be?"* and then associated with the felt need to balance the self with others (as discussed in, Adamson, 1999). There the mirroring in others and sociocultural ideals seemed to have a precedence over self-reflective and self-reflexive processes for identity formation (see also Fonagy & Target, 1997, 2006). Identity formation is known to be a vitally important area of youth's developmental processes (Marcia, 1993, 2001; Meeus, Iledema, Helsen, & Vollebergh, 1999), which is commonly related to mental-ill health problems in post-traditional societies, especially among vulnerable groups (Bauman, 2000, 2001, 2006; Berman et al., 2006; Hernandez, Montgomery, & Kurtines, 2006).

Berman and colleagues (2006), further argue that *"[w]hile a person develops their sense of identity (who they are, what they believe in, and where they are going), existential concerns should become prominent"* (Berman et al., 2006, n.d.). Brassai and colleagues (2012) argue:

> [S]everal recent arguments have been made for the centrality of existential issues in adolescents' lives (Burrow & Hill, 2011; Damon, Menon, & Bronk, 2003; Hacker, 1994; Steger, Bundick, & Yeager, 2012). These arguments call attention to the correspondence of existential issues with the most important developmental tasks of these formative years, namely, the shaping of an individual world view in conjunction with the development of an identity (Erikson, 1968/1980). (Brassai, Piko, & Steger, 2012, p. 719)

The development of a coherent and functional worldview is suggested by several scholars to be a salient aspect of the identity formation process (Erikson, 1959/1980, 1968/1980; Fowler, 1981; Marcia, 1993). In Marcia's paradigm identity formation is life domain specific (Marcia, 2001; Meeus, 1996), where youth have a distinct identity status in domains related to fundamental beliefs (ideological and religious), interpersonal relations, and occupation. The domains vary among researchers, and more recently ethnic identity has been included as a domain (Levesque, 2011). Marcia (1966) suggests four major identity statuses, or stages, through which an individual passes to attain a set adult identity. Regarding the developmental dimensions of identity and meaning, equivalences are suggested between Marcia's identity statuses (1966),

58

and the meaning in life stages, as developed by Steger and colleagues (2006) (see also Dezutter et al., 2014). As may be the case with identity, Steger and colleagues (2006) point to that individuals can be at different stages of meaning development. They conclude:

> One might argue that the development of meaning in life runs parallel to the development of identity and that some people may be at a stage of meaning *diffusion* (low presence, low search), meaning *foreclosure* (high presence, low search), meaning *moratorium* (low presence, high search), or meaning *achievement* (high presence, high search). To be consistent with the identity formation literature, in the case of meaning achievement, the implication is that people have searched in the past, although they may or may not still be searching for meaning. (Steger et al., 2006, p. 90, italics by the present author)

Conceptually, *search for meaning* is suggested by Steger et al. (2009) to operate in accord with identity exploration and *presence of meaning* in accord with identity commitment. However, Dezutter et al. (2014) argue *"although dimensions of identity and of meaning in life appear to evidence considerable similarities, they differ in that identity formation is predominantly situated in the field of day-to-day life choices, whereas meaning in life concerns broader existential questions"* (Dezutter et al., 2014, p. 59). It has been suggested that the identity formation process assists with the establishment of meaning in life (Steger et al., 2006). The search for meaning in life can also be an adaptive way of coping with existential hardship and is then thought to lead to psychological growth (Halama, 2000; Schaefer & Moos, 1992; see also Brassai et al., 2012).

> If exploration is seen as a typical and potentially healthy aspect of adolescent identity formation, then the search for meaning in life should also appear typical and healthy in adolescents' lives. As Kiang and Fuligni (2010) argued, the 'search for meaning constitutes a perturbation that may be essentially normative and perhaps even necessary in order to achieve an ultimate sense of meaning' (p. 1261). (Brassai, Piko, & Steger, 2012, p. 720)

Duzetter and colleagues (2014) also assume that the meaning-systems that youths have internalized from their parents probably need to be questioned and revised in some way during adolescence and in emerging adulthood (see also Erikson, 1968/1980). Brassai and colleagues (2012) conclude:

> Although there may be some tension accompanying exploration, Berman, Weems, and Stickle (2006) argued that it is more likely that distress or confusion about identity-related issues rather than a healthy exploration of them risk fostering negative existential concerns among adolescents. This analysis points toward the possibility that the search for meaning in life could serve a promoting rather than a disturbing influence on identity formation and adolescent optimal functioning. (Brassai et al., 2012, p. 720)

Identity formation (Ferrer-Wreder, Palchuk, Poyrazli, Small, & Domitrovich, 2008; Marica et al., 1993; for a review see Bourne, 1978) and the presence of meaning among emerging adults (Dezutter et al., 2014; see also Brassai et al., 2011) have both been found to be associated to mental health. Accordingly, identity diffusion and meaning diffusion (i.e., low presence, low search) have showed to be strongly related to mental ill-health (e.g., Dezutter et al., 2014; Berman & Montgomery, 2014; Steger et al., 2006). Further, Schmeck and colleagues who have investigated the role of identity in *DSM-5*'s classification of personality disorder, relate identity diffusion with difficulties in emotion regulation assessed by means of the *levels of personality functioning* (American Psychiatric Association, 2011) in the realms of "self" and "interpersonal":

> One central consequence of identity diffusion is the incapacity, under the influence of a peak affective state, to assess that affective state from the perspective of an integrated sense of self. The particular mental state may be fully experienced in consciousness, but cannot be put into the context of one's total self-experience. This implies a serious loss of the normal capacity for self-reflection, particularly for mentalization (Fonagy & Target, 2006), producing difficulties in differentiating the source of the affect, its meaning, or determining subsequent appropriate interaction in the reality. The structural condition of identity diffusion, in short, implies a significant limitation of the process of mentalization, and, under conditions of a peak affect state, a balanced and integrated representation of self and other are not possible. Identity diffusion (Kernberg, 1975, 1984) becomes the core of personality pathology resulting in decreased flexibility and adaptability of functioning in the area of self-regulation, interpersonal relations, and meaningful productive actions. (Schmeck, Schlüter-Müller, Foelsch, & Doering, 2013, p. 5)

This quotation confirms the usefulness of the integration of theories on identity and emotion regulation in clinical contexts. Seeing further to the research and theories used in the present project (Adamson et al., 1999; Beebe & Lachmann, 2002; Bowlby, 1969, 1988; Stern et al., 1998), adolescent identity and meaning formation might be seen as a function of an *integration of new interaction processes*. Exploring and establishing new relationships, connections and commitments, outside the family, and transforming, not breaking, the relationship with the family. Further, in line with Giddens' (1991) and DeMarinis' (2008) focus on keeping a particular narrative going, scholars have linked meaning in life to what psychologists call a *narrative identity* (McAdams & McLean, 2013; Singer, 2004; see also McAdams, 1993, 2012; see also Fonagy & Target, 1997, 2006).

Towards an operationalization of the three central concepts

The present project explored and assessed individual and contextual processes relevant for youth's mental and existential health through the operationalization of the three central concepts: (1) *Existential meaning-making*; (2) *Ontological security;* and, (3) *Emotion regulation*. The central concepts, *existential meaning-making*, *ontological security*, and e*motion regulation* were demarcated and explored in the questionnaire, and the in-depth-interview guide (see Table 1), and further defined and operationalized in the three papers.

Table 1. An overview of central theoretical concepts, and how they were demarcated and explored in the questionnaire and the in-depth-interview guide.

Central theoretical concepts		
Existential meaning-making	*Ontological security*	*Emotion regulation*
The questionnaire		
-Belief, meaning of life, view of life and death, and religion/spirituality as a resource in life -Sense of coherence -Youth's existential life-questions	-Sense of belonging, locally and globally -The need of an adult to understand life	-Personality (introversion/extraversion) -Self-concept (introjected relational patterns) -Strategies to handle negative emotions
The deep-interview guide		
-Inter- and intrapersonal processes -Existential worldview, including a drawing and narration -View on meaning of/in life, death, religion/spirituality and the sacred	-Relational networks, significant others -Basic sense of belonging and safety -Basic sense of self -Ability to share existential information – i.e., view of life, death, and religion/spirituality/the sacred – with significant others	-Interactive regulation, and self-regulation: (1) Ongoing regulation; (2) disruption and repair; and, (3) heightened affective moments

Interrelations among the central concepts

The theoretical concepts used in the present project interconnect and at points overlap. Therefore, some clarifications and further elaborations are needed on how interrelations among the concepts should be seen in relation to the multi-level model (Figure 1).

Existential meaning-making and ontological security

Global meaning, as a worldview or a personal belief, generally, is an important part of or serves as a prerequisite to existential meaning-making processes (DeMarinis, 2008; Reker & Wong, 2012; Ulland & DeMarinis, 2014). It constitutes a salient aspect of a person's ontological reference points, by functioning as a resource for "answering" and handling life's existential challenges (Giddens, 1991). More generally, Van Marle and Maruna (2010) argue along

with others (e.g., Batson, Schoenrade, & Ventis, 1993; Jonas, Schimel, Greenberg & Pyszczynski, 2002) that cultural worldviews have emerged to provide a protection against the existential fear of death. They state:

> Even though there is great variability in the contents of the worldviews related to any culture, they all function to bestow the universe with order, meaning and value (Greenberg et al., 1990). Every culture offers a description of how the world was created, a prescription for how people can live 'good' and 'valuable' lives, and a promise of immortality to those who live their lives according to the prescription of value (Solomon et al., 1991). Each person develops a personalized version of the cultural worldview and pursues a unique set of standards of personal value within it (see, for example, Jones & Davis, 1965; Kelley, 1967). (Van Marle & Maruna, 2010, p. 12)

In the conceptualization used for this present project and in relation to the multilevel model (Figure 1), a functional existential worldview is associated with a fundamental sense of ontological security, and a functional existential meaning-making process, i.e., a fundamental sense of belonging, significance, and meaning in everyday life as well as in relation to critical events and ultimate concerns as life and death.

In accord with Giddens' (1991) theories, our basic ontological security plays a central role for our sense of meaning and coherence in life and for our existential meaning-making processes. He stresses that it is our basic ontological security that allows us to master any existential anxiety in life cycle transitions, crises, high-risk situations, and in everyday practical life provides meaning and *"'answers' to fundamental existential questions that all human life in some way addresses"* (Giddens, 1991, p. 47). In this process Giddens, in line with Beebe and Lachmann's interactional model (2002), highlights the importance of emotional anchoring:

> [T]he anchoring aspect of such 'answers' are emotional rather than simply cognitive. How far different cultural settings allow a 'faith' in the coherence of everyday life to be achieved through providing symbolic interpretations of existential questions is [---] very important. But cognitive frames of meaning will not generate that faith without a corresponding level of underlying emotional commitment – whose origins, I shall argue, are largely unconscious. Trust, hope and courage are all relevant to such commitment. (Giddens, 1991, p. 38; see also Emmons & Paloutzian, 2003; Little, Salmela-Aro, & Phillips, 2007; Steger et al., 2012)

Giddens (1991) emphasizes in different ways the emotive aspect of ontological security, suggesting it to be a highly emotional and unconscious process and experience. Our basic sense of ontological security, experienced as our basic sense of trust and basic sense of self, to a great extent is supposed to develop in the everyday routines with significant caregivers during development, and successively also in relation to other psychosocial and sociocultural

contexts. Even this description fits well with Beebe and Lachmann's interactional model (2002). Van Marle and Maruna (2010) summarize this:

> Giddens (1990: 97) argues that trust in continuity, i.e., the trust in the caretaker's return during periods of absence and the realization that absence is not equal to the loss of the caretaker's love protects the individual from 'existential anxieties which, if they were allowed to concretise, might become a source of continuing emotional and behavioural anguish throughout life'. (Van Marle & Maruna, 2010, p. 9)

Giddens concludes, *"'basic trust' forms the original nexus from which a combined emotive-cognitive orientation towards others, the object-world, and self-identity, emerges"* (Giddens, 1991, p. 38). There the sense of "self," and "self-identity" are the outcomes of these processes. At a collective, societal level, ontological security can be related to a sense of "us", and *"to the stability of the symbolic structures of society, which are both inclusive and exclusionary"* (Sanz & Stančík, 2014, p. 252).

A perceived basic ontological security is grounded in "good enough" positive emotional states, imagery, and narratives related to the view of self and others, and the view of the world and the future (DeMarinis, 2003, 2008; Giddens, 1984, 1991). In good enough cases, the basic trust and sense of self-identity will function as a protective factor for overpowering and debilitating struggles with different kinds of existential anxiety. However, when a person has a pervasive deficiency in what Laing (1960/1965) defined as "primary ontological security" she or he feels isolated from the surrounding world, becomes subject to fears, anxiety, and dread in everyday lived experiences, lacks a sense of self and agency, and in severe cases even experiences him/herself as "being dead". Thus, a sense of alienation towards self, others, and the world inevitably is interrelated to a vulnerability for self-identity issues (Giddens, 1991), and meaninglessness (Debats et al., 1995). When conditions of uncertainty pertaining to one's own self-identity and the shared norms and values of society are present (Giddens, 1990; Laing, 1960/1965), the search for meaning in life becomes increasingly urgent (Bauman, 1992; Young, 2007; see also Van Marle & Maruna, 2010).

A "secondary ontological insecurity" (Richmond, 1994, p. 19) has also been suggested to occur when salient areas of social life are menaced later in life, through bereavement, divorce, unemployment, loss of home due to war or socioeconomic shortfall, or other involuntary life circumstances that more generally generate extreme or existential anxiety. Richmond states: *"The duration of the feelings of insecurity will depend upon the individual's ability to restore normal routines, re-establish trust, and achieve confidence in himself and others"* (Richmond, 1994, p. 19; see also Richmond, 2002).

To conclude, patterns and routines of everyday life provide a base for a sustained ontological security, i.e., an *inner sense* that the world is safe and reliable (Giddens, 1991; see also Berger & Luckman, 1966). In Giddens' view

psychological well-being is as vulnerable as social order. To the extent that self, identity, and ontological security rely on particular social and societal patterns, disruption of these patterns are therefore expected to affect one's inner world.

Emotion regulation: Interactive regulation and self-regulation

In relation to the multilevel model, regulation proceeds in two fields: (1) in relation to others, as interactive regulation; and, (2) internally, as self-regulation. *Interactive regulation* is described by Beebe and Lachmann (2002) as contingencies that flow bi-directionally between partners, there one direction often is emphasized. They stress that interactive regulation *"is defined by probabilities that one partner's behavior is predictable from that of the other"* (Beebe & Lachmann, 2002, p. 28). Beebe and Lachmann build on Sander's (1977, 1985, 1995) notion that *"matched specificities, shaped by the recurrence of patterns in the flow of engagement, generate expectancies in the infant"* (Beebe & Lachmann, 2002, p. 32). What Sander (1998) has called "moment of meeting" is an important aspect in this process (see also Stern et al., 1998; Lord, 2017). Beebe and Lachmann expanded Sander's ideas to the adult patient-analyst system:

> Matched specificities between two systems attuned to each other yield awareness in each partner of the state of the other. In a moment of meeting, two states of consciousness are matched such that the way one is known by oneself is matched by the way one is known by the other (Beebe, 1998). This match in the moment of meeting facilitates the development of agency and identity. In the moment of meeting, a mutual recognition occurs that changes the patient's ability to act as an agent in his own self-regulation. (Beebe & Lachmann, 2002, p. 32; see also Sander, 1995)

Self-regulation is a process from birth and throughout life:

> [T]o the management of arousal, the maintenance of alertness, the ability to dampen arousal, in the face of overstimulation, and the capacity to inhibit behavioral expression. [---] Across the life span, self-regulation is a critical component of the capacity to pay attention and engage with the environment. Sander (1977, 1995) suggested that, in adulthood, self-regulation includes access to, articulation of, regard for, and capacity to use inner states. (Beebe & Lachmann, 2002, pp. 28-29)

Interactive and self-regulation goes on concurrently and complementarily in both partners, on both explicit and implicit levels (Beebe & Lachmann, 2002). Beebe and Lachmann (2002) include on the explicit level: conscious, verbalizable, symbolic narrative, and (unconscious) self-regulating defense patterns, and fantasies. On the implicit level, they include: non-symbolic procedural

and emotional regulation, and nonconscious regulation as gaze, face expressions, vocal (prosody, rhythm), spatial orientation, touch, self-touch, and posture. According to Beebe and Lachmann (2002), the *"explicit and implicit memory systems are potentially dissociable"* (p. 216).

> These two levels, the implicit action sequence and the explicit symbolized narration, must be integrated for a fuller understanding of therapeutic action in psychoanalysis (see also Stern et al., 1998). [---] The struggle to symbolize the implicit action level can be seen as one of the major goals of psychanalysis (Bucci, 1985, 1997). The nature of the symbolization can then potentially affect the implicit action level. However, therapeutic action proceeds in both these modes, whether or not they are integrated. (Beebe & Lachmann, 2002, p. 218)

It is in the recurring togetherness with a sufficient, affect attuned, and self-regulating care-taker that the child learns to regulate his body and his emotions in a functional way (Beebe & Lachmann, 2002; Stern, 1985; Tomkins, 1995). This ability to regulate in a functional way is what psychotherapy attempts to establish when such is impaired or absent (Beebe & Lachmann, 2002; Cozolino, 2010; Greenberg & Pascual-Leone, 2006). When interpersonal interactions are "good enough", interactive and self-regulation are in balance. Tronick (1989, 2007), however, highlights that when self-regulation becomes the predominant goal, it creates conditions for psychopathology. Expectations of disruption and non-repair organize new interactions, and he proposes that excessive self-regulation, at the expense of interactive regulation (i.e., withdrawal), is one pattern of psychopathology. Beebe suggests that infants in severe cases can come *"to experience and represent not being sensed, known, or recognized by their mothers"* (Beebe, 2014, p. 17)*,* leading to difficulties *knowing themselves* further on in life*,* particularly in states of distress (Beebe et al., 2010).

> They come to expect and represent experiences of confusion about their own basic emotional organization, about their mothers' emotional organization, and about their mothers' response to their distress. These experiences set a trajectory in development that may disturb the fundamental integration of the person. (Beebe, 2014, p. 17)

In a psychotherapeutic perspective, mutually regulated nonverbal exchanges are in the foreground, and psychodynamic content more in the background. Beebe, and Lachmann (2002) highlight that many well-established psychoanalytic concepts cover the same experiential areas as interactive and self-regulation. They clarify their notions:

> For example, ongoing regulations have been subsumed within discussions of patterns of transference and countertransference, the 'holding environment'

(Winnicott 1965), and the 'background of safety' (Sandler, 1987). The nonverbal interactions on which we focus have been included among noninterpretive analytic behaviors (for example Freud, 1909; Ferenzie, 1930; Lindon, 1994). These interventions have been made when words were considered to be inadequate to retain a therapeutic connection with certain patients. We hold, however, that nonverbal interactions, like noninterpretive actions, do constitute interpretive activity, although they are not packaged in the customary form. Their intent is to provide a primary contribution to the patient's expectation of being understood. (Beebe & Lachmann, 2002, p. 47)

They point especially to the fact that interactive and self-regulation of nonverbal interchanges is pertinent to all treatments, but that *"attention to this dimension becomes particularly critical in contacting 'difficult-to-reach' patients for whom the essential cues go far beyond the usual verbal exchange"* (Beebe & Lachmann, 2002, p. 47).

Sander (1992) translated this framework into adult psychotherapy by suggesting that moment-by-moment attention to the cues of subtle shifts in one's own and one's partner's state, more often nonverbal than verbal, yields the possibility of a moment of mutual recognition, a moment of meeting. This is a healing moment that changes the organization by 'providing a new base from which the patient can act as agent in his own self-regulation' (Sander, 1992, p. 583). (Beebe & Lachmann, 2015, p. 333)

Heightened affective moments, meaning-making and religion/spirituality

Lastly some thoughts on the interconnection among heightened affective moments, meaning-making and religion/spirituality are needed to comprehend the different aspects of the multilevel model. Heightened affective moments (Beebe & Lachmann, 1994, 2002), one of the salient principles in the Systems model of interaction, can lead to either disruption or repair. The concept "heightened affective moments" was first defined by Pine (1981) as intense supercharged moments that become formative for memories and for organizing the development of the psychic structures regardless of their short temporal duration. Generally, affective meaning-making processes as such are among diverse developmental and clinical theorists considered to be at the core of mental health and psychopathology (e.g., van der Kolk, 1995; LeDoux, 1996; Oppenheim, 2006), and heightened affective moments seem to play a specific role in this process.

Heightened affective moments can be elicited, as described above, both in interactive and self-regulation. In infancy, these moments can range from moments in everyday life of *"full display of any facial or vocal pattern, such as a cry face or a fully opened 'gape smile' (Beebe, 1973)"* (Beebe & Lachmann, 2002, p. 170), to strong emotionally-charged moments that are rare and not

part of everyday lived experiences. Through life, heightened affective moments have different features, from mild to strong expressions of: arousal; affect; and, cognition. These form the common base in the strongly charged affect-attuned interplay between infant and caretaker. As Beebe has noted:

> I played with an infant whose face was full of joy. As I watched her face respond to mine, tears came to my eyes. I was so astonished and moved by how closely she tracked my face, how exquisitely she seemed to respond to me, how her face burst into what I later came to call the 'gape smile,' the hugely open-mouth smile, the apex of positive affect. (Beebe, 2014, p. 6; see also Erikson, 1977, p. 89)

Beebe and Lachmann building on earlier research (e.g., Pine, 1981; Sander, 1983), argue that heightened affective moments potentially are *"organizing because they effect a potentially powerful state transformation"* (Beebe & Lachmann, 2002, p. 174), defining "state transformation" broadly to include both physiological arousal, affect, as well as cognition. This means that Beebe and Lachmann (2002), with others (Stern et al., 1998; Tronick, Als, Adamson, Wise, & Brazelton, 1978; Lyons-Ruth, 1998; for a review see Tronick & Di-Corcia, 2015), include both implicit processing, i.e., procedural, pre- or non-symbolic, and emotional memory, as well as explicit processing, i.e., episodic, symbolized, and narrated memory, in the state transformation.

Beebe and Lachmann (2002) referring in their descriptions of heightened affective moments to Pine (1981), who observed that the heightened moments only were organizing if they captured the affective feature of similar more frequent, but less charged moments, and to findings (Spinelli & Jensen, 1979; Casement, 1990; Perris, Meyers, & Clifton, 1990) pertaining to trauma as an affectively supercharged single event that eventually can disorganize the infant's psychic structure.

Trauma research inform us on how intense and overwhelming negative heightened affective moments related to life-threatening situations can cause long-lasting PTSD-symptoms and the breakdown of meaning-making (van der Kolk, 1998; 2003; 2005; for a review see Lanius, Vermetten, & Pain, 2010; see also Frankl, 1963). Pertaining to children and youth, a PTSD diagnosis usually does not include an evaluation on how a traumatized child's developmental stage may affect their symptoms and how their trauma can affect further development. Currently there is no proper diagnosis for this condition, but the term developmental trauma disorder (DTD) has been suggested (Ford et al., 2013).

More recently positive heightened affective moments have gained in interest among researchers, and our ability to feel and experience positive emotions have been found to be related to our psychological resilience (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Thoern, Grueschow, Ehlert, Ruff, &

Kleim, 2016; see also Seligman, 2002; Van Dam, Sheppard, Forsyth, Earley-wine, 2011; MacBeth & Gumley, 2012), and meaning in life (King et al., 2006). Even here significant "moments of meeting" (Sander, 1977, 1992, 1995), as changing agents generally in life and in therapies, seem particularly important. Beebe and Lachmann refer to Tronick's elaborations on the concept of the moment of meeting and theory on dyadic expansion of consciousness as a powerful part of therapeutic action and argue that this kind of procedural moments of meetings has parallels in their concept of heightened affective moments. Tronick and Beeghly (2011) build on Bruner's (1990) view on humans as meaning-makers, suggesting that humans, as dynamic systems, take in energy and information, maintaining and increasing their coherence, to make sense of their place in the world. *"A particularly powerful expansion of the complexity and coherence of a dyadic system occurs when two individuals take in meanings from each other to create a dyadic state of consciousness"* (Beebe & Lachmann, 2015, p. 334). Beebe and Lachmann (2015) state:

> The moment of forming a dyadic state of consciousness carries a powerful subjective experience of fulfillment, that is, a motivation of its own. It is this moment that is akin to the moment of meeting. It is this moment that carries therapeutic action, the power to change each person's organization, at a procedural level. The still-face experiment illustrates the disturbing consequences of preventing the establishment of dyadic states of consciousness. (Beebe & Lachmann, 2015, p. 334)

Beebe and Lachmann highlight that Sander (1995) noted *"the similarity with Winnicott's description of the 'sacred moment' in the 'squiggle game:' a moment of shared awareness such that 'the child becomes aware that another is aware of what the child is aware of within' (Sander, 1995, p. 590)"* (Beebe & Lachmann, 2015, p. 333).

The similarities with Erikson (1977) are also striking, who attributed the regular meeting between mother and infant as having a sense of a "hallowed presence," a *"numinous"* feeling (Erikson, 1977, p. 89; see also Otto, 1958). Erikson related this numinous feeling to *"separateness transcended"* and a *"distinctiveness confirmed, and thus of the very basis of a sense of 'I'"* (Erikson, 1977, p. 90). Erikson even suggested that the first "sense of identity" (Erikson, 1968/1980, p. 90) emerges from this meeting that takes place between the mother and the infant. In different ways Erikson (1977), Winnicott (1971) and Kohut (1987) argue that we all need a recurring renewal of this *"mutuality of recognition, by face and name"* (Erikson, 1977, p. 87) throughout life in an expanded cultural experience *"in the potential space between the individual and the environment (originally the object)"* (Winnicott, 1971, p. 4; see also Winnicott, 1968).

Erikson (1977) built on Otto's (1958) concept *numinous* and his notions that we have an ability to evoke the experience of the holy, as a specific mental and affective state, *"perfectly sui generis and irreducible"* (Otto, 1958, p. 7),

and *"not simply a deepening or intensifying of ordinary emotions"* (Jones, 2002, p. 154). However, Jones (2002), who more recently has elaborated on a psychology of the sacred, underscores that *"[a]ny experience we have, even an experience of something beyond our ordinary reality, is inevitably psychological in that it is mediated through the cognitive categories and takes place in the psychodynamic context that psychologists study"* (Jones, 2002, p. 155). Jones (2002) clarifies this point:

> The sacred is not an object at all but a characteristic of certain objects or experiences. Special books, buildings, trees, people are experienced *as* sacred. In Otto's case, I am not experiencing an object called 'the holy' or 'the numinous' (his terms). Rather, my experience has a 'numinous' or sacred quality to it. It may be an experience of nature, or of a text, or even of my own states of consciousness. But again, the sacred itself is not an object I experience, rather it is a special way of experiencing various objects or states of consciousness.
>
> In the transitional process, out of which creativity emerges, the tension between objectivity and subjectivity is at least temporarily overcome, inner and outer worlds momentarily fuse, and the person gets 'lost' in the revelry (Winnicott, 1971, pp. 102–103). For Winnicott, human life is impoverished if deprived of access to the transitional realm. Moments of rapture and ecstasy are necessary times of psychic refreshment and rejuvenation and are the source of creativity, sanity and a full human life. Childhood 'transitional objects' are put aside, but the capacity to enter and re-enter that transitional consciousness where the subject-object dualism is transcended abides as the source of the 'creative living first manifest in play' (p.100). (Jones, 2002, pp. 158-159)

Jones (2002) points to the importance of Winnicott's contribution to the field of the psychology of the sacred:

> The significance of Winnicott's work for the psychology of the sacred lies in his insistence on the importance of cultivating this richness of consciousness (Jones, 1997). Encounters with the sacred allow entrance again and again into that transforming psychological space from which renewal and creativity emerge. Rituals, words, stories, and introspective disciplines, evoke those transitional psychological spaces, continually reverberating with the affects of past object relations, and pregnant with the possibility of future forms of intuition and transformation. (Jones, 2002, pp. 157-158)

Recent studies in the field of psychology of religion also have found that the relation between religion/spirituality and wellbeing was mediated by self-transcendent positive emotions such as awe, gratitude, love, and peace, but not by other positive emotions such as amusement and pride (Van Cappellen, Way, Isgett, & Fredrickson, 2016; see also Fleck & Skevington, 2007). Further, self-transcendent positive emotions were found to increase participants' spirituality, especially for non-religious participants (Van Cappellen, Saroglou, Iweins, Piovesana, & Fredrickson, 2013). The effect of these emotions

on spirituality was mediated by two basic world assumptions: (1) belief in life as meaningful; and, (2) belief in the benevolence of others and the world. The authors concluded that: *"Spirituality should be understood not only as a coping strategy, but also as an upward spiraling pathway to and from self-transcendent positive emotions"* (Van Cappellen et al., 2013, p. 3).

The field of psychology of religion takes no position on the truth question concerning God or a transcendent reality, however, regardless of religious or spiritual faith people experience mystic experiences, often in times of crisis (Geels, 2008, 2003), and the features are sometimes common (Forman, 2011; James, 1902/2002; Maslow, 1964). Some even argue that there is a worldwide common core in mystic experiences (Forman, 2011; Maslow; 1964). However, "contextualists" (Katz, 2000) such as Katz argue against this view (Katz, 2000; see further Kimmel, 2008). Irrespective of the reality of anything transcendent or the commonality in mystic experience, and building on Jones (1991) and others (e.g., Erikson, 1977; Forman, 2011; Maslow, 1964; Otto, 1923/1950) it may here be tentatively proposed that our human ability to get a sense and an experience of the sacred, is an important human capacity that influences our wellbeing in everyday life and our ability to transform and integrate negative experiences in times of crisis (see also Fleck & Skevington, 2007).

In relation to the presented theories on heightened affective moments, it is here further suggested that regardless of the features and etiology of the mystic experience, as well as other experiences of something considered sacred, these ought to be defined as a special kind of heightened affective moments leading to transforming processes that can be disruptive and/or repairing (e.g., Geels, 2008; see also Gortetski, Talbourne, & Storm, 2009; Lukoff, 1985, 1998; Davies, 2006).

4 Method

Research design

Ontological and epistemological standpoints

The present project, in the field of clinical psychology of religion and existential health, was done within a humanistic framework, with a general focus on meaning, social relations, and culture (Nessa, 2003; Ulland & Bertelsen, 2010). Following this stance, this project's research design was built on the basic premise that our socially and culturally constructed ways to value, treat, and listen to, what Ulland and DeMarinis (2014) refer to as, *existential information* are linked to youth's public mental health (see also Adamson et al., 1999; Johannisson, 2008; Svenaeus, 2013). In line with the academic tradition of psychology of religion a non-reductionist stance was taken, where the truth question, i.e., if a transcendent reality exists or not, was not considered (see also Pargament Magyar-Russell, & Murray-Swank, 2005), neither were questions pertaining to the human ontological base in existence deliberated (see also Dreyfus, 1991). In line with Martela and Steger (2016) the psychological research question on meaning *in* life was for this project separated from the more philosophical question about meaning *of* life (Debats et al., 1995). Martela and Steger (2016) argue:

> This latter question looks at life and the universe as a whole and asks what, in general, is the point of life: Why does it exist, and what purpose does it serve? These kind of metaphysical questions are, however, 'out of reach of modern objectivist scientific methodology' (Debats et al., 1995, p. 359), and not questions for psychology to answer. The aim of psychological research on meaning in life is more modest. It aims to look at the subjective experiences of human beings and asks what makes them experience meaningfulness in their lives. (Martela and Steger, 2016, p. 532)

Furthermore, and in a social-constructivist and culture critical perspective, all theories and models used in this project would be seen in the light of their purpose and value as sociocultural constructions situated in a particular time-frame in history (DeMarinis, 2008; Kirmayer, 2005; Svenaeus, 2013). Even if some psychosocial aspects, as the human need for belonging and meaning, evolutionarily may be more valid throughout different times and cultures.

As typically used *"for change and advocacy"* (Creswell, 2009, p. 208), a theoretical model (referring to Figure 1) played an important role as a guiding lens in this project. This model shaped the type of questions asked, who participated in the project, how data were collected, and the implications made from the project (Creswell, 2009). Furthermore, the process of interpretation has been a continuous spiraling movement between theory and the quantitative and qualitative empirical data, between deduction and induction. To analyze data in movements between deduction and induction, has been referred to as a process of abduction, which is a common strategy in mixed-methods research designs (Tashakkori & Teddlie, 2010, 2012). This is a process often used when researchers intend to modify and specify more general theories (Alvesson & Sköldberg, 2009). Abduction, is by Teddlie and Tashakkori (2009) defined as a "third type of logic" (p. 89). A *"way to work back from an observed consequence to a probable antecedent to create insights allowing for 'inferences about best possible explanations' (Teddlie and Tashakkori, 2009, p. 329)"* (Tashakkori & Teddlie, 2010, p. 662). The quantitative results, defined by the standardized measures, were engaged in dialogue with the findings from the systematized qualitative analysis, to compare, question, corroborate, and legitimize (Tashakkori & Teddlie, 2010, p. 662; see also Erzberger & Kelle, 2003; Morgan, 2007).

It is also important to acknowledge that *"the medicalization of psychological and psychiatric care as well as of mental health services more generally has led to approaches (both in treatment and research) that favor quantification and so-called evidence-based procedures"* (Mildorf, Punzi, & Singer, 2017, p. 1). This points to, as stated above, a need for a complement through multi- and mixed-methods studies that includes qualitative data and builds on a humanistic epistemology. This kind of a "voiced research" (Smyth & Hattam, 2001, p. 407) approach has been suggested to be *"conducive to drawing out perspectives that previously have been excluded or silenced by dominant structures and discourses"* (Rowe & Savelsberg, 2010, p. 38).

In a phenomenological sense (Lévinas, 1961/1969, 1974/1991; Stern, 2010), the conscious intention of this project was to come as close as possible to the participants' own subjective lived experiences (Murphy, 2017), i.e., their thoughts, feelings, narratives, and meanings related to the areas studied, as they were experienced and expressed at the time of investigation. However, ontologically and epistemologically, and in accordance with a humanistic (Nessa, 2003) and relational psychoanalytic/psychodynamic (Beebe & Lachmann, 2002; Tronick, 2005) stance, a human being can never be known totally either psychologically or spiritually in a positivistic sense (Gluck, 2007).

In line with these standpoints, the intention for the qualitative study in this project was to, as closely as possible, follow the participant's own descriptions, definitions, and interpretations of the topics studied. The in-depth interview questions around "the sacred" started for example with probing: *What*

do you think of when I say "sacred"? How would you define something sa-
cred? Is there something in your life that you consider sacred, and if so, can
you please describe it and your relation to it? (see further the interview guide,
Appendix 2).

    The conscious driving force behind this project was partly founded in my
up-bringing, there existential questions were omitted in the family and the cul-
tural context, but present due to different life events, partly from working with
youth in both non-clinical and clinical contexts for over 20 years.

Ethical considerations

Ethical approval was obtained from the Regional Ethics Committee in Upp-
sala (Dnr 2012/219). The participants were provided information to talk with
a mental health worker if something troubling arouse as a result of participa-
tion in the project. None of the participants presented a need for extra help
outside of the psychotherapeutic help they already were assigned. The ethical
approval stipulated making an assessment and presentation at a group level,
assuring the informants' confidentiality.
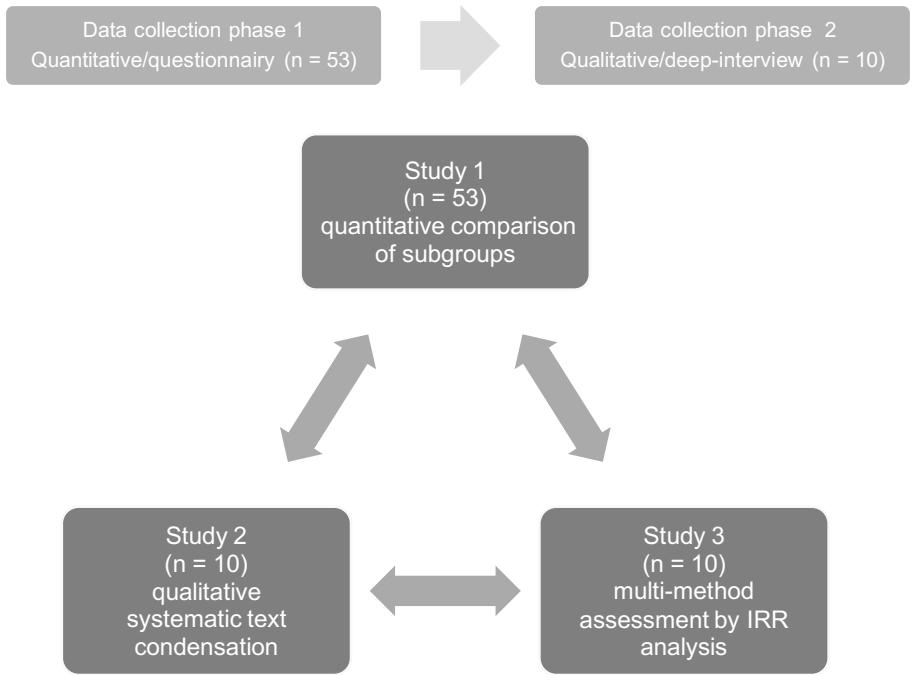
A sequential mixed-methods design

*Figure 2. A sequential mixed-methods research design project, with two data
collection phases and three studies. A subgroup of ten (the same for study 2 and 3)
was drawn from the total sample (n = 53).*

The overall project was designed after a sequential strategy, with two phases of collecting data, first quantitative and then qualitative data gathering. Three studies were included, with three phases of analysis, presented in the articles respectively as Studies 1,2,3 (see Figure 2). As is common in sequential strategies (Creswell, 2009), the studies were structured so that key findings from the first phase (Paper I) of data collection were used strategically to inform the data collection work in the second phase (Paper II and III).

In line with the multilevel interdisciplinary paradigm (Emmons & Paloutzian, 2003; 2010) data at multiple levels of analysis were gathered in the focused areas by quantitative and qualitative methods. Mixed-methods research designs, with a combination of quantitative and qualitative methods, have been encouraged as a rewarding strategy of inquiry when gathering data at multiple levels of analysis (e.g., Creswell, 2009; Tashakkori & Teddlie, 2010). In order to improve future public health research in the mental health field, the Roadmap for Mental Health Research in Europe (ROAMER, European Commission, 2013) project has recommended that a combination of quantitative and qualitative research should be used, when relevant, for "capturing the complexity of public mental health and for enhanced understanding" (Forsman et al., 2015, p. 251). In regard to this priority, the authors state: *"This statement highlights that more comprehensive research methods will produce research results with higher relevance for the community context, at the same time as it supports rational decision making by public health policy makers"* (Forsman et al., 2015, p. 251). In applied psychology of religion, Pargament and colleagues (2013, Vol. 2) argue that quantitative data need to be complemented with small samples and case studies of deep qualitative data to comprehend the complexity of an individual's belief in order to develop the field of applied psychology of religion, and clinical practice. Therefore, to make a clinically-relevant assessment in this project, established assessment measures and an in-depth interview were utilized in the two sequential phases of data collection (for an overview of the critical discussion on mixed-methods research (MMR) see Tashakkori & Teddlie, 2010).

Population and empirical material

The sample in the present project, representing young women with mental ill-health concerns, was composed of female participants at a large, metropolitan, psychodynamically-oriented psychotherapy outpatient clinic for young adults in Sweden, with depression as the most common preliminary diagnosis, self-rated at intake by the Symptom Checklist (SCL-90) (Derogatis & Cleary, 1977; Fridell, Cesarec, Johansson, & Thorsen, 2002). The majority of the women on the waiting list for or in treatment were invited to answer the first study's quantitative questionnaire, N = 100 women. In total, 63 women logged on to the questionnaire. In all, 25 from the waiting list and 28 already in psychotherapy completed the questionnaire sufficiently to score all scales (n = 53,

17–30 y., M = 22.4 y.; SD = 2.4). The second study's qualitative interview aimed at a more in-depth exploration of the areas studied, included ten voluntary female participants drawn from the first study, (21-25 y., M=22.7 y.).

The total sample's (n=53) KSP *T*-scale scores, indicated mental ill-health and negative childhood experiences, and a High inhibition of aggression group even more so. This subgrouping was linked to Perris and colleagues' findings in repeated studies (Perris et al., 1979; Perris, Eisemann, Knorring, Perris, 1984) that depressed patients differ from healthy volunteers in several stable personality traits, with high values especially on inhibition of aggression. Depression-prone individuals have shown, in line with traditional psychoanalytic theories (Chodoff, 1972; Freud, 1930), to be characterized by inhibited aggression and low manifested assertiveness (for an overview, see von Knorring et al., 1984; see also Haddad et al., 2008). The total KSP *T*-score values for the qualitative study's group of ten were close to the main sample's High inhibition of aggression-group. (For a comparison with the total sample (n=53) see Paper II, Figure 1.)

Data collection

Preparatory work in the field context and recruitment

The outpatient psychodynamic-oriented psychotherapy clinic was contacted early on when I was informed in 2006 of their interest in research conducted at their clinic. A discussion and preparation period started among the clinic's director, myself, and Professor DeMarinis of Uppsala University. In 2008 the clinic gave consent to the project under the condition that it would not interfere with the clinic's ethics regarding treatment. Apart from this requirement, the clinic did not influence the design of the project. The therapists at the clinic were, however, of necessity very helpful during the recruitment period, through informing the female clients and the females on the waiting-list about the project. The quantitative recruitment period was from November 2011 through May 2012, the subsequent qualitative interview period lasted from May 2012 through Mars 2013.

Inclusion criteria and drop out analysis

For the quantitative part, the on-line questionnaire, the following inclusion criteria were applied: All females at the clinic, both women on the waiting list and in psychotherapy, that read Swedish and had access to a computer (N = 100). Five in psychotherapy were not asked to participate due to known psychological vulnerability or lack of a computer. There were some few missing item-values, handled through individual mean scale score imputation up to 20% of the items per actual scale.

For the qualitative part, the in-depth interview, the following criteria were applied: Voluntary female subjects (21-25 y.) on the waiting list (n = 34) for psychotherapy, who had answered the initial questionnaire sufficiently to score all scales, and in the questionnaire, had marked "yes" (n = 10) to an in-depth interview, i.e., a convenience sample. Exclusion criteria were, in line with the project's ethical approval, acute psychosis or trauma, or ongoing drug addiction. However, no one had to be excluded due to those criteria.

The quantitative questionnaire

The questionnaire comprised the following assessment measures related to psychological and existential vulnerability:

(1) *Karolinska Scales of Personality* (KSP) was used to measure personality traits, assumed to have a biological basis (introversion/extraversion) and to be related to vulnerability to psychopathology, and in the present project's trans-diagnostic perspective also assumed to be related to cognitive and behavioral strategies of emotion regulation. KSP is a self-report inventory constructed for research purposes (Schalling, 1993; Schalling & Edman, 1993; Schalling et al., 1987). The KSP scales are constructed on a rational–theoretical basis rather than on empirical–statistical grounds. The inventory comprises 135 questions grouped into 15 scales. The scales are grouped in the following way: (1) Impulsiveness, sensation seeking, and social withdrawal Scales: Impulsiveness, Monotony avoidance, and Detachment; (2) Psychopathy versus conformity Scales: Socialization and Social desirability; (3) Anxiety-related Scales: Somatic anxiety and Muscular tension, Psychic anxiety, Psychasthenia, and Inhibition of aggression; (4) Hostility-related Scales: Suspicion and Guilt; and, (5) Aggressiveness-related Scales: Indirect aggression, Verbal aggression, and Irritability. The scales have been demonstrated to have long-term stability (Gustavsson, Weinryb, Göransson, Pedersen, & Åsberg, 1997).

(2) *The Structural Analysis of Social Behavior–Self-Concept* (SASB) (Armelius & Benjamin, 1988) was used to measure introjected relational patterns and emotion regulation. SASB Self-Concept focuses introjected significant relations: you "treat yourself like you were treated" (Benjamin, Rothweiler, & Critchfield, 2006, p. 97). SASB (Benjamin, 1974, 1984) is a circumplex model built on interpersonal (Sullivan, 1953) and attachment (Bowlby, 1977) theory that assesses interpersonal and intra-psychic behavior in three dimensions: affiliation, interdependence, and attentional focus. The attentional focus can be transitive (actions directed towards others), intransitive (reactions to others), or introjected (actions directed towards the self). For the present project, only the introject part, the SASB Self-Concept, was used, as measured by the Swedish version of the inventory (Armelius & Benjamin, 1988). The inventory comprises 36 statements

76

grouped into eight clusters: three clusters in the self-positive attachment group (AG), three clusters in the self-negative disruptive attachment group (DAG), and two clusters for Self-control and Self-autonomy, respectively. Reliability and validity for the psychometric properties measured are shown to be good. Test–retest reliability is r = .87, and internal consistency has been computed as r>.90 (Armelius, 2001; Benjamin, 1987; Östgård-Ybrandt, 2004; see also Critchfield & Benjamin, 2008). The SASB instrument builds on interpersonal copy process theory (Benjamin, 2003) that *"states that constructive as well as destructive experiences shape adult behavior with surprising interpersonal specificity"* (Critchfiled & Benjamin, 2008, p. 71).

(3) *Strategies to Handle Negative Emotions* (Emotion Regulation) (Lundh et al., 2007) was used as well to measure relational patterns and emotion regulation. This is an inventory about what you do when feeling negative emotions. It includes 13 strategies where the subject marks consent from "0" = never to "5" = very often, as an answer to the question: *"What do you usually do when you feel sad, disappointed, nervous, scared, or experiencing other negative or unpleasant emotions?"* Examples of strategies are: "talk to mom and/or dad," "withdraw, keep myself to myself," "play video/computer games," and "read".

(4) *Belief, view of life and death, and religion/spirituality as a resource in life* (Cetrez, 2011; DeMarinis, 1999) included six questions from the *Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research* (National Institute on Aging Working Group, 2003) suitable for the Swedish context, characterized by a more secular orientation and privatized religiosity. These questions focus on degree of happiness, what is important in life, to what extent you are believing (religious/spiritual), and to what extent religion/spirituality gives you strength (see further Appendix 1).

(5) *The Sense of Coherence 29-item Scale* (SOC-29) (Antonovsky, 1979, 1987) originated from a salutogenic perspective, for example, what makes people cope and stay mentally healthy facing stressful situations and psychosocial strains. This scale is widely used as a global measure of life perceived as *comprehensible*, *manageable*, and *meaningful*, and provides an important resource for understanding existential, everyday meaning-making function. The SOC Scale scores tend to increase with age and are assumed to stabilize by the end of early adulthood. First-episode depressed patients that recovered had significantly higher SOC scores than their counterparts (Skärsäter, Langius, Ågren, Häggström, & Dencker, 2005). This scale has 29 statements. Each item has been designed to reflect one of the three SOC components (Antonovsky, 1987). Using SOC-29 the

Cronbach's alpha ranges, in 124 studies, from .70 to .95. Test–retest correlation showed stability and range from .69 to .78 (1 year), .59 to .67 (5 years) to .54 (10 years) (Eriksson & Lindström, 2005).

(6) *Youth's existential questions and needs, and perceived sense of meaning and belonging.* Building on Adamson and colleagues' (Adamson et al., 2007; Adamson et al., 1999; Adamson & Lyxell, 1996) and Jacobsson and colleagues' (2011) interview formats, 17 questions were used pertaining to existential concerns and reasons for applying for psychotherapy (see further Appendix 1).

(7) *Demographic background factors* were obtained using formulations from a questionnaire for Swedish young adults (Lövheim & Bromander, 2012) concerning birth country, education, and occupation of the subjects as well as their parents and lifestyle factors in the birth family.

The semi-structured interview guide

The semi-structured, qualitative, deep-interview guide (Appendix 2) was organized by questions pertaining to existential meaning-making, ontological security, and emotion regulation. The empirically-grounded *Systems model of interaction* (Beebe & Lachmann, 1998; Beebe & Lachmann, 2002; Lachmann, 2008), was used to address questions pertaining to three principal areas of emotion regulation: (a) *Ongoing regulation;* (b) *Disruption and repair;* and, (c) *Heightened affective moments.* Examples of *interactive regulation* and *self-regulation* were included.

Furthermore, using the working-definition of existential meaning-making, where everyday existential questions and ultimate concerns interact, the semi-structured deep-interview guide addressed questions pertaining to lived experiences related to *meaning* (global and situational, Reker & Wong, 2012), *belonging, loneliness, the sacred* (as a signifier of significance, Danbolt & Stifoss-Hanssen, 2014; Pargament, Magyar-Russell, & Murray-Swank, 2005; Ulland & DeMarinis, 2014) and *death.*

To explicitly combine the salient emotion regulation principle *heightened affective moments* and *sense of meaning* the following questions were included in the interview guide: *Please give an example of a strong emotional moment with another person/other people that felt deeply meaningful?* (interactive regulation); and *Please give an example of a strong emotional moment that felt deeply meaningful when you were by yourself?* (self-regulation).

Existential worldview, was explored by the participants' view on meaning of life, death, and religion/spirituality/god/the sacred. Questions in the interview guide addressed those areas, and a simplified image of the worldview, were additionally drawn by the participants using the following question: *Please, draw a symbolic or simplified picture of yourself and how you think*

that everything is connected in the world with life and death, and tell me about it?

Ontological security, was explored in the interview guide by the participants' basic sense of belonging and safety, their ability to share existential information – i.e., view on life, death, and religion/god – with significant others, and by their basic sense of self, explored by the following question: *If you in one word would describe your basic sense of self, what would that word be? Please can you give examples of how that felt sense affects you and how you handle it, if you need to?* Assessment of their relational networks included information on significant others (family, relatives, peers, partners), and groups (neighborhood, school, work, interests, affiliations).

The primary researcher was responsible for the recruitment process and for conducting the interviews. When conducting the interviews, the Mayo guidelines (Kvale & Brinkmann, 2009, p. 65) for qualitative interviews were observed: undivided attention, listening, avoid giving advice, summarize understandings in order to check with the participant, and the obligation of confidentiality. Attending carefully to the participants' descriptions, definitions and interpretations, letting their reflections lead the way through the semi-structured interview.

Information on conducting the questionnaire and the interview

Information about the project and the questionnaire were included on-line for the informants to read as an introduction, with an informed consent form to sign. Included measures were introduced with their ordinary introductions and instructions. The information sheet about the project and an informed consent form to sign for the interview study, were distributed again before the in-depth interview was conducted.

Data analyses

SPSS – Quantitative data analysis program

The statistical analysis was made with IBM SPSS Statistics 21. The questionnaire was compiled in a secure platform online, and the data were imported from the platform to IBM SPSS Statistics 21 for analysis. Every measure was prepared for analysis in accord with the instructions for the specific instrument. Thereafter, the material was screened for normality, linearity, outliers, and frequencies. Then, the anxiety-related KSP Scale Inhibition of aggression, was chosen for yielding the sample into two subgroups for comparison. The raw scores of the KSP Scales were transformed into age- and sex-related T-scores ($T = 50$, SD = 10) accordingly to Bergman and colleagues (1982). The analyses were made by applying independent-samples t-test (two-tailed),

comparing the High ($T > 56.0$) and Low/Inter ($T \le 56.0$) groups of Inhibition of aggression to investigate possible differences between groups in the areas studied (see further Paper I).

Atlas.ti – Qualitative data analysis program

Regarding the data for Paper II and III, the interview material was analyzed with the strategy "systematic text-condensation" (Malterud, 2011/2014, pp. 115-134) using the Atlas.ti 7 data program (Friese, 2013). The systematic text-condensation was done by: (a) coding meaning units in the theoretically-de-fined categories following the interview-guide; (b) sorting codes in the main categories; (c) systematic condensation of meaning code by code; and finally, (d) re- and sub-categorizing in relation to the overall findings and the theories.

The condensation of meaning was done inductively in accordance with Giorgi's four steps to develop abstracted knowledge about the subjects lived experiences in the focused areas (Giorgio, 1985; Malterud, 2011/2014). First every informant's interview was examined in itself, thereafter similarities and differences between informants were examined. The coding and condensation processes were checked by two of the authors, with high percentages of agree-ment, 90-96%.

In Paper III an additional assessment was done that involved several steps resulting in a code book organized by themes, categories, and sub-categories. These were, in a final step, organized as three overarching variables, using nominal scales, for testing agreement in each case through inter-rater reliabil-ity (IRR), by two raters (Hallgren, 2012), in relation to cut-off ratings for the areas studied. Cohen's kappa coefficient (Cohen, 1960) was used for IRR with results in the high range.

Transcription procedure

An absolute reproduction of a person's verbal expressions is impossible (Malterud, 2011/2014), and nonverbal and implicit communication (Beebe & Lachmann, 2002) were outside the scope of the qualitative study. The inten-tion was to come as close as possible to the participants' own descriptions by transcribing the content from the recordings verbatim, including marking hes-itancy, interruptions, breaks, and emotional expressions such as sighing, laughing and crying. Due to the extended length (3-4 hours) of the interviews, they were transcribed by a professional medical secretary. Each transcription was compared to the recorded interview by the primary researcher, to check and if needed make corrections or augmentations. Field notes were taken in connection to interviews, and memos were noted when reading through the transcripts and through the coding and condensation processes.

Reliability, validity and transferability

For an overview of the reliability and validity for the measures included in the questionnaire see the presentation of the measures above. Additionally, the following mixed-methods validity criteria (Tashakkori & Teddlie, 2010) were applied: (1) *Design quality;* (2) *Interpretive rigor;* and, (3) *Inference transferability.*

This project was done as a sequential mixed-methods design, and some further remarks regarding *reliability*, *validity* and *transferability* in the field of mixed-methods research are needed. This field has only existed formally for about 15 years, and there is still a great diversity in opinions on many topics (for an overview see Tashakkori & Teddlie, 2010, 2012), not least in the area of concepts. However, to meet the standards in mixed-methods research, Teddlie and Tashakkori (2003), and Tashakkori and Teddlie (2008) have expanded the methodological framework and proposed specific mixed-methods terms for *internal validity* and *credibility,* and *external validity* and *transferability* respectively, *"for the accuracy with which we have drawn both our inductively and our deductively derived conclusions from the study"* (Tashakkori & Teddlie, 2010, p. 36). Internal validity and credibility denote "inference quality," which is divided further into "design quality" and "interpretive rigor". External validity and transferability denote "inference transferability".

1) Design quality. One important factor for good design quality is to have a high "within-design consistency" (Teddlie & Tashakkori, 2003: 40), in other words, a consistency of study design and procedures from which the inferences emerge. To follow this standard, the present project was guided and organized by a theoretical multilevel model (Figure 1). All measures and questions were integrated, as partially distinct although interconnected, parts of this model, and the project's three separate studies were intended to highlight different aspects and levels of the model. Further, the sequential study design made it possible to give voice to diverse perspectives, which enhanced the understanding of the phenomenon studied (see also Creswell, 2009). To keep a high within-design consistency, the key findings from the first phase guided the design of the second phase. The consistency was also strengthened by, as is common in mixed-methods research designs, a spiraling, abductive process, where both inductive and deductive approaches were used in the different steps of the analysis (Krathwohl, 2004; Tashakkori & Teddlie, 2012). In this spiraling process results from the three studies (see Figure 2) were kept in a reciprocal dialogue with each other and the theoretical model, to confirm and adjust the inferences and the integration of the parts in the wholeness of the theoretical multilevel model (Figure 1). Furthermore, the multilevel model

and the measures, including the in-depth interview, were decided in the Swedish and Scandinavian research and language context, to answer, as appropriately and adequately as possible, the questions asked in this project.

2) Interpretive rigor. In Tashakkori and Teddlie's (2008) expanded framework, interpretive rigor can be decided by several aspects, for this project *interpretive consistency*, *theoretical consistency,* and *interpretive agreement* were utilized. To keep the consistency from theory to interpretation, and rule out and control for alternative plausible interpretations (Tashakkori and Teddlie, 2010), both the inductive and deductive parts were checked and verified by at least one additional person specialized in the respective field. In order to ensure the consistency of the transcription and the coding of the interviews, these parts were verified by another person throughout the process, and in a final analysis an inter-rater reliability (IRR) process, by two raters (Hallgren, 2012), was applied. However, transcripts and condensations of transcripts were not checked or confirmed by the informants.

3) Inference transferability. To *"know how transferable the results were"* (Tashakkori & Teddlie, 2010, p. 38), thick descriptions of both the "sending" and the "receiving" context are emphasized in mixed-methods research designs. There the transferability can refer to different contexts, like other groups, other time periods, other methods, measures, variables etc. Therefore, to strengthen the inference transferability of the findings from the present project, quite thick descriptions of both youth's and emerging adult's psychological and existential vulnerabilities in, generally western and specifically Swedish, contemporary society and the "receiving" mental health context were included in the introduction section. Reflections on how transferable this project's results may be, are further explored in the discussion section.

5 Results

First, the three scientific papers in the project are presented. Thereafter follows a summary of the results, presenting main findings.

Paper I

Objective: The first study in this project aimed at exploring psychological and existential vulnerability among clinical young women (n = 53) in Sweden with depression as the most common preliminary diagnosis.

Background: The increasing rates of anxiety, worry, and anguish are particularly confirmed among youth and older adolescents, especially in the age group of 20–24 years, and among females (National Board of Health and Welfare, 2009). In a systematic review, Bor and colleagues (2014) found that recent cohorts of adolescent girls in Europe are experiencing increases in internalizing symptoms, such as anxiety and depression, compared with previous cohorts, where externalized symptoms seemed to be more stable, among both girls and boys. Adolescent behavior problems used to be categorized into two main features: externalizing, characterized by "acting out", including harmful and aggressive behaviors, and internalizing, characterized by anxiety, depression, somatic complaints, and withdrawn behavior (Achenbach, 1991; af Klinteberg, Schalling, & Magnusson, 1990).

In light of these findings indicating anxiety-related and aggression traits as possible mediating variables between mental ill-health and dysfunctional meaning-making processes, the present study tested the hypothesis that level of anxiety, in terms of self-rated inhibited aggression, which has been found to predict depressive symptoms (von Knorring et al., 1984), is closely linked to psychological and existential vulnerability.

Method: A quantitative approach was used, with an online questionnaire compiled of established measures. A parametric statistical analysis was used to compare subgroups in the sample (n = 53).

Results: The level of the anxiety-related personality aspect, Inhibition of aggression, was found to be a useful predictor of depression-related personality traits, and was shown to be associated with psychological and existential vulnerability. According to our hypothesis, high scores on inhibited aggression were thus strongly associated with a less functional existential meaning-making process in young clinical females. The psychological scale scores for

the total sample indicated severe emotional problems and for the High on in-
hibition of aggression-group even more so. The High group displayed a higher
degree of psychological vulnerability compared with the Low/Inter group,
with, in terms of scale scores, significantly higher Psychic (cognitive) anxiety
and lower psychic strength (high Psychasthenia), as well as higher Guilt and
aggressive tendencies in terms of Irritability. Further, the High group was high
on the self-negative items Criticizing self and Controlling self. This pattern of
vulnerability was also found relating to existential vulnerability through the
existential meaning measures: The SOC score, and items like "need an adult
to understand what life is about," and "life has a meaning". The High group's
SOC score was almost as low as a group of Swedish patients with eating dis-
orders (Cederblad & Hansson, 1996). The High group also tended to differ
from the Low/Inter group in showing higher scores on "withdrawal" and less
experienced "belonging to the world," adding to psychological and existential
vulnerability. Salutogenic factors were: (1) coming from socially and socie-
tally engaged families; and, (2) being in a functional existential meaning-mak-
ing process. However, no significant differences for religious/spiritual beliefs
were found.

   Conclusion: The central finding was that the level of anxiety, in terms of
self-rated inhibited aggression, which has been found to predict depressive
symptoms, was closely linked to psychological and existential vulnerability.
If the total group not had been split into High and Low/Inter Inhibition of
aggression in this quantitative study, the severity of the High group's psycho-
logical and existential problems and disposition to a controlling self would
have been hidden. The conclusion is that vulnerabilities in the psychological
and existential domains are linked, especially in individuals high on depres-
sion-like aspects of personality traits.

Paper II

Objective: The second study in the project aimed at exploring inter- and in-
trapersonal processes of *Emotion regulation* and *Existential meaning-making*
in a subgroup representing the High on inhibition of aggression-group (n =
10). The central research question was: *Are emotion regulation and existential
meaning-making as lived experiences in everyday life, critical life-events, and
ultimate concerns interrelated processes among young women with mental ill-
health concerns, and if so, how?*

   Background: The concepts Emotion regulation and Existential meaning-
making represent growing research fields. Emotion regulation is used as a re-
source for a trans-diagnostic approach (Endtner, Hänni, & Tschacher, 2011).
There psychotherapy research shows that problems in emotion regulation are
at the core of many different psychiatric disorders (Berking & Wupperman,

2012; Endtner et al., 2011; Zimmermann & Thompson, 2014), and diagnostically, depression is widely conceptualized as a consequence of dysfunctional emotion regulation (Gross & Muñoz, 1995; Kring & Werner, 2004; Hollon, Muñoz, Barlow, Beardslee, Bell et al., 2002). Longitudinal research shows that positive expectations about the ability to modify negative affect predict reductions in depression (Kassel, Bornovalova, & Mehta, 2007), and dysfunctional emotion-regulation strategies predict depression levels two years after initial assessment (Kraaij, Pruymboom, & Garnefski, 2002).

Existential meaning-making, as developed within the highly secularized Scandinavian context, especially in health-care research, includes approaching everyday existential meaning-making choices and ultimate concerns as interwoven categories of general patient information (DeMarinis, Ulland, & Karlsen, 2011; Ulland & DeMarinis, 2014). Contemporary Sweden is understood as one of the most secularized countries in the world, with very low church-oriented religion in the majority culture (Inglehart & Baker, 2000; Pettersson, 2007). This picture is confirmed among Swedish youth in a recent nationwide study (Lövheim & Bromander, 2012), where religion seemed to have had little importance in their lives or for their identity commitments. From a public mental health perspective DeMarinis (2008) underscores that many ethnic-Swedish youth experience dysfunction in existential meaning-making, indicating a crisis of meaning in terms of access to cultural knowledge or existential resources. A working-definition for existential meaning-making was used building on DeMarinis (2008), and Ulland and DeMarinis (2014): *Existential meaning-making is lived experiences leading to a fundamental sense of belonging, significance, and meaning in everyday life as well as in relation to critical events and ultimate concerns as life and death.*

Method: A qualitative approach was used for data gathering, through a semi-structured qualitative in-depth interview. Analysis of data was made through a systematic text condensation process (Malterud, 2011/2014, 2012), which focused on operationalized aspects of emotion regulation and existential meaning-making.

Results: Results indicated that emotion regulation, and existential meaning-making were interrelated processes in this sample, representing the High on inhibition of aggression-group. For these young women, existential meaning-making was associated with the degree of function of their emotion regulation and perceived mental health. A dysfunction in either of the processes seemed to influence the other negatively, increasing the vulnerability for mental ill-health. The overall picture indicates that this sample experienced a crisis of meaning in terms of access to sufficient cultural knowledge or existential resources in intergenerational, emotionally-nurturing relationships, as earlier explored by DeMarinis (2008). However, lived experiences of functional existential meaning-making, even if just as a short moment of significant meaning, inter- or intrapersonally, seemed to lessen the emotional pain activated by

existential issues such as fear of death, loneliness, and alienation. One of the most striking findings was the subjects' occupation with thoughts of death as an existential issue and fear of death, due to unmourned and unprocessed losses, suicides, and deaths. Some had periods of suicidal urges, and some used suicidal fantasies to regulate emotions, but they seemed less occupied by thoughts of committing suicide, than by thoughts and emotions related to fear of death. This pointed to impairments in both emotion regulation and existential meaning-making. Several reported that this project's interview study was the first time that they shared their feelings and thoughts about such existential areas with someone else. They experienced as especially important the opportunity to talk about *moments of significant meaning*. These meaning moments were charged either by a strong positive feeling, like euphoria or self-gratitude, or by a strong negative feeling, like panic or deep sadness. Regardless of the type of strong feeling, having a deep authentic contact with yourself and feeling your innermost feelings, were associated with a deep sense of meaning and being alive. Loneliness aspects were found to be interrelated to death, and belonging aspects to the sacred and the perceived sense of meaning.

Conclusion: Emotion regulation and existential meaning-making, as lived experiences, appear to be strongly interrelated in function for this group of young females with psychological and existential vulnerability, possibly due to frequent experiences of relational losses and disruptions. Such experiences, if not repaired, might fuel existential issues like fear of death, loneliness, and alienation, which were present to a high degree in this subgroup, and further increase the vulnerability for mental ill-health.

Paper III

Objective: The third study in the project aimed at assessing *Existential worldview function* through three factors: (1) Existential worldview; (2) Ontological security; and, (3) Self-concept, in an attempt to identify possible protective and risk factors for mental ill-health among young females at risk for depression and anxiety.

Background: Depression commonly is considered a mood disorder that affects the way you feel and think about yourself, the world, and life in general (American Psychiatric Association, 2013; Beck, Rush, Shaw, & Emery, 1979; Blatt, 2004). Therefore, a relation among depression, a negative self-concept, and a negative or dysfunctional worldview might exist. A negative self-concept together with female gender has been identified as a risk factor for internalizing problems among adolescents (Östgård-Ybrandt, 2004), and a number of empirical studies have linked a negative self-concept to depressive symptoms and anxiety (Erkolahti et al., 2003; Orbach et al., 1998; Räty et al., 2005). In addition, multiple studies have found a positive self-concept associated to existential factors (Adamson et al., 2007; Adamson et al., 1999; Adamson &

Lyxell, 1996). Adamson and colleagues have concluded that, *"having a belief, not necessarily a specific religion, is connected with a positive self-concept"* and a sense of *"belonging in a life context"* (Adamson & Lyxell, 1996, p. 577).

Existential factors, such as belonging and meaning in life, and fear of death and fear of loneliness, were found salient for youth's psychological distress (Adamson et al., 1999; Jacobsson et al., 2011; MUCF, 2015; Åsbring & Hochwälder, 2009). Through a public mental health perspective, DeMarinis (2008) proposed that clinical psychology of religion's updated role would be to design a framework for identifying and assessing parameters of existential worldview function (protective factors) and dysfunction (risk factors) in cultural contexts. In her model, DeMarinis related a functional existential worldview function with ontological security, and a dysfunctional one with ontological insecurity (DeMarinis, 2008). The concept ontological security was first defined as a psychosocial category for psychiatric diagnosis (Laing, 1960/1965, 1969), and further developed in sociology by Giddens (1984, 1991). Giddens (1991) found the concepts of ontological security and insecurity useful for an analysis of the individual's situation in a fast changing late-modern society, characterized by an exclusion of existential questions on an institutional level. Building on earlier research (Adamson et al., 1999; Jacobsson et al., 2011; Lambert et al., 2013; Lloyd et al., 2015, 2016) and theoretical models (DeMarinis, 2008; Giddens, 1984, 1991), the working hypothesis for this paper was: *Existential worldview, Ontological security and Self-concept are interrelated for both functional and dysfunctional aspects of mental health.*

Method: A multi-method approach was used, with data from both the questionnaire and the semi-structured, in-depth interview. This study's focus was mainly on the qualitative data. The existential worldview assessment involved several steps of systematic text condensation resulting in a code book organized by themes, categories and sub-categories (Malterud, 2011/2014, 2012). These were, in a final step, organized as three overarching variables, using nominal scales, for testing agreement in each case through inter-rater reliability (IRR), by two raters (Hallgren, 2012), in relation to cut-off ratings for: Existential worldview (Functional/Dysfunctional); Ontological security (Secure/Insecure); and, Self-concept (Functional/Dysfunctional).

Results: The assessment of existential worldview function among the subjects indicated that both functional and dysfunctional factors related to mental health were present, where the quality and availability of significant interpersonal relations seemed to have an important influence. A troublesome or perceived meaningless worldview coupled with a troubled or an unsecure sense of self could be assessed as an impaired or dysfunctional worldview function. When resources for constructing and reflecting on worldview, meaning of life, religion/spirituality and the sacred were found to be more absent than troubled,

an assessment could be a lack of an operating existential worldview (DeMarinis, 2008; Lloyd et al., 2016; Schnell & Keenan, 2011).

The results appear to support the working hypothesis, suggesting that interrelations exist among the functional respectively dysfunctional aspects in the areas. None in this subsample presented only protective factors in the existential areas explored in this study. However, the functional protective factors provided, for those eight who presented them, some sense of belonging, meaning, and ontological security in life, and a possible basis for the "answering" and handling of existential concerns in everyday life as well as in times of crisis. Two subjects presented almost no functional protective factors. Meaning struggles were generally common and identity confusion around not knowing who you are or what direction to take in life was considered an obstacle to forming any stable understanding about what the meaning of life is. In the sample dysfunctional existential risk aspects coincided with a negative self-concept, indicating, in accordance with the KSP scale results, that negative thoughts and feelings were internalized, and directed towards the self.

Conclusions: Belonging and safety aspects, defined as quality and availability of significant relations, were strongly associated with ontological security (the belonging aspect), and existential worldview (the meaning aspect). The absence of these relations, in contrast, was linked to dysfunctional risk factors, and a negative self-concept. It is therefore suggested that existential information, as related to existential worldview and ontological security, be accessed and addressed in clinical treatment/psychotherapies with young women at risk for depression and anxiety. This is of particular importance when it comes to women scoring high on depression-like aspects of personality, having a negative self-concept, and lacking or being unable to make use of existential resources – a profile not uncommon in the Swedish majority culture. If untreated, those conditions could lead to a deep and lasting sense of alienation, meaninglessness, and ontological insecurity in life, adding both to difficulties in handling existential concerns, and increasing the vulnerability for anxiety and depression.

Main findings

Main finding, in the project: Existential information, as meaning in life, existential worldview including religion/spirituality, and the sacred, generally to a very low degree were reflected upon or cognitively and emotionally processed areas among the interview subjects, representing the group high on depression-related personality traits. Despite this, when existential information was present, it did provide some support in everyday life as well as in times of crises and in relation to ultimate concerns. Several reported that this interview was the first time they shared their feelings and thoughts about those

existential areas with someone else. Their thoughts and ideas concerning existential worldview and the sacred for the most part were verbalized for the first time in the interview situation. Further, a crisis of meaning was found in terms of access to sufficient cultural knowledge or existential resources in and through intergenerational, emotionally-nurturing relationships. There seemed to be a general lack of an operating existential worldview accompanied by little or no possibility for reflection on existential worldview matters among a majority of the subjects and their parents.

Study I: Main finding, quantitative study: The level of the anxiety-related personality aspect, Inhibition of aggression, was found to be a useful predictor of depression-related personality traits, and was shown to be associated with psychological and existential vulnerability. According to our hypothesis, high scores on inhibited aggression were thus strongly associated with a less functional existential meaning-making process in young clinical females. Results indicated that vulnerabilities in the psychological and existential domains are linked, especially in individuals high on depression-like aspects of personality. Had the total sample not been split into High and Low/Inter Inhibition of aggression, the severity of the High group's psychological and existential problems and disposition to a controlling self would have been hidden. Salutogenic (protective) factors for psychological and existential vulnerability were: (1) coming from socially and societally engaged families; and, (2) being in a functional existential meaning-making process.

Study II: Main finding, qualitative study: For the young women, representing the High on inhibition of aggression-group, existential meaning-making was associated with the degree of function of their emotion regulation and perceived mental health. Results indicated that a dysfunction or impairment in either of the processes influenced the other negatively. One central finding was the subjects' occupation with thoughts of death as an existential issue and fear of death, due to as it seemed unmourned and unprocessed losses, suicides and deaths. This subgroup High on depression-related personality traits seemed to lack existential and emotional resources, inter- and intrapersonally, as a buffer against existential issues like fear of death, loneliness, and alienation. Fear of death was connected to fear of loneliness, in this lifetime or after death. Dysfunctions in existential meaning-making, and emotion regulation were strongly interrelated, especially in relation to themes of death and bereavement. However, lived experiences of functional existential meaning-making, even if just as short moments of significant meaning, inter- or intrapersonally, seemed to lessen the emotional pain activated brought on by existential issues such as fear of death, fear of loneliness, and alienation. They experienced as especially important the opportunity to talk about these moments of significant meaning. Loneliness aspects were found to be interrelated to death, and belonging aspects to the sacred and the perceived sense of meaning.

Study III: Main finding, multi-method study: The working hypothesis used in this third study was confirmed, suggesting that interrelations between existential worldview, ontological security, and self-concept were present in regard to both functional (protective) and dysfunctional (risk) factors for mental ill-health, where the quality and availability of significant interpersonal relations seemed to have an important influence. As expected, none of the young women, representing the High on inhibition of aggression-group with depression-like aspects of personality and a negative self-concept, presented only protective factors in the existential areas explored. However, the functional protective factors provided, for those eight who presented them, some sense of belonging, meaning, and ontological security in life, and a possible basis for the "answering" and handling of existential concerns in everyday life as well as in times of crisis. Examples of both an impaired worldview function and a lack of an operating existential worldview were found. However, an assessment of the relation between global and situational meaning (Reker & Wong, 2012) would have been difficult due to the lack of existential worldview coherence and prior reflection on these questions. Identity confusion were indicated to be a risk factor for not identifying a defined meaning in life.

6 General discussion

Protective and risk factors for existential vulnerability

Now it is time to return to the central research question: *Regarding existential meaning-making and emotion regulation, what protective and risk factors for existential vulnerability can be found among young women with mental ill-health concerns?*

Pertaining to the quantitative study, a strong protective factor in this sample of young clinical females seemed to be the ability to be self-assertive in social situations, i.e., to be able to speak up for yourself, indicated by mediate or low scores on the personality scale inhibition of aggression. This personality-based protective factor was associated with: (1) less depression-related personality traits; (2) a less negative self-concept; (3) being in a more functional existential meaning-making process, with a higher sense of coherence and meaning in life as well as a higher sense of belonging in the world, and, a less expressed need for an adult to understand what life is about; (4) a lesser tendency to withdrawal; and, (5) coming from socially and societally engaged families.

On the other hand, a low access to self-assertion in social situations, indicated by high scores on the personality scale inhibition of aggression, seemed to be a strong risk factor for both existential and psychological vulnerability in this sample of young clinical females. This risk factor was associated with: (1) depression-related personality traits; (2) a negative self-concept, high on criticizing and controlling self; (3) a less functional existential meaning-making process, with a low sense of coherence and meaning in life, a low sense of belonging in the world, and an expressed need for an adult to understand what life is about; and, (4) a strong tendency to withdrawal when feeling troubled or down.

In the qualitative study, few protective factors, in terms of existential meaning-making and emotion regulation, were found in the subsample representing the high inhibition of aggression-group. However, two salient protective factors seemed to be: (1) the sense of belonging, as interrelated to a sense of meaning and what was perceived as sacred; and, (2) lived experiences of functional existential meaning-making, even if just as short moments of significant meaning, inter- or intrapersonally, which lessened the emotional pain activated by existential issues such as fear of death, loneliness, and alienation.

However, several risk factors were presented in this subsample in terms of existential meaning-making and emotion regulation including: (1) critical life events, like sudden bereavements through suicide or sickness that have not been resolved, processed or mourned; (2) disruptions with family members (in most cases the mother) without repair; (3) a crisis of meaning in terms of access to sufficient cultural knowledge or existential resources in intergenerational, emotionally-nurturing relationships; (4) a lack of parents as a resource in internal dialogues, instead inner conversations more often concerned situations with the parents; (5) being occupied by thoughts of death as an existential issue; (6) periods of suicidal urges; (7) a panicking fear of death and fear of loneliness, indicating impairments in both emotion regulation and existential meaning-making; and, (8) a strong sense of loneliness, which was interrelated to thoughts and feelings around death.

Among the subsample representing the high inhibition of aggression-group, few consistent protective factors were found in terms of existential worldview function and mental health. However, the following protective factors where present to some extent: (1) an existential worldview pattern characterized by coherence and relational ideation, and a sense of meaning in life, where relational factors were interrelated to what was considered meaningful and sacred; (2) a sense of belonging and security, defined as quality and availability of significant relations; (3) being grounded in a good sense of self, and being in a relational context when in need could build or restore a good sense of self, and contributed generally to a secure base in life; (4) a defined belief concerning death as an afterlife, or a secular view together with a somewhat untroubled view of death seemed to be a buffer against death anxiety; (5) the opportunity to be comforted and get a sense of hope for the future by a parent's example of overcoming existential struggles or a parent's belief in something religious/spiritual in the midst of existential concerns related to death; and, (6) prayer and talking to God were used occasionally to cope with distress in everyday life.

Several risk factors were present in this subsample in terms of existential worldview function and mental health: (1) non-relational and chaotic ideations together with a sense of life as limited, meaningless, or a constant struggle, and death as the all-encompassing truth, indicated severe existential concerns; (2) general meaning struggles were common, and struggles related to religion/spirituality and ethical dilemmas were present; (3) there was a general lack of existential worldview ideation grounded in cultural knowledge or existential resources; (4) a general lack of reflection on basic existential questions, including worldview, meaning of life, religion/spirituality and the sacred; (5) frequent worries and anxiety around one's personal life and future, and fear and anxiety related to death and loneliness were common; (6) a sense of emotional and existential isolation, and the hiding of a troubled or vulnerable sense of self, partly due to a sense of lack of family support, was also

present; and, (7) identity confusion seemed to be a risk factor for not identifying a meaning in life. A general lack of reflection on basic existential questions, including worldview, meaning of life, religion/spirituality and the sacred, together with a pronounced death anxiety is a finding for existential ill-health in line with the theories used (DeMarinis, 2008; DeMarinis et al., 2013; Giddens, 1984, 1991). This combination was assessed as a salient risk factor for both existential and psychological vulnerability in this sample of young clinical females.

Critical reflections on theory, method and research design

The theories used in the project suited the purpose well, and they could be fitted and organized into the integrative multilevel model (Figure 1). However, the challenges have been related to method and measures, in both the areas of existential meaning-making and emotion regulation, including ontological security. Due to a lack of suitable measures validated in a Swedish context (Brandstätter, Baumann, Borasio, & Fegg, 2012; Van Marle & Maruna, 2010), this mixed-methods research project, largely, relied on qualitative data for these areas. In this process, it has been important to define and operationalize the different aspects in a clear way for every part of the analysis, which has been somewhat difficult due to the strong interrelation between the areas studied. It is a known problem for scholars who develop measures for meaning in life to theoretically and methodologically rule out the effects of positive affects (PA) and negative affects (NA) (Emmons & Paloutzian, 2003; Mascaro, Rosen, & Morey, 2004; Schnell, 2009; Wong, 2012), and to not confound sources of meaning with the actual experience of meaning (Martela & Steger, 2016; see also Schnell, 2009). However, due to the present project's finding that vulnerabilities in the psychological and existential domains were closely linked, especially in young females high on depression-like aspects of personality, it is suggested not to leave out the *"problematic affective dimension"* (Martela & Steger, 2016, p. 532) when assessing meaning in life. Rather it is important to find ways to differentiate and measure the two dimensions separately and investigate interrelations between them (e.g., King et al., 2006). It has also been argued that meaningfulness and crisis of meaning should be measured as two separate scales to permit an assessment of correlations of both scales with psychological variables (e.g., Schnell, 2009; Steger et al., 2006). Furthermore, it may be tempting to propose preliminary, unidirectional assumptions on causality among the variables, but at this time and state of the research area of existential meaning-making, caution is advocated. For example, in Giddens' (1991) theories ontological security is considered to be the basis for the possibility to "answer" existential questions in everyday life, and

in her model DeMarinis (2008) relates a functional existential worldview with ontological security, and a dysfunctional one with ontological insecurity. However, in the multilevel model utilized in this project and in a systems model view (Beebe & Lachmann, 2002) reciprocal interrelations and impact are emphasized among individual, sociocultural and societal levels (see further DeMarinis, 1998, 2003, 2008; Kleinman, 1980).

Pertaining to belonging and meaning, these have been proposed by many theorists to be fundamental prerequisites for the human's physical and mental health (e.g., Frankl, 1963; Lambert et al., 2013; Steger et al., 2006). Some have, though, argued that belonging rather is a centrally important source of meaning rather than a facet of meaning (e.g., Martela & Steger, 2016). In the framework of this present project it is here suggested, by adding an emotion regulation aspect and psychoanalytic perspective on meaning (Beebe & Lachmann, 2002; Stern, Hofer, Haft, & Dore, 1985; Tronick, 2005), that belonging and meaning should be considered as closely interrelated from the beginning of our lives. It may be so with belonging and meaning, as it is with attachment and intersubjectivity, that they are vital prerequisites for each other (Stern et al., 1985).

If definitions of central concepts and results would have been different with established and validated quantitative measures in the areas studied, is hard to say. Most probably this would have been the case if *crisis of meaning*, *search for meaning*, *ontological security* and *heightened affective moments*, including moments related to meaning and religion/spirituality, had gotten a more central place even in the quantitative study. To get to more implicit levels of understanding of these areas that are under-explored and under-reflected, which strongly was the case in this project, qualitative methods are strongly recommended, including in-depth interviews, free associations, drawings, and essay writings. It is also indicated, by the results in this project, that a person's emotion regulation and basic sense of self in everyday life and in times of crisis and ultimate concerns, is a rich source for more deeply exploring belonging, meaning and ontological security through.

Critical reflections on reliability and internal validity

Pertaining to the main established instruments, KSP was confirmed to be a reliable and valid instrument, where the level of the anxiety-related personality aspect, Inhibition of aggression, was found to be a useful predictor of depression-related personality traits, and showed to be associated with psychological and existential vulnerability.

The level on the anxiety-related personality aspect, Inhibition of aggression, was significantly related to levels on other personality related scales scores, SOC-values, and SASB-Self-concept cluster scores, confirming the internal validity of the instruments. However, one item on SASB-Self-concept was perceived as ambiguous by one interviewee, where self-affectivity was

related to "even feel sexy". In trying to answer this question, it became painfully obvious for this informant that she often felt sexy, but had a hard time liking herself. So, this question ought to be reformulated or split in two items.

External validity (transferability)

Since the response rate for the quantitative part was relatively low, and the in-depth interviews were done with a subgroup of ten subjects, one cannot generalize from the present findings. However, with such a vulnerable and hard-to-reach group, the results, if cautiously interpreted, might provide a picture of this problem area and be an inspiration in clinical practice for further exploration of the field of existential information and emotion regulation and, what here has been called, moments of significant meaning. In addition, the results may be of use in further research about existential meaning-making and emotion regulation among young women with mental ill-health concerns and a tendency to anxiety and depression. This compiled work could even be an asset and "dialogue-partner" for further discussions on youth's and emerging adult's deteriorating mental ill-health and existential issues in academic and clinical seminars, and for institutional and decision-making levels in society (see DeMarinis, 2008; Ulland & DeMarinis, 2014).

The results and the multilevel model

Generally, it seemed that the subgroup high on depression-like aspects of personality, lacked existential and emotional resources, inter- and intrapersonally, as a buffer against existential issues like fear of death, loneliness, and alienation. Dysfunctions in emotion regulation, and existential meaning-making were strongly interrelated in relation to themes of death and bereavement, and the tendency to hide, withdraw socially and internalize negative thoughts and emotions. Results also indicated that the high group to a lesser degree then the low or mediate inhibition of aggression-group, came from socially and societally engaged families, which may have decreased their general sense of belonging and increased their general sense of alienation (see further e.g., Evans et al., 2010).

Seeing these results in relation to the multilevel model (Figure 1), deficiencies and inadequacies in both ontological framework and ontological reference points are indicated. The impairments in handling strong affective states pertaining to fear of death pointed to both identity diffusion (Schmeck et al., 2013) and meaning diffusion (Steger et al., 2006). This underscored the severity of the presented problems, and the psychological and existential vulnerability among the group of high on depression-like aspects of personality.

The strong fear of death and loneliness presented in this sample are in line with findings from the Finnish longitudinal study (Lindfors, Solantaus, & Rimpelä, 2012; see also Shumaker, 2012), where the authors concluded, that

fears of death and loneliness *"that can be classified as more 'internal' and part of the personal realm have gained more and more importance"* (Lindfors et al., 2012, p. 996). Further, the present project's results support Bor and colleagues' (2014) findings that adolescent girls experience an increase in internalizing symptoms.

Returning to the questions asked initially in regard to the initially present sociocultural situation with growing inequalities and tendencies to anomie in certain aspects, both this present project's studies and the Finnish study's results point to a situation where existential questions and concerns around fear of death and loneliness are emerging in the *social unconscious* (Hopper & Weinberg, 2011), and have started to surface among youth in Nordic countries. The present project also indicates that existential concerns, such as fear of death and loneliness, are strongly interrelated to youth's mental ill-health and ontological insecurity, and some groups may be more vulnerable in this regard. If the total group had not been split into High and Low/Intermediate Inhibition of aggression, the severity of the High group's psychological and existential problems would have been hidden.

Examining the overall contemporary societal picture presented in this project, it seems as though there may be a psychiatric over-diagnosis of some human conditions among youth and emerging adults, there seems to be an under-evaluation of other psychological and existential aspects relevant to youth's mental health, including the development of a global meaning in life and of an emerging adult self-identity. It is also important to acknowledge that any chosen diagnostic system affects the prevalence of specific diagnoses (Ljungberg, 2008; Polanczyk, de Lima, Horta, et al., 2007). This also actualizes the question of how (neuro-)psychiatric diagnosis in the Swedish culture, by becoming a part of the semantics and the language in the narratives of individuals, generally affects our way of handling existential issues in youth and in emerging adulthood as well as in relation to crisis and ultimate concerns (Sveneaus, 2013, 2015; American Psychiatric Association, 2013, p. 758). Important questions are needing to be raised. *How are young people expressing their thoughts and feelings about life and death? How are their existential concerns revealed? How do we receive and listen to what is being expressed? How do we understand and confirm what we perceive and hear?* The initial and vital question behind all these other questions is: How and in what societal and clinical arenas should existential questions and concerns be addressed? (see further United Nations Children's Fund, 2014, 2016).

Contribution to clinical psychology of religion

This research project has contributed to the field of clinical psychology of religion with tentative operationalization's of the three main theories: *Existen-*

tial meaning-making; *Emotion regulation;* and, *Ontological security*. In addition, a multilevel model for an integration of these theories and empirical data on their interrelations to mental ill-health and existential vulnerability among youth and emerging adults has been constructed. To sum up the contribution in relation to the theories and quantitative and qualitative results, definitions of existential health and existential vulnerability have been suggested, together with a treatment rationale, that it is hoped can be utilized in the field of clinical psychology of religion. Existential health may be defined as follows:

> *Existential health is having a basic sense of security and belonging in the world, that enables people to create, in everyday living, a sense of meaning of and for themselves and of life, and contributes to the ability to deal with crises and ultimate questions of life* (DeMarinis, 2008; Giddens, 1991; Reker & Wong, 2012; Steger et al., 2006; Ulland & DeMarinis, 2014).

Existential vulnerability, building on DeMarinis (2008) and Giddens (1984; 1991) and the present project's results, may be defined as follows:

> *Existential vulnerability is a person's active concerns related to a basic sense of security and belonging in life, affecting the ability to experience significance and to make meaning in everyday life, as well as in relation to critical events and ultimate concerns such as life and death* (Baumeister, 1991; Baumeister & Leary, 1995; Cullberg, 1984; Frankl, 1963; Johnson, 1987; Kamble, Baumeister, & Fincham, 2013; Lambert, Stillman, Hicks).

Following this, and the results from the present project, a salient existentially-informed psychotherapeutic treatment rationale would be:

> *In the intersubjective field between therapist and patient, and in the recurring self and interactive regulation experiences, including disruption and repair, heightened affective moments, and moments of meeting and/or meaning, facilitate possibilities for experiences of new adaptive patterns of expectancies, probabilities and predictabilities* (Beebe & Lachmann, 2002; Bowlby, 1988; Holmqvist, 2007; Sander, 1977, 1985, 1995; Stern, 2005; see also Alexander & French, 1980). *Shared lived experiences of heightened affective moments and moments of meeting and/or meaning support a basic sense of ontological security, a meaning in/of life, and a sense of self-identity* (DeMarinis, 2003, 2008; Giddens, 1984, 1991; Reker & Wong, 2012; Steger et al., 2006), *when one is lacking or impaired.*

Possible implications for clinical practice

Many possible clinical implications can be drawn from this project, here the most urgent aspects are presented.

Assessment

Among the subgroup representing the group high on depression-like aspects of personality, existential meaning-making was associated with the degree of function of their emotion regulation and perceived mental health. A dysfunction in any of the processes seemed to influence the other negatively, increasing the vulnerability for mental ill-health. Therefore, it is suggested that an assessment of these two areas, existential meaning-making and emotion regulation, are done together, especially among young women at risk for depression and anxiety. The majority consciously withheld disturbing thoughts and feelings from family and friends, using different strategies such as shutting down, withdrawing, or distractions, and references to emotion regulation in face-to-face interactions were rare. However, their intrapersonal strategies seemed to be somewhat helpful and comforting on an everyday basis, but in conflicts, crises, separations, deaths, and in situations of abuse they appeared to have few functional emotion regulation strategies to handle and work through disturbing thoughts and emotions together with emotionally supportive significant others or by themselves. Closing down or numbing yourself emotionally may add to the risk for depression (e.g., Nummenmaa, Glerean, Hari, & Hietanen, 2014). The subjects' occupation with thoughts of death as an existential issue and fear of death, due in large part to unmourned and unprocessed losses, suicides, and deaths, may in a psychoanalytic perspective be a salient risk factor for depression. In the psychoanalytic literature, the complex and culture-sensitive relations among grief, depression and anxiety are given a central place, and grieving processes are thought to be a salient part of psychotherapeutic treatment, and an important prerequisite for a person's recovery, readjustment, or resolution (for an overview see Stroebe, M. S., Hansson, Schut, & Stroebe, W., 2008; see also Auestad, 2017; Cullberg, 2006; Freud, 1917/1963).

A majority in the subgroup believed life had a meaning, but half of the subgroup explicitly expressed that it is not good to think too much about the meaning of life, due to a perceived risk of getting stuck in rumination and a troubled mood. More hedonistic meanings were common, like enjoying everyday life and have as much fun as possible, but some had eudaimonic meanings such as doing something good for others and passing something good or worthwhile on to others and/or coming generations (see also Deci & Ryan, 2008; Ryan et al., 2008; Ryff & Singer, 2008; Schnell, 2010). In relation to stress responses, our bodies appear to respond better to eudaimonic well-being, which is based on a sense of connectedness and purpose, then to hedonistic well-being (Fredrickson et al., 2015). In the subsample an assessment of the relation between situational and global meaning (Park, 2005a; Reker & Wong, 2012) would have been difficult due to the lack of existential worldview coherence and prior reflection on these questions. In accordance

with Reker and Wong (2012), to achieve an enduring type of personal meaning, specific situational meanings need to be integrated into a larger and higher purpose at a global meaning level. Therefore, providing an assessment of both situational and global meaning is proposed, as well as an assessment of their interrelations.

To do an initial screening of psychological and existential vulnerability among young females with mental ill-health concerns, we suggest that the instruments KSP and SOC-29 would be useful.

Furthermore, to make a more qualified assessment of the function of existential meaning-making the following categories are suggested: sense of belonging and meaning; loneliness aspects; sense of self and perceived security; thoughts and feelings around death and future life; and, the relation to the sacred, including religion/spirituality information.

To prepare a screening for a dysfunctional existential worldview function, the SASB Self-concept in addition to KSP are recommended, instead of the SOC-29. A further assessment of existential worldview function (protective factors) and dysfunction (risk factors) may be done by exploring the presence, function, and interaction of the following four overarching existential areas:

1) A worldview and a view of meaning of life, death, religion/spirituality and the sacred, grounded in cultural knowledge or existential resources;
2) a basic sense of belonging, security and sense of self in relational and existential contexts;
3) an ability to share and discuss existential information with (significant) others; and,
4) an ability to reflect on and decide on questions pertaining to existential information.

From a developmental perspective (Erikson, 1959; Fowler, 1981; Marcia, 1993), the different areas of existential worldview function and dysfunction should be seen dimensionally as continuums from normality to psycho-diagnostic criteria, where the cut-off point for an impaired worldview function or a lack of an operating existential worldview can vary depending on the overall assessment. It is probably also most clinically relevant to see the protective and risk factors as separate continuums that should be assessed separately (Schnell, 2010; Steger et al., 2006). Furthermore, it is proposed that a troublesome or perceived meaningless worldview coupled with a troubled or an unsecure sense of self be assessed through a classification of an impaired or dysfunctional worldview function. When resources for constructing and reflecting on worldview, meaning of life, religion/spirituality, and the sacred are found to be more absent than troubled in assessment, a classification of a lack of an operating existential worldview is proposed (DeMarinis, 2008; Schnell

& Keenan, 2011). To do an initial screening for existential vulnerability, the SOC-29 and the SASB Self-concept would be helpful.

Practice

The majority of the subgroup of ten had almost no prior reflection concerning worldview, and none in the subgroup had, before the interview study, raised questions related to the sacred or had been asked about and given a chance to discuss the topic, even though the majority had undergone a Christian confirmation. However, the majority enjoyed the opportunity to explore these existential areas in the interview situation. They experienced as especially important the opportunity to talk about, what in this project was called, *moments of significant meaning*, i.e., strong affective inter- or intrapersonal moments loaded with personal meaning that lessened the emotional pain activated by existential issues such as fear of death, loneliness, and alienation. To feel understood was generally experienced as very important in these situations (see also Fonagy et al., 1995). Some experienced moments of significant meaning related more specifically to love and a deep intimate connection with their boyfriend. Examples of very strong moments of significant meaning were mentioned by several in relation to losses and funerals, where they cried and shared feelings with parents and siblings in a new way. The sense of belonging to both the dead and the living was strong at those moments, and something to be comforted by, and the importance to get a chance to say goodbye to the dead ones in a personally significant way was underscored. Examples of intrapersonal moments of significant meaning were by the majority in some way related to situations where they were in deep contact with themselves, their innermost feelings and thoughts about themselves and their lives. These moments were for some connected to life choices or life goals, a sense of faith in life and one's personal strength, agency, and mastery. Aptly summed up by one respondent: *"short moments when you have faith and believe in things, so you don't totally give up."*

Crisis of meaning

The present project's results indicated that the subsample to a high degree was low on presence of meaning (Dezutter et al., 2013; Steger et al., 2011), with low commitment (Marcia, 1966; Steger et al., 2006), and few sources of meaning (Schnell, 2010), and low in search for meaning (Dezutter et al., 2013; Steger et al., 2006). The pattern (i.e., low presence of meaning, low search for meaning) has only been found among males and was then strongly related to externalization, meaning diffusion, and mental ill-health (Dezutter et al., 2013). In Dezutter and colleagues' study low presence of meaning among females was associated with high search. The present project's results seem to contradict these findings. This should not be taken too far, as meaning in the

two studies was measured in different ways, but it may validate the severity of the problems of the present project's subsample. Furthermore, due to that this subgroup was high on depression-like aspects of personality traits and showed a crisis of meaning in terms of access to sufficient cultural knowledge or existential resources in intergenerational, emotionally-nurturing relationships, their low search should probably not be assessed as existential indifference (Schnell, 2010), which is related to low levels of depression and anxiety. We indeed may argue with Giddens (1991) that this group needs time and possibilities in a safe and recurring everyday life relational setting to: (1) develop a more conscious and functional self-reflective and self-reflexive process both inter- and intrapersonally; (2) understand and know themselves in terms of their biography; and, (3) foster an emerging adult self-identity and a global meaning of life (Beebe & Lachmann, 2002; Reker & Wong, 2012; Steger, 2009). In addition, this group may not explicitly search for meaning, but they all applied for therapy, and following Tronick and Beeghly (2011) through a psychoanalytic perspective, this could be interpreted as an implicit quest for more meaning in life. The high presence of unmourned bereavement may also indicate a high crisis of meaning, and in terms of stress-related growth (Park & Folkman, 1997; Park & Helgeson, 2006; Park & Lechner, 2006), a need to find meaning in or create meaning from negative life events (Brassai et al., 2012; Halama, 2000; Schaefer & Moos, 1992).

Lastly, the majority repeatedly used, as is known to be common today (MMS, 2015), a TV-show or movie that expressed something emotionally important to control anxiety and feelings of loneliness (Cohen & Metzger, 1998; Silverstone, 1993). A common existential theme in these shows was the plot's development from a misery or crisis situation to a life where the protagonist felt better and had found herself focusing on internal development. They valued the opportunity to identify with a person in a similar situation and from whom they got a sense of the importance of belonging (see also Greenwood, Pietromonaco, & Long, 2008). Other existential themes in these stories included: death, what we do with our time, and the world's end.

Generally in this sample loneliness aspects were found to be interrelated to death (see also Lindfors et al., 2012), and belonging aspects to the sacred and the sense of meaning (see also Lambert et al, 2013). Therefore it is suggested that these areas and interconnections be explicitly addressed and worked with to lessen the vulnerability for mental ill-health in young adults.

Further research

Existential concerns appear to have increased greatly among young people in the contemporary sociocultural context, and these concerns seem to be strongly interrelated to young people's perceived level of mental ill-health. Evidently, further research is needed to more fully investigate the underlying

basis of young people's existential meaning-making functioning in their emerging adulthood including: existential worldviews, whether religious or secular; intergenerational structures; and, relationships and engagements in the family as well as in society (DeMarinis, 2008; Ulland & DeMarinis, 2014).

More generally, research has been asked for, on both individual and societal group levels, to identify protective as well as risk factors, for youth and emerging adult's mental health (European Commission, 2013). Finding further protective factors for positive youth development also has been identified from several quarters as an important research area (e.g., Jessor, Turbin, & Costa, 1998; Luthar, Cicchetti, & Becker, 2000; Piko & Fitzpatrick, 2003).

Meaning in life is evidently a salient protective factor for mental ill-health (e.g., Routledge, Roylance, & Abeyta, 2017), with growing evidence for existential health, defined as a sense of meaningfulness and purpose in life, to be a promoter of mental as well as physical health (e.g., Reker & Wong, 2012; Routledge, Roylance, & Abeyta, 2017). Furthermore, it has been proposed that the presence of meaning in life is particularly relevant for adolescent development (Benson & Roehlkepartain, 2003; Davey, Eaker, & Walters, 2003), as it may function as a protection against several health problems, like depression, deficient psychological well-being, or substance use (Halama & Medova, 2007; Nielsen & Hansson, 2007; Rathi & Rastogi, 2007; Räty et al., 2005; Simonsson et al., 2008). However, previous research presented here, and this project's research design and results, point to an urgent need for operationalization and validation of measures for existential meaning-making, ontological security, and emotion regulation in the Swedish language context. Quantitative research on specific variables such as *meaning in life*, *crisis of meaning*, *search for meaning*, *meaning in life states*, *self-reflexivity* and *self-identity* and their interrelations to mental health and ontological security among youth and emerging adults are of great importance. Furthermore, an intriguing challenge is how to operationalize, capturing and assessing the ontological reference points pertaining to existential worldviews and existential meaning-making, among people in the Swedish majority culture characterized by complexity due to cultural changes in beliefs and existential worldviews (e.g., af Burén, 2015).

Another meaning-related protective factor for mental ill-health is a perceived sense of belonging (Lambert, et al., 2013; Martela et al., 2016), which needs to be research on different levels, from family and friends to society and the globalized world. This is confirmed by the findings from the present project, indicating that a salutogenic factor was: coming from socially and societally engaged families (see also Evans et al., 2010).

The present project also points to the need for special attention to young individuals high on depression-like aspects of personality and with internalizing symptoms. Due to the high presence of internalized symptoms as well as high inhibition of aggression among the present project's clinical sample of young females, further research among young women is also recommended

in relation to culturally-sensitive expressions of emotion regulation (Helman, 2013). These include: access to self-expressions and self-assertions; outlets for aggressive feelings and thoughts; and, access to possibilities to mourn losses and bereavements. Interrelations to meaning-variables and self-concept ought to be a part of such investigations.

Longitudinal studies on youth's and emerging adults' existential questions and concerns, like the Finnish one (Lindfors et al., 2012), are needed also in a Swedish context, as well as longitudinal studies on culture-sensitive patterns of emotion regulation among young people and their families, to find possible interrelations to the increase in internalization, anxiety and depression, and stress-related problems.

Longitudinal studies on identity development-in-context are also necessary (Bosma & Kunnen, 2008). One salient factor in these studies would be related to narrative identity (McAdams & McLean, 2013), and the ability *to keep a particular narrative going* (Giddens, 1991; see also Fonagy & Target, 1997, 2006), as well as to existential worldviews, as *narratives about life's meaning and the actions associated with the lived expression of these narratives* (DeMarinis, 2008).

Conclusion

The results from this project support prior research findings on an association between adults' interest in youth's existential information and an existential worldview that has functional, protective elements, and a positive self-concept (Adamson et al., 1999; Adamson & Lyxell, 1996). The present project also confirms the expressed urgency for including existential aspects in assessing youth's mental ill-health (e.g., Burrow & Hill, 2011; Damon et al., 2003; Fitzgerald, 2005; Steger, Bundick, & Yeager, 2012; see also Henje Blom et al., 2010). Gaining access to and assessing the actual function of existential information therefore is proposed here for inclusion in treatment with youth and young adults. The results indicate that this is of particular importance when it comes to young women scoring high on depression-like aspects of personality, having a negative self-concept, and lacking or being unable to make use of existential resources – a profile not uncommon in the Swedish majority culture (DeMarinis, 2008; Lövheim & Bromander, 2012). The importance of addressing questions around existential concerns experienced in daily living is strengthened by the fact that several among the subgroup of high on depression-like personality traits reported that the in-depth interview, included in this project, was the first time they shared their feelings and thoughts about these areas with someone else. This may even point to a hidden and perhaps unreflected or unacknowledged need to share feelings and thoughts pertaining to existential concerns in this subgroup (see also Åsbring & Hochwälder, 2009).

Some even thought that this type of interview should be a general part of the intake procedure at the outpatient clinic where this project was conducted.

Finally, organizations such as WHO Europe (2011), UNICEF (2014, 2016) and European Commission (2013) promote the implementation of a range of actions, arguing in various ways that a successful recovery of European economies crucially depends on the mental health of the population, and then especially the *mental health promotion* (MHP) and *prevention of mental illness* (PMI) in child and youth populations. The results from this project and from the expanding research area of clinical psychology of religion, focused on meaning-making and existential health, point to the need for existential factors to be included as a salient part of these actions.

References

Abbass, A. (2006). Intensive short-term dynamic psychotherapy for treatment resistant depression: A pilot study. *Depression and Anxiety, 23*, 449–552.

Achenbach, T. M. (1991). *Manual for the youth self-report and 1991 profile.* Burlington: University of Vermont.

Adamson, L. (1999). *Like circles on the water: A study of adolescent identity.* (Dissertation). Linköping: Linköping University.

Adamson, L., Ferrer-Wreder, L., & Kerpelman, J. (2007). Self-concept consistency and future orientation during the transition to adulthood. *Young: Nordic Journal of Youth Research*, *15*(1), 91–112.

Adamson, L., Hartman, S., & Lyxell, B. (1999). Adolescent identity–a qualitative approach: Self concept, existential questions and adult contacts. *Scandinavian Journal of Psychology, 40*(1), 21-31.

Adamson, L., & Lyxell, B. (1996). Self concept and questions of life: Identity development during late adolescence. *Journal of Adolescence, 19*(6), 569–582.

Adrian, M., Zeman, J., & Veits, G. (2011). Methodological implications of the affect revolution: A 35-year review of emotion regulation assessment in children. *Journal of Experimental Child Psychology, 110,* 171–197.

Alexander, F., & French, T. E. (1980). *Psychoanalytic therapy: Principles and application.* Lincoln: University of Nebraska Press.

Alvesson, M., & Sköldberg, K. (1994). *Tolkning och reflektion* [Interpretation and reflection]. Lund: Studentlitteratur.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington: Author.

American Psychiatric Association. (2011). *DSM-5 Development, levels of personality functioning.* The document has been removed from the internet and is available as PDF from K. Schmeck: klaus.schmeck@upkbs.ch

Ammaniti, M., & Trentini, C. (2009). How new knowledge about parenting reveals the neurobiological implications of intersubjectivity: A conceptual synthesis of recent research. *Psychoanalytic Dialogues*, *19,* 537–555.

Anomie. (2017). In *Encyclopædia Britannica.* Retrieved 10 June, 2017, from https://www.britannica.com/topic/anomie

Antonovsky, A. (1979). *Health, stress and coping.* San Francisco: Jossey-Bass.

Antonovsky, A. (1987). *Unraveling the mystery of health.* San Francisco: Jossey-Bass.

Arch, J. J., & Craske, M. G. (2008). Acceptance and commitment therapy and cognitive behavioral therapy for anxiety disorders: Different treatments, similar mechanisms? *Clinical Psychology: Science & Practice, 5,* 263–279.

Armelius, K. (2001). *Reliabilitet och validitet för den svenska versionen av SASB–självbildstestet* [Reliability and validity of the Swedish version of SASB–self test]. Umeå: Department of Psychology, Umeå University.

Armelius, K., & Benjamin, L. S. (1988). *SASB Dig själv* [SASB self concept]. Salt Lake City: Intrex Interpersonal Institute.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55,* 469–480.

Arnett J. J. (2004). *Adolescence and emerging adulthood. A cultural approach.* New Jersey: Pearson.

Auestad, L. (Ed.). (2017). *Shared traumas, silent loss, public and private mourning.* London: Karnac Books

Batson, C. D., & Schoenrade, P. (1991). Measuring religion as quest: 1) Validity concerns. *Journal for the Scientific Study of Religion, 30,* 416–429.

Batson, C. D., Schoenrade, P., & Ventis, W. L. (1993). *Religion and the individual: A socialpsychological perspective.* New York: Oxford University Press.

Batson, C. D., & Stocks, E. L. (2004). Religion: Its core psychological function. In J. Greenberg, S. L. Koole & T. Pyszczynski (Eds.), *Handbook of experimental existential psychology* (pp. 141–155). New York: Guilford.

Batson, C., & Ventis, L. (1982). *The religious experience: A social-psychological perspective.* New York: Oxford University Press.

Battista, J., & Almond, R. (1973). The development of meaning in life. *Psychiatry, 36,* 409–427.

Bauman, Z. (1992). *Intimations of postmodernity.* London: Routledge.

Bauman, Z. (2000). Social issues of law and order. *British Journal of Criminology, 40*(2), 205–21.

Bauman, Z. (2001). *The individualized society.* Cambridge: Polity Press.

Bauman, Z. (2006). *Liquid Times: Living in an age of uncertainty*. Cambridge: Polity Press.

Baumeister, R. F. (1991). *The meanings of life.* New York: Guilford.

Baumeister, R. F., & Leary, M.R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117,* 497–529.

Baumeister, R. F., & Vohs, K. D. (2002). The pursuit of meaningfulness in life. In C. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp. 608–628). New York: Oxford University Press.

Bayles, M. (2007). Is verbal symbolization a necessary requirement of analytic change? *Psychoanalytic Dialogues, 17*(3), 455–477.

Beck, U. (1996). World risk society as cosmopolitan society: Ecological questions in a framework of manufactured Uncertainties. *Theory, Culture and Society, 13*(4), 1–32

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *The cognitive therapy of depression.* New York: Guilford Press.

Beebe, B. (1973). Ontogeny of positive affect in the third and fourth months of life of one infant. *Dissertation Abstracts International, 35*(2), 1014B.

Beebe, B. (1998). A procedural theory of therapeutic action. Commentary on symposium on Interventions that effect change in psychotherapy. *Infant Mental Health Journal, 19*, 333–340.

Beebe, B. (2004). Faces in relation: A case study. *Psychoanalytic Dialogues, 14,* 1–51.

Beebe, B. (2014). My journey in infant research and psychoanalysis: Microanalysis, a social microscope. *Psychoanalytic Psychology, 31*(1), 4–25.

Beebe, B., Igleheart, H., Steele, M., Steele, H., Lyons-Ruth, K., & Feldstein, S. (2013). *From infancy to adulthood: Vocal rhythm coordination in infancy, 12-month attachment, and young adult follow-up.* (Report to the American Psychoanalytic Association Research Fund). Washington: American Psychological Association.

Beebe, B., Jaffe, J., Lachmann, F., Feldstein, S., Crown, C., & Jasnow, J. (2000). Systems models in development and psychoanalysis: The case of vocal rhythm coordination and attachment. *Infant Mental Health Journal, 21*(1–2), 99–122.

Beebe, B., Jaffe, J., Markese, S., Buck, K., Chen, H., Cohen, P., . . . Feldstein, S. (2010). The origins of 12-month attachment: A microanalysis of 4-month mother-infant interaction. *Attachment & Human Development, 12*(1–2), 3–141.

Beebe, B., Knoblauch, S., Rustin, J., & Sorter, D. (2003). Introduction: A systems view.210 *Psychoanalytic Dialogues, 13,* 743–775.

Beebe, B., & Lachmann, F. M. (1994). Representation and internalization in infancy: Three principles of salience. *Psychoanalytic Psychology, 11,* 127–165.

Beebe B., & Lachmann, F. M. (1998). Co-constructing inner and relational processes: Self and mutual regulation in infant research and adult treatment. *Psychoanalytic Psychology, 15,* 1–37.

Beebe, B., & Lachmann, F. M. (2002). *Infant research and adult treatment: Co-constructing interactions.* Hillsdale: Analytic Press.

Beebe, B., & Lachmann. F. M. (2013). *The origins of attachment: Infant research and adult treatment.* New York: Routledge Press.

Beebe, B., & Lachmann, F. M. (2015). The expanding world of Edward Tronick. *Psychoanalytic Inquiry, 35,* 328–336.

Benjamin, L. S. (1974). Structural analysis of social behavior. *Psychological Review, 81,* 392–425.

Benjamin, L. S. (1984). Principles of prediction using structural analysis of social behavior. In R. Zucker, J. Aronoff & A. Rabin (Eds.), *Personality and the prediction of behaviour* (pp. 121–173). Orlando: Academic Press.

Benjamin, L. S. (1987). *SASB short form user's manual.* Salt Lake City: Intrex Interpersonal Institute.

Benjamin, L. S. (2003). *Interpersonal reconstructive therapy: Promoting change in nonresponders*. New York: Guilford.

Benjamin, L. S., Rothweiler, J. C., & Critchfield, K. L. (2006). The use of structural analysis of social behavior (SASB) as an assessment tool. *Annual Review of Clinical Psychology*, *2,* 83–109.

Benson, P. L., Roehlkepartain, E. C., & Rude, S. P. (2003). Spiritual development in childhood and adolescence: Toward a field of inquiry. *Applied Developmental Science, 7,* 205–213.

Berger, P., & Luckmann, T. (1966). The social construction of reality. A Treatise in the Sociology of Knowledge. New York: Anchor Books.

Bergman, H., Bergman, I., Engelbrektsson, K., Holm, L., Johannesson, K., & Lindberg, S. (1982). *Psykologhandbok vid Magnus Huss-kliniken* [Psychologist's guide by Magnus Huss Clinic]. Stockholm: Karolinska Hospital.

Berking, M., & Wupperman, P. (2012). Emotion regulation and mental health: Recent findings, current challenges, and future directions. *Current Opinion in Psychiatry, 25*(2), 128–134.

Berman, S. L., & Montgomery, M. J. (2014). Problematic identity processes: The role of identity distress. *Identity: An International Journal of Theory and Research, 14,* 241–245.

Berman, S. L., Weems, C. F., & Stickle, T. R. (2006). Existential anxiety in adolescents: Prevalence, structure, association with psychological symptoms and identity development. *Journal of Youth and Adolescence, 35*(3), 303–310.

Blakemore, S.-J., & Frith, U. (2004). How does the brain deal with the social world? *Neuroreport, 14*(18), 119–128.

Blass, D. M. (2007). A pragmatic approach to teaching psychiatry residents the assessment and treatment of religious patients. *Academic Psychiatry, 31*, 25–31.

Blatt, S. J. (2004). *Experiences of depression: Theoretical, clinical, and research perspectives.* Washington: American Psychological Association.

Bor, W., Dean, A. J., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *The Australian and New Zealand Journal of Psychiatry, 48*(7), 606–616.

Bosma, H. A. (1995). Identity and identity processes: What are we talking about? In A. Oosterwegel & R. A. Wicklund (Eds.), *The self in European and North American culture: Development and processes* (pp. 5–17). Amsterdam: Kluwer Academic.

Bosma, H. A., & Kunnen, E. S. (2008). Identity-in-context is not yet identity development-in-context. *Journal of Adolescence, 31*(2), 281–289.

Bourne, E. (1978). The state of research on ego identity: A review and appraisal. Part II. *Journal of Youth and Adolescence, 7,* 371–393.

Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment.* New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* New York: Basic Books.

Bowlby, J. (1977). The making and breaking of affectional bonds. I. Aetiology and psychopathology in light of attachment theory. An expanded version of the fiftieth maudsley lecture, delivered before the Royal College of Psychiatrists, 19 November 1976. *The British Journal of Psychiatry, 130*(3), 201–210.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory.* London: Routledge.

Brandstätter, M., Baumann, U., Borasio, G. D., & Fegg, M. J. (2012). Systematic review of meaning in life assessment instruments. *Psycho-Oncology, 21,* 1034–1052.

Brassai, L., Piko, B. F., & Steger, M. F. (2011). Meaning in life: Is it a protective factor for adolescents' psychological health? *International Journal of Behavioral Medicine, 18,* 44–51.

Brassai, L., Piko, B. F., & Steger, M. F. (2012). Existential attitudes and Eastern European adolescents' problem and health behaviors: Highlighting the role of the search for meaning in life. *The Psychological Record, 62,* 719–734.

Bremberg, S., & Dalman C. (2015). *Begrepp, mätmetoder och förekomst av psykisk hälsa, psykisk ohälsa och psykiatriska tillstånd hos barn och unga–En kunskapsöversikt* [Concepts, measurement methods and occurrence of mental health, mental illness and psychiatric condition in children and young people–A knowledge overview]. Stockholm: Formas, Forte, Vetenskapsrådet and Vinnova.

Bromberg, P. M. (2006). *Awakening the dreamer: Clinical journeys.* New York: Taylor & Francis Group.

Bronk, K. C., Hill, P., Lapsley, D., Talib, T., & Finch, W. H. (2009). Purpose, hope, and life satisfaction in three age groups. *Journal of Positive Psychology, 4,* 500–510.

Browne, C. (2017). *Critical social theory.* London: Sage.

Bruner, J. (1990). *Acts of meaning.* Cambridge: Havard University Press.

Bråten, S. (2009). *The Interparticipantive mirror in infant learning and evolution of speech.* Amsterdam: John Benjamins Pub.

af Burén, A. (2015). *Living simultaneity. On religion among semi-secular Swedes* (Dissertation). Huddinge: Södertörn University.

Bucci, W. (1985). Dual coding: A cognitive model for psychoanalytic research. *Journal of the American Psychoanalytic Association, 33,* 571–608.

Bucci, W. (1997). *Psychoanalysis and cognitive science.* New York: Guilford Press.

Burrow, A. L., & Hill, P. L. (2011). Purpose as a form of identity capital for positive youth adjustment. *Developmental Psychology, 47*(4), 1196–1206.

Bäckström, A. (2014). Religion in the Nordic Countries: Between Private and Public. *Journal of Contemporary Religion, 29*(1), 61–74.

Bäckström, A., Davie, G., Edgardh, N., & Pettersson, P. (Eds.). (2010). *Welfare and Religion in 21st century Europe: Volume 1. Configuring the Connections*. Aldershot: Ashgate.

Bäckström, A., Davie, G., Edgardh, N., & Pettersson, P. (2011). *Welfare and Religion in 21st century Europe: Volume 2. Gendered, Religious and Social Change*. Farnham: Ashgate.

Bäfverfeldt, J. (Ed.). (2014). *Håller vi på att förvandla livet till en sjukdom?* [Are we transforming life into a disease?] Stockholm: 8tto/Volante, Kunskapscentrum för jämlik vård.

Cacioppo, J. T., & Berntson, G. G. (1994). Relationship between attitudes and evaluative space: A critical review, with emphasis on the separability of positive and negative substrates. *Psychological Bulletin, 115*(3), 401–423.

Cait, C.-A. (2004). Spiritual and religious transformation in women who were parentally bereaved as adolescents. *Omega: Journal of Death and Dying, 49,* 163 181.

Call, K. T., & Mortimer, J. T. (2001). *Arenas of comfort in adolescence: A study of adjustment in context*. Mahwah: Lawrence Erlbaum Associates.

Van Cappellen, P., Saroglou, V., Iweins, C., Piovesana, M., & Fredrickson, B. L. (2013). Self-transcendent positive emotions increase spirituality through basic world assumptions. *Cognition & Emotion, 27*(8), 1378–94.

Van Cappellen, P., Way, B. M·, Isgett, S. F., & Fredrickson, B. L. (2016). Effects of oxytocin administration on spirituality and emotional responses to meditation. *Social Cognitive and Affective Neuroscience, 11*(10), 1579–1587.

Cederblad, M., & Hansson, K. (1996). Känsla av sammanhang–Ett centralt begrepp i hälsoforskningen [Sense of coherence–A central concept in health research]. *Socialmedicinsk Tidskrift, 4,* 152–158.

Cetrez, Ö. (2011). The Next Generation Assyrians in Sweden: Religiosity as a functioning system of meaning within the process of acculturation. *Mental Health, Religion and Culture, 14*(5), 473–487.

Chase, E. (2013). Security and subjective wellbeing: The experiences of unaccompanied young people seeking asylum in the UK. *Sociology of Health & Illness, 35*(6), 858–872.

Chin, G., & Culotta, E. (2014). The science of inequality. What the numbers tell us. Introduction. *Science, 344*(6186), 818–21.

Chodoff, P. (1972). The depressive personality. A critical review. *Archives of General Psychiatry, 27,* 666– 673.

Church of Sweden. (2016). Figures retrieved from https://www.svenskakyrkan.se/statistik

Cohen, J. (1960). A coefficient of agreement for nominal scales. *Educational and Psychological Measurement, 20* (1), 37–46.

Cohen, K., & Cairns, D. (2012). Is searching for meaning in life associated with reduced subjective well-being? Confirmation and possible moderators. *Journal of Happiness Studies, 13,* 313–331.

Cohen, J., & Metzger, M. (1998). Social affiliation and the achievement of ontological security through interpersonal and mass communication. *Critical Studies in Mass Communication, 15,* 41–60.

Cohn, M. A., Fredrickson, B. L., Brown, S. L., Mikels, J. A., & Conway, A. M. (2009). Happiness unpacked: Positive emotions increase life satisfaction by building resilience. *Emotion, 9,* 361–368.

Cooper, M. 2003. *Existential therapies.* London: Sage.

Cozolino, L. J. (2010). *The neuroscience of psychotherapy: Healing the social brain.* New York: Norton.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches.* Thousand Oaks: Sage publications.

Critchfield, K. L., & Benjamin, L. S. (2008). Internalized representations of early interpersonal experience and adult relationships: A test of copy process theory in clinical and nonclinical populations. *Psychiatry: Interpersonal and Biological Processes, 71,* 71–92.

Cullberg, J. (1984). *Dynamisk psykiatri i teori och praktik.* Stockholm: Natur & Kultur.

Cullberg, J. (2006). *Kris och utveckling. Samt katastrofpsykiatri och sena stressreaktioner* [Crisis and development. As well as disaster psychiatry and late stress reactions]. Stockholm: Natur & Kultur.

Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders, 25*(1), 123–130.

Damon, W., Menon, J., & Bronk, K. C. (2003). The development of purpose during adolescence. *Applied Developmental Sciences, 7,* 119–128.

Danbolt, L., & Stifoss-Hanssen, H. (2014). Introduction. In H. Sifoss-Hanssen (Ed.), *Psychology of religion* (pp. 17–31). Oslo: Gyldendal Norsk Förlag.

Davanloo, H. (1995). Intensive short-term dynamic psychotherapy: Spectrum of psychoneurotic disorders. *International Journal of Short-Term Psychotherapy, 10*(3–4), 121–155.

Davanloo, H. (2005). Intensive short-term dynamic psychotherapy. In B. J. Sadock & V. A. Sadock (Eds.), *Kaplan and Sadock's comprehensive textbook of psychiatry* (pp. 2628–2652). Philadelphia: Wolters Kluwer Health.

Davey, M., Eaker, D. G., & Walters, L. H. (2003). Resilience processes in adolescents: Personality profiles, self-worth, and coping. *Journal of Adolescent Research,* 18, 347–362.

Davies, J. M. (2006). The times we sizzle, and the times we sigh: The multiple erotics of arousal, anticipation, and release. *Psychoanalytic Dialogues, 16,* 665–686.

Davis, J. T. (2001). Revising psychoanalytic interpretations of the past: An examination of declarative and non-declarative memory processes. *International Journal of Psychoanalysis, 82,* 449–462.

Davis. J. T. (2015). Even more than the "something more": Tronick's dyadic expansion of consciousness model and the expansion of child psychoanalytic technique. *Psychoanalytic Inquiry, 35*(4), 430–444.

Day, A. (2011). *Believing in belonging: Belief and social identity in the modern world.* New York: Oxford University Press.

Debats, D. L. (1996). Meaning in life: Clinical relevance and predictive power. *British Journal of Clinical Psychology, 35,* 503–516.

Debats, D. L., Drost, J., & Hansen, P. (1995). Experiences of meaning of life: A combined qualitative and quantitative approach. *British Journal of Psychology, 86,* 359–375.

Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies, 9,* 1–11.

Dekovic, M. (1999). Risk and protective factors in the development of problem behavior during adolescence. *Journal of Youth and Adolescence, 28*(6), 667–685.

DeMarinis, V. (1993). *Critical Caring.* Louisville: Westminister/JKP.

DeMarinis, V. (1998). *Tvärkulturell vård i livets slutskede: att möta äldre personer med invandrarbakgrund* [Cross-cultural care in the final stages of life: Meeting older people with immigrant backgrounds]. Lund: Studentlitteratur.

DeMarinis, V. (1999). Psychosocial and psychosomatic developmental dimensions of ritual experience: A case study of female development. In N. Holms (Ed.), *Crossing boundaries in the psychology of religion: Case studies in cross-national and cross-denominational contexts* (pp. 50–63)*,* Åbo: Åbo Academy.

DeMarinis, V. (2003). *Pastoral care, existential health, and existential epidemiology.* Stockholm: Verbum.

DeMarinis, V. (2008). The impact of post-modernization on existential health in Sweden: Psychology of religion's function in existential public health analysis. *Archive for the Psychology of Religion, 30,* 57–74.

DeMarinis, V., Ulland, D., & Karlsen, K. E. (2011). Philosophy's role for guiding theory and practice in clinical contexts grounded in a cultural psychiatry focus: A case study illustration from southern Norway. *World Cultural Psychiatry Research Review, 6*(1), 47–56.

Derogatis, L. R., & Cleary, P. A. (1977). SCL-90. Confirmation of the dimensional structure of the SCL90: A study in construct validation. *Journal of Clinical Psychology, 33*(4), 981–989.

Dezutter, J., Waterman, A. S., Schwartz, S. J., Luyckx, K., Beyers, W., Meca, A., … Caraway, S. J. (2014). Meaning in life in emerging adulthood: A person-oriented approach. *Journal of Personality, 82,* 57–68.

Dixon, R. A., & Lerner, R. M. (1988). A history of systems in developmentalpsychology. In M. H. Bornstein & M. E. Lamb (Eds.), *Developmental psychology: An advanced textbook.* Hillsdale: Erlbaum Associates.

Dobson, K. S., & Dozois, D. J. A. (2008). *Risk factors in depression.* San Diego: Academic Press.

Dong, Q., Yang, B., & Ollendick, T. H. (1994). Fears in Chinese children and adolescents and their relations to anxiety and depression. *Journal of Child Psychology and Psychiatry, 35,* 351–363.

Dreyfus, H. L. (1991). *Being in the world: A commentary on Heidegger's Being and time, Division I.* Cambridge: MIT Press.

Durkheim, È. (1897). *Le suicide: étude de sociologie.* Paris: Les Presses universitaires de France.

Durkheim, È. (1915). *The elementary forms of the religious life.* New York: Free Press.

Eisenbruch, M. (1991). From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees. *Social Science & Medicine, 33*(6), 673–80.

Eliade, M. (1957). *The sacred and the profane: The nature of religion.* New York: Harvest Books.

Emmons, R. A. (1999). *The psychology of ultimate concerns: Motivation and spirituality in personality.* New York: Guilford.

Emmons, R. A., & Paloutzian, R. F. (2003). The Psychology of Religion. *Annual Review of Psychology, 54,* 377–402.

Emmons, R. A., & Paloutzian, R. F. (2010). The psychology of religion. In J. L. Barrett (Ed.), *Psychology of religion. Critical concepts in religious studies* (Vol. 4, pp. 225–251). London: Routledge.

Endtner, K. Hänni, M., & Tschacher, W. (2011). Emotion regulation–A trans-diagnostic approach. *European Psychiatry, 26*(1), 1305.

Erkolahti, R., Ilonen, T., Saarijärvi, S., & Terho, P. (2003). Self-image and depressive symptoms among adolescents in a non-clinical sample. *Nordic Journal of Psychiatry, 57*(6), 447–451.

Erikson, E. H. (1963/1950). *Childhood and society.* New York: Norton.

Erikson, E. H. 1980/1959. *Identity and the life cycle.* New York: Norton.

Erikson, E. H. (1980/1968). *Identity: Youth and crisis.* New York: Norton.

Erikson, E. H. (1977). *Toys and Reasons: Stages in the ritualization of experience.* London: Marion Boyars.

Erikson, E. H., & Erikson, J. M. (1997/1982). *The life cycle completed.* New York: Norton.

Eriksson, M., & Lindström, B. (2005). Validity of Antonovsky's Sense of Coherence Scale: A systematic review. *Journal of Epidemiology & Community Health, 59,* 460–466.

Erzberger, C., & Kelle, U. (2003). Making inferences in mixed methods: The rules of integration. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral* research (pp. 457–490). Thousand Oaks: Sage.

Esposito, J. L., Fasching, D. J., & Lewis, T. T. (2002). *World religions today.* Oxford: Oxford University Press.

European Commission. (2013). *Mental health systems in the European Union member states, status of mental health in populations and benefits to be expected from investments into mental health. European profile of prevention and promotion of mental health (EuroPoPP-MH).* Retrieved from https://ec.europa.eu/health/mental_health/publications_en

European Values Study [EVS]. (2011). *European Values Study Longitudinal Data File 1981-2008.* Cologne: GESIS Data Archive, ZA4804 Data file Version 2.0.0. doi:10.4232/1.11005

Evans, W. P., Marsh, S. C., & Weigel, D. J. (2010). Promoting adolescent sense of coherence: Testing models of risk, protection, and resiliency. *Journal of Community & Applied Social Psychology, 20*(1), 30–43.

Feld, B. (2004). Holding and facilitating interactive regulation in couples with trauma histories. *Psychoanalytic Inquiry, 24*(3), 420–437.

Ferenzie, S. (1930). The principle of relaxation and neocatharsis. In *Final contributions to the problems and methods of psychoanalysis* (pp. 126–142). New York: Basic Books, 1955.

Ferrer-Wreder, L., Palchuk, A., Poyrazli, S., Small, M. L., & Domitrovich, C. E. (2008). *Identity and Adolescent Adjustment, Identity, 8*(2), 95–105.

Fitzgerald, B. (2005). An existential view of adolescent development. *Adolescence, 40,* 793–799.

Fleck, M. P., & Skevington, S. (2007). Explaining the meaning of the WHOQOL-SRPB. *Revista de Psiquiatria Clínica, 34(*1), 67-69.

Fombonne, E. (1998). Increased rates of psychosocial disorders in youth. *European Archives of Psychiatry and Clinical Neuroscience, 248,* 14–21.

Fonagy, P. (1999). Memory and therapeutic action. *International Journal of Psychoanalysis, 80,* 215–223.

Fonagy, P., Gergely, G., Jurist, E. J., & Target, M. (2004). *Affect regulation, metallization and the development of the self.* New York: Other Press.

Fonagy, P., Steele, H., & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development, 62,* 891–905.

Fonagy P., Steele M., Steele H., Leigh T., Kennedy R., Mattoon G., & Target, M. (1995). The predictive validity of Mary Main's Adult Attachment Interview: A psychoanalytic and developmental perspective on the transgenerational transmission of attachment and borderline states. In S. Goldeberg, R. Muir & J. Kerr (Eds.), *Attachment theory: Social, developmental and clinical perspectives.* Hillsdale: The Analytic Press.

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in selforganization. *Development and Psychopathology, 9,* 677–699.

Fonagy. P., & Target, M. (2006). The mentalization-focused approach to self pathology. *Journal of Personality Disorders, 20*(6), 544–576.

Fonseca, V. R. (2009). The autistic dialogic style: A case of Asperger's syndrome. *Journal of Child Psychotherapy*, 35(3), 250–261.

Ford, J. D., Grasso, D., Greene, C., Levine, J., Spinazzola, J., & van der Kolk, B. (2013). Clinical significance of a proposed developmental trauma disorder diagnosis: Results of an international survey of clinicians. *Journal of Clinical Psychiatry, 74*(8), 841–849.

Forman, R. K. C. (2011). *Enlightenment ain't what it's cracked up to be: A journey of discovery, snow and jazz in the soul.* Alresford: O-Books.

Forsman, A. K., Wahlbeck, K., Aarø, L. E., Alonso, J., Barry, M. M, Brunn, M., … Värnik, A. (2015). Research priorities for public mental health in Europe: Recommendations of the ROAMER project. *European Journal of Public Health, 25*(2), 249–254.

Fosha, D. (2000). *The transforming power of affect: A model of accelerated change.* New York: Basic Books.

Fosshage, J. L. (2005). The explicit and implicit domains in psychoanalytic change. *Psychoanalytic Inquiry, 25,* 516–539.

Fowler, J. W. (1981). *Stages of faith: The psychology of human development and the quest for meaning.* New York: HarperCollins.

Frances, A. (2013). *Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma and the medicalization of ordinary life.* New York: HarperCollins.

Frankl, V. E. (1963). *Man's search for meaning: An introduction to logotherapy.* New York: Washington Square.

Fredrickson, B. L., Grewen, K. M., Algoe, S. B., Firestine, A. M., Arevalo, J. M., Ma, J., & Cole, S. W. (2015). Psychological well-being and the human conserved transcriptional response to adversity. *PLoS One, 10*(3), e0121839.

Freud, S. (1909). Notes upon a case of obsession neurosis. *Standard Edition 10*, 153–318. London: Hogart Press, 1955.

Freud, S. (1917/1963). Mourning and melancholia. General psychological theory: Papers on metapsychology. New York: Collier Books.

Freud, S. (1930). *Civilization and its discontents*. London: Penguin.

Fridell, M., Cesarec, Z., Johansson, M., & Malling Thorsen, S. (2002). *SCL-90: Svensk normering, standardisering och validering av Symptomskalan* [SCL-90: Swedish normalization, standardization and validation of the Symptom Scale] (Report No. 4). Stockholm: Swedish Standard Institute.

Friese, S. (2013). *ATLAS.ti 7 User Manual.* Berlin: Scientific Software Development GmbH.

García-Moya, I., Moreno, C., & Rivera, F. (2014). Obtaining a hierarchy of contextual factors in shaping the sense of coherence of male and female adolescents. *Journal of Happiness Studies, 15*(6), 1267–1287.

Gassne, J. (2008). *Salutogenes, Kasam och socionomer* [Salutogenesis, Kasam, and social workers] (Dissertation). Lund: Lund University.

Geels, A. (1991). *Att möta gud i kaos. Religiösa visioner i dagens Sverige* [To face God in chaos. Religious visions in today's Sweden]. Stockholm: Norstedts.

Geels, A. (1992). Chaos lives next to god. Religious visions in contemporary Sweden. *Studies in Spirituality, 2,* 223–236.

Geels, A. (2003). Transforming moments. A psychological perspective on religious visions. Contemporary and historical cases. In J. A. Belzen & A. Geels (Eds.), *Mysticism: A variety of psychological perspectives* (pp. 235–261). Amsterdam/New York: Rodopi.

Geels, A. (2008). *Medvetandets stilla grund. Mystik och spiritualitet i världens religioner* [The consciousness of consciousness. Mysticism and spirituality in the world's religions]. Lund: Studentlitteratur.

Giddens, A. (1984). *The constitution of society.* Los Angles: University of California Press.

Giddens, A. (1990). *The consequences of modernity.* Stanford: Stanford University Press.

Giddens, A. (1991). *Modernity and self-identity.* New York: Polity Press.

Gill, S. (2010). The therapist as psychobiological regulator: Dissociation, affect attunement and clinical process. *Clinical Social Work Journal, 38*(3), 260–268.

Giorgio, A. (1985). Sketch of a psychological phenomenological method. In A. Giorgi (Ed.), *Phenomenology and psychological research* (pp. 8–22). Pittsburgh: Duquesne University Press.

Gortetski, M., Talbourne, M.A., & Storm, L. (2009). The questionnaire measurement of spiritual emergency. *Journal of Transpersonal Psychology, 41,* 81–97.

Government Offices of Sweden. (2012). *Uppdrag om insatser inom området psykisk ohälsa* [Assignment for interventions in the field of mental health] (S2012/3905/FS). Retrieved from http://www.gov.se/regeringsuppdrag/2012/06/s20123905fs

Green, J. C., & Caracelli, V. J. (1997). Defining and describing the paradigm issue in mixed-method evaluation. *New Directions for Evaluation, 74,* 5–17.

Greenberg, L.S. (2002). Emotion-focused therapy: Coaching clients to work through their feelings. Washington: American Psychological Association.

Greenberg, L. S., & Pascual-Leone, A. (2006). Emotion in Psychotherapy: A practice-friendly research review. *Journal of Clinical Psychology: In Session, 62,* 611–630.

Greenberg, J., Pyszczynski, T., Solomon, S., Rosenblatt, A., Veeder, M., Kirkland, S., & Lyon, D. (1990). Evidence for terror management II: The effects of mortality salience on reactions to those who threaten or bolster the cultural worldview. *Journal of Personality and Social Psychology, 58,* 308–318.

Greenwood, D. N., Pietromonaco, P. R., & Long, C. R. (2008). Young women's attachment style and interpersonal engagement with female TV stars. *Journal of Social and Personal Relationships, 25*(3), 387–407.

Gross, J. J. (2013). Emotion regulation: Taking stock and moving forward. *Emotion, 13,* 359–365.

Gross, J. J. (Ed.). (2014). *Handbook of emotion regulation* (2nd ed.). New York: Guilford Press.

Gross, J. J., & Muñoz, R. F. (1995). Emotion Regulation and Mental Health. *Clinical Psychology: Science and Practice, 2*(2), 151–164.

Gustavsson, J. P., Weinryb, R. M., Göransson, S., Pedersen, N. L., & Åsberg, M. (1997). Stability and predictive ability of personality traits across 9 years. *Personality and Individual Differences, 22,* 783–791.

Hacker, D. (1994). An existential view of adolescence. *Journal of Early Adolescence, 14,* 300–328.

Haddad, S. K., Reiss, D., Spotts, E. L., Ganiban, J., Lichtenstein, P., & Neiderhiser, J. M. (2008). Depression and internally directed aggression: Genetic and environmental contributions. *Journal of the American Psychoanalytic Association, 56*(2), 515–50.

Haith, M., Hazan, C., & Goodman, G. (1988). Expectation and anticipation of dynamic visual events by 3.5 month old babies. *Child Development, 59,* 467–479.

Halama, P. (2000). Dimensions of life meaning as factor of coping. *Studia Psychologica, 42,* 339–350.

Halama, P., & Medova, M. (2007). Meaning in life and hope as predictors of positive mental health: Do they explain residual variance not predicted by personality trait? *Studia Psychologica, 49*(3), 191–200.

Hallerstedt, G. (Ed.). (2006). *Diagnosens makt* [The power of diagnosis]. Göteborg: Daidalos.

Hallgren, K. A. (2012). Computing Inter-Rater Reliability for observational data: An overview and tutorial. *Tutorials in Quantitative Methods for Psychology, 8*(1), 23–34.

Harlow, L. L., Newcomb, M. D., & Bentler, P. M. (1986). Depression, self-derogation, substance use, and suicide ideation: Lack of purpose in life as a mediational factor. *Journal of Clinical Psychology, 42,* 5–21.

Harrison, A. M., & Tronick, E. (2007). Contributions to understanding therapeutic change: Now we have a playground. *Journal of the American Psychoanalytic Association, 55*(3), 891–897.

Hausmann, A., Rutz, W., & Benke, U. (2008). [Women seek for help–men die! Is depression really a female disease?]. [Article in German]. *Neuropsychiatrie, 22*(1), 43–48.

Hayes, S. C. (2008). Climbing our hills: A beginning conversation on the comparison of acceptance and commitment therapy and traditional cognitive behavioral therapy. *Clinical Psychology: Science & Practice, 5,* 286–295.

Heintzelman, S. J., & King, L. A. (2013). On knowing more than we can tell: Intuitive processes and the experience of meaning. *The Journal of Positive Psychology, 8,* 471–482.

Heintzelman, S. J., & King, L. A. (2014). Life is pretty meaningful. *American Psychologist, 69,* 561–574.

Helman, C. G. (2013). *Culture, health and illness: An introduction for health professionals.* Oxford: Butterworth-Heinemann.

Henje Blom, E. C., Serlachius, E., Larsson, J.-O., Theorell, T., & Ingvar, M. (2010). Low Sense of Coherence (SOC) is a mirror of general anxiety and persistent depressive symptoms in adolescent girls – a cross-sectional study of a clinical and a non-clinical cohort. *Health and Quality of Life Outcomes, 10*(8), 58.

Hernandez, L., Montgomery, M. J., & Kurtines, W. M. (2006). Identity distress and adjustment problems in at-risk adolescents. *Identity: An International Journal of Theory and Research, 6,* 27–33.

Hill, P. C., & Hood, R. W. (Eds.). (1999). *Measures of religiosity.* Birmingham: Religious Education Press.

Hodge, D. R. (2004). Spirituality and people with mental illness: Developing spiritual competence in assessment and intervention. *Families in Society, 85,* 36–44.

Hollon, S. D., Muñoz, R. F., Barlow, D. H., Beardslee, W. R., Bell, C. C., Bernal, G., … Sommers, D. (2002). Psychosocial intervention development for the prevention and treatment of depression. *Biological Psychiatry, 52*(6), 610–630.

Holmqvist, R. (2007). *Relationella perspektiv på psykoterapi.* [Relational perspectives on psychotherapy]. Solna: Liber.

Hood, R. W., Hill, P. C., & Spilka, B. (2009). *The Psychology of Religion: An Empirical Approach.* New York: Guilford Press.

Hopper, E., & Weinberg, H. (Eds.). (2011). *The social unconscious in persons, groups and societies: Volume 1: Mainly Theory.* London: Karnac Books.

Hume-Pratuch, J. (2013). *How to cite the DSM–5 in APA style.* Retrieved from http://blog.apastyle.org/apastyle/2013/08/how-to-cite-the-dsm5-in-apa-style.html

Hwang, P., Lundberg, I., & Smedler, A.-C. (Eds.). (2012). *Grunderna i vår tids psykologi* [The basics of today's psychology]. Stockholm: Natur & Kultur.

Inglehart, R., & Baker, W. (2000). Modernization, cultural change and the persistence of traditional values. *American Sociological Review, 65,* 19–51.

Ingman, K. A., Ollendick, T. H., & Akande, A. (1999). Cross cultural aspects of fears in African children and adolescents. *Behaviour Research and Therapy, 37,* 337–345.

Interrelated. (2017). Retrieved from https://dictionary.cambridge.org/dictionary/english/interrelated

Interrelationship. (2017). Retrieved from https://dictionary.cambridge.org/dictionary/english/interrelationship

Jacobsson, G., Tysklind, F., & Werbart, A. (2011). Young adults talk about their problems. *Scandinavian Journal of Psychology, 52,* 282–289.

Jaffe, J., Beebe, B., Feldstein, S., Crown, C. L., & Jasnow, M. (2001). Rhythms of dialogue in infancy. *Monographs of the Society for Research in Child Development*, *66*(2), 1–132.

Jaffe, J., & Feldstein, S. (1970). *Rhythms of dialogue.* New York: Academic Press.

James, W. (2002/1902). *The varieties of religious experience: A study in human nature*. New York: The Modern Library.

Jarbin, H., von Knorring, A.-L., & Zetterqvist, M. (2014). *Riktlinje depression 2014* [Guideline Depression 2014]. Stockholm: Swedish Association for Child- and Adolescent Psychiatry.

Jeserich, F. (2013). Can Sense of Coherence be modified by religious/spiritual interventions?: A critical appraisal of previous research. *Interdisciplinary Journal of Research on Religion, 9*(5), 1–36.

Jessor, R., Turbin, M.S., & Costa, F. M. (1998). Protective factors in adolescent health behavior. *Journal of Personality and Social Psychology, 75,* 788–800.

Johannisson, K. (2007). *Anomi–En diagnos på vår samtid?* Retrieved from http://www.alba.nu/sidor/19207

Johannisson, K. (2008). Om begreppet kultursjukdom [About the concept of cultural disease]. *Läkartidningen, 44*(105), 3129–3132.

Johansson, L*., & Werbart, A. (2009). Patients' views of therapeutic action in psychoanalytic group psychotherapy. *Group Analysis, 42,* 120–142.

Johnson, M. (1987). *The body in the mind*. Chicago: University of Chicago Press.

Jonas, E., Schimel, J., Greenberg, J., & Pyszczynski, T. (2002). The Scrooge effect: Evidence that mortality salience increases prosocial attitudes and behavior. *Personality and Social Psychology Bulletin, 28*(10), 1342–1353.

Jones, J. W. (1991). *Contemporary psychoanalysis and religion: Transference and transcendence.* New Haven: Yale University Press.

Jones, J. W. (1997). Playing and believing: The uses of D. W. Winnicott in the psychology of religion. In J. Jacobs and D. Capps (Eds.) *Religion, society, and psychoanalysis.* Boulder: Westview Press.

Jones, J. W. (2002). The experience of the holy: A relational psychoanalytic analysis. *Pastoral Psychology, 50*(3), 153–164.

Jones, E. E., & Davis, K. E. (1965). From acts to dispositions: The attribution process in person perception. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Vol. 2, pp. 219–66). New York: Academic Press.

Juul, J. (2013). *Aggression: Ett nytt och farligt tabu.* Stockholm: Wahlström & Widstrand.

Jørgensen, C. R. (2004/2002). *Psykologin i senmoderniteten.* Stockholm: Liber.

Karlsson, M., Carrigan, A., Malmberg, S., & Stiernström, A. (2015). *Stadens fattiga: En rapport om Sveriges stadsmissioner och fattigdom* [The poor of the city: A report on Sweden's city missions and poverty]. Stockholm: Ersta Sköndal högskola.

Kassel, J. D., Bornovalova, M., & Mehta, N. (2007). Generalized expectancies for negative mood regulation predict change in anxiety and depression among college students. *Behaviour Research and Therapy, 45,* 939–950.

Katz, S. T. (2000). *Mysticism and sacred scripture.* New York: Oxford University Press.

Kelley, H. H. (1967). Attribution theory in social psychology. In D. Levine (Ed.), *Nebraska Symposium on Motivation* (pp. 192–238). Lincoln: University of Nebraska Press.

Kernberg. O. F. (1975). *Borderline conditions and pathological narcissism.* New York: Jason Aronson.

Kernberg. O. F. (1984). *Severe personality disorders.* New Haven: Yale University Press.

Kiang, L., & Fuligni, A. J. (2010). Meaning in life as a mediator of ethnic identity and adjustment among adolescents from Latin Asian and European American backgrounds. *Journal of Youth and Adolescence, 39*, 1253–1264.

Kierkegaard, S. (1954/1843). *Fear and trembling.* Princeton: Princeton University Press.

Kimmel, M. (2008). *Interpreting mysticism–An evaluation of Steven T. Katz's argument against a common core in mysticism and mystical experience* (Dissertation). Göteborg: University of Gothenburg.

King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology, 90,* 179–196.

Kirmayer, L. J. (2005). Culture, context and experience in psychiatric diagnosis. *Psychopathology, 38,* 192–196.

Kjørven Haug, S. H. (2015). *The illness experiences of older people with incurable cancer in specialized palliative healthcare contexts. A qualitative study in clinical psychology of religion of the interactions between daily living and existential meaning-making* (Dissertation). Oslo: Norwegian School of Theology (MF).

Kleinman, A. (1980). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine and psychiatry.* Berkeley: University of California Press.

Kleinman, A. (2012). Culture, bereavement, and psychiatry. *The Lancet, 379*(9816), 608–609.

Klinger, E. (1998). The search for meaning in evolutionary perspective and its clinical implications. In P. T. P. Wong & P. S. Fry (Eds.), *The human quest for meaning: A handbook of psychological research and clinical application* (pp. 27–50). Mahwah: Erlbaum.

af Klinteberg, B., Johansson, S.-E., Levander, M., Alm, P. O., & Oreland, L. (2017). Smoking habits – Associations with personality/behavior, platelet monoamine oxidase activity and plasma thyroid hormone levels. *Personality and Individual Differences, 118,* 71–76.

af Klinteberg, B., Schalling, D., & Magnusson, D. (1990). Childhood behaviour and adult personality in male and female subjects. *European Journal of Personality, 4,* 57–71.

Knoblauch, S. H. (2008). Body rhythms and the unconscious: Toward an expanding of clinical attention. *Psychoanalytic Dialogues, 15*(6), 807–827.

von Knorring, L., Perris, C., Eisemann, M., & Perris, H. (1984). Discrimination of former depressed patients from healthy volunteers on the basis of the stable personality traits assessed by means of KSP. *European Archives of Psychiatry and Neurological Sciences*, *234,* 202–205.

Kohut, H. (1987). *The Kohut seminars on self psychology and psychotherapy with adolescents and young adults*. M. Elson (Ed.). New York/London: Norton.

van der Kolk, B. A. (1995). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard Review of Psychiatry, 1*, 253–265.

van der Kolk, B. A. (1998). Trauma and memory. *Psychiatry and Clinical Neurosciences*, *52*(S1), S52–S64.

van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics of North America, 12(*2), 293–317.

van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35*, 401–408.

van der Kolk, B. A., Pynoos, R. S., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford, J. D., … Teicher, M. (2009). *Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V*. Retrieved from https://www.researchgate.net/publication/255665087

Koslander, T., Barbosa da Silva, A., & Roxberg, Å. (2008). Existential and spiritual needs in mental health care. An ethical and holistic perspective. *Journal of Holistic Nursing, XX*(X), 1–9.

Kraaij, V., Pruymboom, E., & Garnefski, N. (2002). Cognitive coping and depressive symptoms in the elderly: A longitudinal study. *Aging and Mental Health, 6,* 275–281.

Krathwohl, D. R. (2004). Methods of educational and social science research: An integrated approach (2nd ed.). Long Grove: Waveland.

Kring, A. M., & Werner, K. H. (2004). Emotion regulation and psychopathology. In P. Philippot & R. S. Feldman (Eds.), *The regulation of emotion* (pp. 359–385). Hove: Psychology Press.

Kristensson, P., & Öhlund, L. S. (2005). Swedish upper secondary school pupils' sense of coherence, coping resources and aggressiveness in relation to educational track and performance. *Scandinavian Journal of Caring Sciences, 19*(1), 77–84.

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing.* Los Angeles: Sage Publications.

Lachmann, F. M. (2008). The Process of Transforming. *International Journal of Psychoanalytic Self Psychology, 3*(1), 1–15.

Lachmann, F. M. (2001). Some Contributions of Empirical Infant Research to Adult Psychoanalysis: What Have We Learned? How Can We Apply It? *Psychoanalytic Dialogues, 11*(2), 167–185.

Lager, A. (2009). *Varför drabbas kvinnor oftare av oro, ångest och depression?* [Why are women more often affected by worries, anxiety and depression?] (Report No. 2009:8). Östersund: National Institute of Public Health.

Lager, A. C. J., & Bremberg, S. G. (2009). Association between labour market trends and trends in young people's mental health in ten European countries 1983–2005. *BMC Public Health, 9,* 325.

Laing, R. D. (1965/1960). *The divided self: An existential study in sanity and madness.* London: Penguin.

Laing, R. D. (1969). *Self and others.* London: Tavistock.

Lambert, N. M., Stillman, T. F., Baumeister, R. F., Fincham, F. D., Hicks, J. A., & Graham, S. M. (2010). Family as a salient source of meaning in young adulthood. *The Journal of Positive Psychology, 5*(5), 367–376.

Lambert, N. M., Stillman, T. F., Hicks, J. A., Kamble, S., Baumeister, R. F., & Fincham, F. D. (2013). To belong is to matter: Sense of belonging enhances meaning in life. *Personality and Social Psychology Bulletin, 39*(11) 1418–1427.

LaMothe, R. (1998). Sacred objects as vital objects: Transitional objects reconsidered. *Psychology and* Theology, *26*(2), 159–167.

Lanius, R. A., Vermetten, E., & Pain, C. (2010). *The impact of early life trauma on health and disease: The hidden epidemic*. Cambridge: Cambridge University Press.

Lazar, A., Sandell, R., & Grant, J. (2006). The factor structure of Antonovsky's sense of coherence scale in Swedish clinical and nonclinical samples. *Personality and Individual Differences, 24*(5), 701–711.

LeDoux, J. E. (1996). *The emotional brain: The mysterious underpinnings of emotional life.* New York: Simon & Schuster.

Leontiev, D. A. (2013). Personal meaning: A challenge for psychology. *The Journal of Positive Psychology, 8,* 459–470.

Lerner, R. M., & Castellino, D. R. (2002). Health futures of youth II: Pathways to adolescent health. *Journal of Adolescent Health, 31*(6), 122–135.

Levesque, R. J. R. (Ed.). (2011). *Encyclopedia of Adolescence.* New York: Springer.

Lévinas, E. (1969/1961). *Totality and infinity*. Pittsburgh: Duquesne University Press.

Lévinas, E. (1991/1974). *Otherwise than being or beyond essence.* Boston: Nijoff.

Levine, P. A. (2010). *In an unspoken voice: How the body releases trauma and restores goodness.* Berkeley: North Atlantic Books.

Lindfors, P., Solantaus, T., & Rimpelä, A. (2012). Fears for the future among Finnish adolescents in 1983–2007: From global concerns to ill health and loneliness. *Journal of Adolescence, 35,* 991–999.

Lindgren, A., Werbart, A., & Philips, B. (2010). Long-term outcome and post-treatment effects of psychoanalytic psychotherapy with young adults. *Psychology and Psychotherapy: Theory Research and Practice, 83,* 27–43.

Lindon, J. (1994). Gratification and provision in psychoanalysis: Should we get rid of the rule of abstinence? *Psychoanalytic Dialogues, 4,* 549–582.

Little, B., Salmela-Aro, K., & Phillips, S. (Eds.). (2007). *Personal project pursuit: Goals, action and human flourishing.* Mahwah: Erlbaum.

Ljungberg, T. (2008). *AD/HD i nytt ljus* [AD/HD in new light.] Nyköping: Exiris.

Lloyd, C. S., af Klinteberg, B., & DeMarinis, D. (2015). Psychological and existential vulnerability among clinical young women: a quantitative comparison of depression-related subgroups, *Mental Health, Religion and Culture, 18*(4), 259–272.

Lloyd, C. S., af Klinteberg, B., & DeMarinis, V. (2016). Emotion regulation and existential meaning-making in young women with mental ill-health concerns–A qualitative study. *Psychology and Behavioral Science International Journal, 1*(1), 1–11.

Lloyd, C. S., af Klinteberg, B., & DeMarinis, V. (2017). An assessment of existential worldview function among young women at risk for depression and anxiety–A multi-method study. *Archive for the Psychology of Religion, 39*(2), 165–203.

Lord, A. (Ed.). (2017). *Moments of meeting in psychoanalysis. Interaction and change in the therapeutic encounter.* (Relational Perspectives Book Series.) New York: Routledge.

Lukoff, D. (1985). The diagnosis of mystical experiences with psychotic features. *The Journal of Transpersonal Psychology, 17,* 155–181.

Lukoff, D. (1998). From spiritual emergency to spiritual problem: The transpersonal roots of the new DSM-IV category. *Journal of Humanistic Psychology, 38*(2), 21–50.

Lundh, L.-G., Karim, J., & Quilisch, E. (2007). Deliberate self-harm in 15-year-old adolescents: A pilot study with a modified version of the Deliberate Self-Harm Inventory. *Scandinavian Journal of Psychology, 48,* 33–41.

Lundh, L. G., Wångby-Lundh, M., & Bjärehed, J. (2011). Deliberate self-harm and psychological problems in young adolescents. Evidence of a bidirectional relationship in girls. *Scandinavian Journal of Psychology, 52,* 476–483.

Lundin, A. (2008). Kultursjukdomarna–Den subjektiva ohälsans olika ansikten [Cultural diseases–The different faces of subjective ill-health]. *Läkartidningen, 105*(44), 3123–3127.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–562.

Luyckx, K., Goossens, L., Soenens, B., Beyers, W., & Vansteenkiste, M. (2005). Identity statuses based on 4 rather than 2 identity dimensions: Extending and refining Marcia's paradigm. *Journal of Youth and Adolescence, 34,* 605–618.

Luyckx, K., Schwartz, S. J., Berzonsky, M. D., Soenens, B., Vansteenkiste, M., Smits, I., & Gooseens, L. (2008). Capturing ruminative exploration: Extending the four dimensional model of identity formation in late adolescence. *Journal of Research in Personality, 42,* 58–82.

Lyons-Ruth, K. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal, 19*(3), 282–289.

Lyotard, J.-F. (1979). *The Postmodern Condition.* Manchester: University Press.

Lövheim, M., & Bromander, J. (2012). *Religion som resurs: Existentiella frågor och värderingar i unga svenskars liv* [Religion as a resource: Existential issues and values in young Swedes' lives]. Skellefteå: Artos.

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*(6), 545–52.

Mahoney, A., Pargament, K. I., Jewell, T., Swank, A., Scott, E., Emery, E., & Rye, M. (1999). Marriage and the spiritual realm: The role of proximal and distal religious constructs in marital functioning. *Journal of Family Psychology, 13,* 321–338.

Main, M., Hesse E., & Kaplan N. (2005). Predictability of attachment behaviour and representational processes at 1, 6, and 18 years of age: The Berkeley longitudinal study. In K. E. Grossmann, K. Grossmann & E. Waters, (Eds.), *Attachment from Infancy to Adulthood*, 245–304. New York: Guilford Press.

Malan, D. H. (1979). *Individual psychotherapy and the science of psychodynamics.* London: Butterworths.

Malterud, K. (2011/2014). *Kvalitativa metoder i medicinsk forskning: En introduktion* [Qualitative methods in medical research: An introduction]. Lund: Studentlitteratur.

Malterud, K. (2012). Systematic text condensation: A strategy for qualitative analysis. *Scandinavian Journal of Public Health, 40*(8), 795–805.

Mancia, M. (2006). Implicit memory and early unrepressed unconscious: Their role in the therapeutic process (how the neurosciences can contribute to psychoanalysis). *International Journal of Psychoanalysis, 87*(Pt 1), 83–103.

Marcia, J. E. (1966). Development and validation of ego identity status. *Journal of Personality and Social Psychology, 3,* 551–558.

Marcia, J. E. (1993). The ego identity status approach to ego identity. In J. E. Marcia, A. S. Waterman, D. R. Matteson, S. L. Archer & J. L. Orlofsky (Eds.), *Ego identity: A handbook for psychosocial research* (pp. 1–21). New York: Springer-Verilog.

Marcia, J. E. (2001). A commentary on Seth Schwartz's review of identity theory and research. *Identity, 1,* 59–65.

Markman, K. D., Proulx, T., & Lindberg, M. J. (Eds.). (2013). *The psychology of meaning.* Washington: American Psychological Association.

Van Marle, F., & Maruna, S. (2010). 'Ontological insecurity' and 'terror management': Linking two free-floating anxieties. *Punishment & Society*, *12*(1), 7–26.

Marsella, A., & Yamada, A. (2000). Culture and mental health: An introduction and overview of foundations, concepts and issues. In I. Cuéllar & F. A. Paniagua (Eds.), *Handbook of multicultural mental health: Assessment and treatment of diverse populations.* San Diego: Academic Press.

Martela, F., & Steger, M. F. (2016). The three meanings of meaning in life: Distinguishing coherence, purpose, and significance. *The Journal of Positive Psychology, 11*(5), 531–545.

Mascaro, N., & Rosen, D. H. (2005). Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of Personality, 73,* 985–1014.

Mascaro, N., & Rosen, D. H. (2006). The role of existential meaning as a buffer against stress. *Journal of Humanistic Psychology, 46*(2), 168–190.

Mascaro, N., Rosen, D. H., & Morey, L. C. (2004). The development, construct validity, and clinical utility of the spiritual meaning scale. *Personality and Individual Differences, 37*(4), 845–860.

Maslow, A. H. (1964). *Religions, values, and peak-experiences* (Vol. 35.). Columbus: Ohio State University Press.

McAdams, D. P. (1993). The stories we live by: Personal myths and the making of the self. New York: Morrow.

McAdams, D. (2012). Meaning and personality. In P. Wong (Ed.), *The human quest for meaning* (pp. 107–124)*.* New York: Routledge.

McAdams, D., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science, 22*(3), 233–238.

McCullough, L. (2003). *Treating affect phobia: A manual for short-term dynamic psychotherapy*. New York: The Guilford Press.

McKnight, P. E., & Kashdan, T. B. (2009). Purpose in life as a system that creates and sustains health and well-being: An integrative, testable theory. *Review of General Psychology, 13,* 242–251.

Media Measurement in Scandinavia [MMS]. (2015). *MMS Annual report for 2015.* Retrieved from http://mms.se/?p=3623

Meeus, W. (1996). Studies on identity development in adolescence: An overview of research and some new data. *Journal of Youth and Adolescence, 25,* 569–598.

Meeus, W., Iledema, J., Helsen, M., & Vollebergh, W. (1999). Patterns of adolescent identity development: Review of literature and longitudinal analysis. *Developmental Review, 19,* 419–461.

Melder, C. A. (2011). *Vilsenhetens epidemiologi: En religionspsykologisk studie i existentiell folkhälsa* [The epidemiology of lost meaning: a study in psychology of religion and existential public health in a Swedish context] (Dissertation). Uppsala: Uppsala University.

Merton, R. K. (1938). Social structure and anomie. *American Sociological Review, 3*(5), 672–682.

Mildorf, J., Punzi., E., & Singer, C. (2017). *Narratives and mental health: Fragmentations, disruptions & silences,* an interdisciplinary and international conference at the University of Paderborn, Germany, 7–8 December 2017. Retrieved from http://medicinskhumaniora.hum.gu.se/english/news-events/e/?eventId=70136443008/

Ministry of Health and Social Affairs. (2012). *PRIO psykisk ohälsa–plan för riktade insatser inom området psykisk ohälsa 2012–2016* [PRIO mental health plan for targeted interventions in the field of mental health 2012–2016] (S2012.006). Retrieved from http://www.regeringen.se/rapporter/2012/05/s2012.006

Moksnes, U. K., Moljord, I. E., Espnes, G. A., & Byrne, D. G. (2010). The association between stress and emotional states in adolescents: The role of gender and self-esteem. *Personality and Individual Differences, 49,* 430–435.

Morgan, D. (2007). Paradigms lost and pragmatism regained: Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research, 1*(1), 48–76.

Murphy, J. (2017). Beyond "religion" and "spirituality": Extending a meaning-system approach to explore lived religion. *Archive of the Psychology of Religion, 39,* 1–26.

National Board of Health and Welfare. (2009). *Folkhälsorapport 2009* [Public Health Report 2009]. Retrieved from http://www.socialstyrelsen.se/publikationer2009/2009–126–71

National Board of Health and Welfare. (2013). *Folkhälsan i Sverige–Årsrapport 2013* [Public Health Report 2013]. Retrieved from http://www.socialstyrelsen.se/publikationer2013/2013-3-26

National Board of Health and Welfare. (2015). *Att utveckla grunddata och indikatorer: För barn och unga med psykisk ohälsa och personer med omfattande eller komplicerad psykiatrisk problematik* [To develop basic data and indicators: For children and young people with mental illness and persons with extensive or complicated psychiatric problems]. Retrieved from http://www.socialstyrelsen.se/Sidor/SimpleSearchPage.aspx?q

National Board of Health and Welfare. (2017). Utmattningssyndrom [Fatigue syndrome]. *Kunskapsguiden.se.* Retrieved from http://www.kunskapsguiden.se/psykiatri/Teman/Utmattningssyndrom/Sidor/default.aspx

National Institute on Aging Working Group. (2003). *Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute.* Kalamazoo: Fetzer Institute.

Nelson, K. (2012). Counteracting material deprivation: The role of social assistance in Europe, *Journal of European Social Policy*, *22*(2), 148–163.

Nelson, K., & Fritzell, J. (2014). Welfare states and population health: The role of minimum income benefits for mortality, *Social Science & Medicine, 112*, 63–71.

Nessa, J. (2003). *Medisin og eksistens. Samtale og psykodynamikk i allmennmedisin* [Medicine and existence. Conversation and psychodynamics in general medicine]. Oslo: Gyldendal.

Nettleton, S., & Burrows, R. (1998). Mortgage debt, insecure home ownership and health: An exploratory analysis. *Sociology of Health and Illness, 20*(5), 731–753.

Nielsen, A. M., & Hansson, K. (2007). Associations between adolescents' health, stress and sense of coherence. *Stress and Health, 23,* 331–41.

Nilsson, K. W., Starrin, B., Simonsson, B., & Leppert, J. (2007). Alcohol-related problems among adolescents and the role of a sense of coherence. *International Journal of Social Welfare, 16*(2), 159–167.

Novus Sweden Panel. (2016). *Sveriges ungdomar om framtiden; Från YOLO till oro* [Sweden's youth about the future; From YOLO to concern]. Retrieved from https://lnu.se/utbildning/vara-utbildningar/yologenerationen

Nummenmaa, L., Glerean, E., Hari, R., & Hietanen, J. K. (2014). Bodily maps of emotions. *Proceedings of the National Academy of Sciences, 111*(2), 646–651.

Ollendick, T. H., Langley, A. K., Jones, R. T., & Kephart, C. (2001). Fear in children and adolescents: Relations with negative life events, attributional style, and avoidant coping. *Journal of Child Psychology and Psychiatry, 42,* 1029–1034.

Ollendick, T. H., Matson, J. L., & Helsel, W. J. (1985). Fears in children and adolescents: Normative data. *Behaviour Research and Therapy, 6,* 465–467.

Ollendick, T. H., Yang, B., Dong, Q., Xia, Y., & Lin, L. (1995). Perceptions of fear in other children and adolescents: The role of gender and friendship status. *Journal of Abnormal Child Psychology, 23,* 439–452.

Ollendick, T. H., Yule, W., & Ollier, K. (1991). Fears in British children and their relationships to manifest anxiety and depression. *Journal of Child Psychology and Psychiatry, 2,* 321–331.

Oman, D., & Thoresen, C. E. (2005). Do religion and spirituality influence health? In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 435–459). New York: Guilford Press.

Oppenheim, D. (2006). Child, parent, and parent–child emotion narratives: Implications for developmental psychopathology. *Development and Psychopathology, 18,* 771–790.

Orbach, I., Mikulincer, M., Stein, D., & Cohen, O. (1998). Self-representation of suicidal adolescents. *Journal of Abnormal Psychology, 107*(3), 435–439.

Otto, R. (1958). *The idea of the holy.* New York: Oxford University Press.

Padgett, D. K. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. *Social Science & Medicine, 64,* 1925–1936.

Paloutzian, R. F., & Park, C. L. (Eds.). (2013). *Handbook of the Psychology of Religion and Spirituality* (2nd ed.). New York: Guilford Press.

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice.* New York: Guilford Press.

Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and no. *International Journal for the Psychology of Religion, 9*, 3–16.

Pargament K. I. (2008). The sacred character of community life. *American Journal of Community Psychology, 41*(1–2), 22–34.

Pargament, K. I. (Ed.). (2013). *APA handbook of psychology, religion, and spirituality (Vol. 1): Context, theory, and research.* Washington: American Psychological Association.

Pargament, K. I. (Ed.). (2013). *APA handbook of psychology, religion, and spirituality (Vol. 2): An applied psychology of religion and spirituality.* Washington: American Psychological Association.

Pargament, K. I., Ano, G. G., & Wacholtz, A. B. (2005). The religious dimension of coping: Advances in theory, research, and practice. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 479–495). New York: Guilford.

Pargament, K. I., Magyar-Russell, G. M., & Murray-Swank, N. A. (2005). The sacred and the search for significance: Religion as a unique process. *Journal of Social Issues, 61,* 665– 687.

Pargament, K. I., Zinnbauer, B. J., Scott, A. B., Butter, E. M., Zerowin, J., & Stanik, P. (1998). Red flags and religious coping: Identifying some religious warning signs among people in crisis. *Journal of Clinical Psychology, 54,* 77–89.

Park, C. L. (2005a). Religion and meaning. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 295–314). New York: Guilford Press.

Park, C. L. (2005b). Religion as a meaning-making framework in coping with life stress. *Journal of Social Issues, 61,* 707–729.

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustments to stressful life events. *Psychological Bulletin, 136*(2), 257–301.

Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *General Review of Psychology, 1,* 115–144.

Park, C. L., & Helgeson, V. S. (2006). Introduction to the special section: Growth following highly stressful life events–Current status and future directions. *Journal of Consulting and Clinical Psychology, 74,* 791–796.

Park, C. L., & Lechner, S. C. (2006). Measurement issues in assessing growth following stressful life experiences. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research & practice* (pp. 47 67). Mahwah: Erlbaum.

Perris, C., Eisemann, M., Eriksson, U., Jacobsson, L., von Knorring, L., & Perris, H. (1979). Variations in self-assessment of personality characteristics in depressed patients with special reference to aspects of aggression. *Psychiatric Clinic, 12,* 209–215.

Perris, C., Eisemann, M., von Knorring, L., & Perris, H. (1984). Personality traits in former depressed patients and in healthy participants without past history of depression. *Psychopathology, 17,* 178–186.

Perris, E. E., Myers, N. A., & Clifton, R. K. (1990). Long-term memory for a single infancy experience. *Child Development, 61*(6), 1796–1807.

Petersen, S., Bergström, E., Cederblad, M., Ivarsson, A., Köhler, L., Rydell, A.-M., & Hägglöf, B. (2010). *Barns och ungdomars psykiska hälsa i Sverige. En systematisk litteraturöversikt med tonvikt på förändringar över tid* [Child and adolescent mental health in Sweden. A systematic literature review with emphasis on changes over time]. Stockholm: Royal Swedish Academy of Sciences, Health Committee.

Pettersson, T. (2007). Religion in contemporary society. Eroded by human well-being, supported by cultural diversity. In Y. Esmer & T. Pettersson (Eds.), *Measuring and mapping cultures: 25 years of comparative value surveys* (pp. 127–153). Leiden: Brill.

Payne, B. K., Brown-Iannuzzi, J. L., & Hannay, J. W. (2017). Economic inequality increases risk taking. *Proceedings of the National Academy of Sciences of the United States, 114*(18), 4643–4648.

Piketty, T. (2013). *Capital in the twenty-first century.* Cambridge: Harvard University Press.

Piko, B., & Fitzpatrick, K. M. (2003). Depressive symptomatology among Hungarian youth: A risk and protective factors approach. *American Journal of Orthopsychiatry, 73*, 44–54.

Pine, F. (1981). In the beginning: Contributions to a psychoanalytic developmental psychology. *International Review of Psycho-Analysis, 8,* 15–33.

Philips, B., Wennberg, P., & Werbart, A. (2007). Ideas of cure as a predictor of premature termination, early alliance, and outcome in psychoanalytic psychotherapy. *Psychology and Psychotherapy, 80,* 229–45.

Philips, B., Wennberg, P., Werbart, A., & Schubert, J. (2006). Young adults in psychoanalytic psychotherapy: Patient characteristics and therapy outcome. *Psychology and Psychotherapy, 79,* 89–106.

Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman J., & Rohde L. A. (2007). The worldwide prevalence of ADHD: A systematic review and metaregression analysis. *The American Journal of Psychiatry, 164*(6), 942–8.

Public Health Agency of Sweden. (2014). *Folkhälsan i Sverige 2014* [Public health in Sweden in 2014]. Retrieved from https://www.folkhalsomyndigheten.se/publicerat-material/publikationsarkiv/f/folkhalsan-i-sverige-arsrapport-2014

Public Health Agency of Sweden. (2016). *Folkhälsan i Sverige 2016* [Public health in Sweden in 2016]. Retrieved from https://www.folkhalsomyndigheten.se/publiceratmaterial/publikationer/Folkhalsan-i-Sverige-2016

Rathi, N., & Rastogi, R. (2007). Meaning in life and psychological well-being in pre-adolescents and adolescents. *Journal of the Indian Academy of Applied Psychology, 33,* 31–8.

Reeder, J. (2010). *Det tystade samtalet: Om staten, psykiatrin och försöken att undanröja det psykoanalytiska inflytandet* [The silenced conversation: About the state, psychiatry and the attempts to eliminate psychoanalytic influence]. Stockholm: Norstedts.

Reker, G. T., & Wong, P. T. P. (1988). Aging as an individual process: Towards a theory of personal meaning. In J. E. Birren & V. L. Bengston (Eds.), *Emergent theories of aging* (pp. 214–246). New York: Springer.

Reker, G. T., & Wong, P. T. (2012). Personal meaning in life and psychosocial adaptation in the later years. In Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (pp. 433–456). New York/London: Routledge.

Remes, O., Brayne, C., Linde, R. van der & Lafortune, L. (2016). A systematic review of reviews on the prevalence of anxiety disorders in adult populations. *Brain and Behavior, 0*(0), e00497.

Reuder, M. E. (1999). A history of Division 36 (Psychology of Religion). In D. A. Dewsbury (Ed.), *Unification through division: Histories of the divisions of the American Psychological Association* (Vol. 4, pp. 91–108). Washington: American Psychological Association.

Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity.* Washington: American Psychological Association.

Richmond, A. H., (1994). *Global apartheid: Refugees, racism and New world order.* Oxford: Oxford University Press.

Richmond, A. H. (2002). Social exclusion: Belonging and not belonging in the world system. *Refuge, 21*(1), 40–48.

Rivera, F., García-Moya, I., Moreno, C., & Ramos, P. (2013). Developmental contexts and sense of coherence in adolescence: A systematic review. *Journal of Health Psychology, 18*(6), 800–812.

Rizzuto, A.-R. (1979). *The birth of the living God: A psychoanalytic study.* Chicago: The University of Chicago Press.

Roine, J., & Waldenström, D. (2014). Long-run trends in the distribution of income and wealth. *IZA Discussion Paper, 8157.* Retrieved from http://ftp.iza.org/dp8157.pdf

Rosenfeld, G. (2010). Identifying and integrating helpful and harmful religious beliefs into psychotherapy. *Psychotherapy Theory, Research, Practice, Training, 47*(4), 512–526.

Rossdale, C. (2015). Enclosing critique: The limits of ontological security. *International Political Sociology, 9*(4), 369–386.

Rottenberg, J., & Gross, J. J. (2007). Emotion and emotion regulation: A map for psychotherapy researchers. *Clinical Psychology: Science and Practice, 14,* 323–328.

Rowe, P., & Savelsberg, H. (2010). How are young people's experiences of 'home' affecting their engagement with schooling and community? *Youth Studies Australia, 29*(3), 36–42.

Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies, 9,* 139–170.

Ryff, C., & Singer, B. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies, 9,* 13–39.

Räty, L. K. A., Larsson, G., Söderfelt, B. A., & Wilde Larsson, B. H. (2005). Psychosocial aspects of health in adolescence: The influence of gender, and general self-concept. *Journal of Adolescent Health, 36*(6), 530.e22–28.

Sacred. (2017). In *Oxford English Dictionary*. Retreived from http://www.oed.com.ezproxy.its.uu.se/view/Entry/169556?redirectedFrom=sacred#eid

Safran, J. D., & Muran, J. C. (2003). *Negotiating the therapeutic alliance: A relational treatment guide.* New York: Guilford Press.

Sander, L. (1977). The regulation of exchange in the infant-caretaker system and some aspects of the context-content relationship. In M. Lewis & L. Rosenblum (Eds.), *Interaction, conversation, and the development of language* (pp. 133–156). New York: Wiley.

Sander, L. (1983). To begin with: Reflections on ontogeny. In J. Lichtenberg & S. Kaplan (Eds.), *Reflections on self psychology* (pp. 85–104). Hillsdale: The Analytic Press/Erlbaum.

Sander, L. (1985). Towards a logic of organization in psycho-biological development. In K. Klar & L. Siever (Eds.), *Biologic response styles: Clinical implications* (pp. 20–36). Washington: Monograph Series American Psychiatric Press.

Sander, L. (1992). Letter to the editor. *International Journal of Psychoanalysis, 73,* 582–584.

Sander, L. (1995). Identity and the experience of specificity in a process of recognition. *Psychoanalytic Dialogues, 5,* 579–593.

Sander, L. (1998). Introductory comment in interventions that affect change in psychotherapy: A model based on infant research. *Infant Mental Health Journal, 19,* 280–281.

Sandler, J. (1987). *From safety to superego.* London: Karnac.

Sanz, E., & Stančík, J. (2014). Your search–'Ontological Security'–matched 111,000 documents: An empirical substantiation of the cultural dimension of online search. *New Media & Society, 16*(2), 252 –270.

Save the Children. (2015). *Barnfattigdom i Sverige. Årsrapport 2015* [Child poverty in Sweden. Annual Report 2015]. Retrieved from https://www.raddabarnen.se/press/nyheter/2015/barnfattigdomsrapporten-2015

Schaefer, J. A., & Moos, R. H. (1992). Life crises and personal growth. In B. Carpenter (Ed.), *Personal coping* (pp. 149–170). Westport: Praeger.

Schalling, D. (1977). The trait-situation interaction and the physiological correlates of behavior. In D. Magnusson & N. Endler (Eds.), *Personality at the Crossroads: Current Issues in Interactional Psychology* (pp. 129-141). Hillsdale: Lawrence Erlbaum Associates.

Schalling, D. (1978). Psychopathy-related personality variables and the psychophysiology of socialization. In R. D. Hare & D. Schalling (Eds.), *Psychopathic Behaviour. Approaches to Research* (pp. 85-106). Chichester: John Wiley and Sons.

Schalling, D. (1993). Neurochemical correlates of personality, impulsivity, and disinhibitory suicidality. In S. Hodgins (Ed.), *Mental disorder and crime* (pp. 208–226). Newbury Park: Sage.

Schalling, D., & Edman, G. (1993). The Karolinska Scales of Personality (KSP): An inventory for assessing temperament dimensions associated with vulnerability for psychosocial deviance (manual). Stockholm: Karolinska Institutet.

Schalling, D., Edman, G., & Åsberg, M. (1983). Impulsive cognitive style and inability to tolerate boredom: Psychobiological studies of temperamental vulnerability. In M. Zuckerman (Ed.), *Biological Bases of Sensation Seeking, Impulsivity, and Anxiety* (pp. 123-145). Hillsdale, NJ: Lawrence Erlbaum Associates.

Schalling, D., Åsberg, M., Edman, G., & Oreland, L. (1987). Markers for vulnerability to psychopathology: Temperament traits associated with platelet MAO activity. *Acta Psychiatrica Scandinavica, 76,* 172–182.

Schimmack, U. (2003). Affect measurement in experience sampling research. *Journal of Happiness Studies, 4,* 79–106.

Schmeck, K., Schlüter-Müller, S., Foelsch, P. A., & Doering, S. (2013). The role of identity in the DSM-5 classification of personality disorders. *Child and Adolescent Psychiatry and Mental Health, 7*(27), 1–11.

Schmitz, E. (2005). Sinnkrisen, belastung, lebenssinn–Psychologische perspektiven, konzepte und forschung. In H. G. Petzold & I. Orth (Eds.), *Sinn, sinnerfahrung, lebenssinn in psychologie und psychotherapie* (pp. 123–155). Bielefeld: Edition Sirius.

Schnell, T. (2009). The Sources of Meaning and Meaning in Life Questionnaire (SoMe): Relations to demographics and well-being. *The Journal of Positive Psychology, 4*(3), 483–499.

Schnell, T. (2010). Existential indifference. Another quality of meaning in life. *Journal of Humanistic Psychology, 50*(3), 351–373.

Schnell, T. (2011). Individual differences in meaning-making: Considering the variety of sources of meaning, their density and diversity. *Personality and Individual Differences, 51*, 667–673.

Schnell, T. (2014). An empirical approach to existential psychology: Meaning in life operationalized. In S. Kreitler & T. Urbanek (Eds.), *Conceptions of meaning* (pp. 173–194). New York: Nova Science.

Schnell, T. (2017, August). *Meaning in life, mental and physical health: Insights, interpretation, implementation*. Paper presented at the meeting of International Association for the Psychology of Religion [IAPR], Hamar, Norway.

Schnell, T., & Becker, P. (2007). Der Fragebogen zu Lebensbedeutungen und Lebenssinn (LeBe). Göttingen: Hogrefe.

Schnell, T., & Keenan, W. J. F. (2011). Meaning making in an atheist world. *Archive for the Psychology of Religion, 33*, 55–80.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Mahwah: Erlbaum.

Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry, 36*(1), 9–30.

Schore, J. R., & Schore, A. N. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal, 36*(1), 9–20.

Schraml, K., Perski, A., Grossi, G., & Simonsson-Sarnecki, M. (2011). Stress symptoms among adolescents: The role of participative psychosocial conditions, lifestyle, and self-esteem. *Journal of Adolescence, 34*(5), 987–996.

Schwartz, S. J., Beyers, W., Luyckx, K., Soenens, B., Zamboanga, B. L., Forthun, L. F., … Waterman, A. S. (2011). Examining the light and dark sides of emerging adults' identity: A study of identity status differences in positive and negative psychosocial functioning. *Journal of Youth and Adolescence, 40,* 839–859.

Seligman, M. E. P. (2002). Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp. 3–12). New York: Oxford Press.

Shafranske, E. P. (2003). *Religion and the clinical practice of psychology*. Washington: American Psychological Association.

Shafranske, E. P., & Malony, H. N. (1996). Religion and the clinical practice of psychology: A case for inclusion. In E. P. Shafranske (Eds.), *Religion and the clinical practice of psychology* (pp. 561–586). Washington: American Psychological Association.

Shek, D. T. L. (1997). Family environment and adolescent psychological well-being, school adjustment, and problem behavior: A pioneer study in a Chinese context. *Journal of Genetic Psychology, 158,* 113–128.

Shumaker, D. (2012). An existential–integrative treatment of anxious and depressed adolescents. *Journal of Humanistic Psychology, 52*(4) 375–400.

Silverstone, R. (1993). Television, ontological security and the transitional object. *Media, Culture, and Society, 15,* 573–598.

Simonsson, B., Nilsson, K. W., Leppert, J., & Diwan, V. K. (2008). Psychosomatic complaints and sense of coherence among adolescents in a county in Sweden: A cross-sectional school survey. *BioPsychoSocial medicine, 2*(4).

Singer, J. A. (2004). Narrative identity and meaning-making across the adult lifespan: An introduction. *Journal of Personality, 72,* 437–459.

Singer, J. A., & Conway, M. A. (2011). Reconsidering therapeutic action: Loewald, cognitive neuroscience, and the integration of memory's duality. *The International Journal of Psychoanalysis, 92*(5), 1183–1207.

Skaggs, B. G., & Barron, C. R. (2006). Searching for meaning in negative events: Concept analysis. *Journal of Advanced Nursing, 53*(5), 559–570.

Skärsäter, I., Langius, A., Ågren, H., Häggström, L., & Dencker, K. (2005). Sense of coherence and social support in relation to recovery in first-episode patients with major depression: A one-year prospective study. *International Journal of Mental Health Nursing, 14,* 258–264.

Smyth, J., & Hattam, R. 2001, "Voiced" research as a sociology for understanding "dropping out" of school. *British Journal of Sociology of Education, 22*(3), 401–415.

Social Insurance Agency. (2017:1). *Psykiatriska diagnoser. Lång väg tillbaka till arbete vid sjukskrivning* [Psychiatric diagnoses. Long way back to work when on sick leave]. Retrieved from https://www.forsakringskassan.se/!ut/p/z0/HcwxDoMwDEDRszB4rBLExoaqXqBdEEtk2qi1TJ0oNlTcnpTxD

Solomon, S., Greenberg, J., & Pyszczynski, T. (1991) A terror management theory of social behavior: The psychological functions of self-esteem and cultural worldviews. In M.P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 93–159). New York: Academic Press.

Spinelli, D. N., & Jensen, F. E. (1979). Plasticity: The mirror of experience. *Science, 203,* 75–79.

Statistics Sweden. (2014). *Statistisk årsbok 2014* [Statistical Yearbook of Sweden 2014]. Retrieved 10 10, 2016, from: http://www.scb.se/sv_/Hitta-statistik/Publiceringskalender/Visa-detaljeradinformation/?publobjid=21101

Steger, M. F. (2009). Meaning in life. In S. J. Lopez (Ed.), *Handbook of positive psychology* (2nd ed., pp. 679–687). Oxford: Oxford University Press.

Steger, M. F. (2012). Experiencing meaning in life–Optimal functioning at the nexus of well-being, psychopathology, and spirituality. In P. T. P. Wong (Ed.), *The human quest for meaning: Theories, research, and applications* (2nd ed., pp. 165–184). New York: Routledge.

Steger, M. F., Bundick, M., & Yeager, D. (2012). Understanding and promoting meaning in life during adolescence. In R. J. R. Levesque (Ed.), *Encyclopedia of adolescence* (pp. 1666–1677). New York: Springer.

Steger, M.F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling sychology, 53,* 80–93.

Steger, M. F., Mann, J. R., Michels, P., & Cooper, T. C. (2009). Meaning in life, anxiety, depression, and general health among smoking cessation patients. *Journal of Psychosomatic Research, 67,* 353–358.

Steger, M. F., Oishi, S., & Kashdan, T. B. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *Journal of Positive Psychology, 4*, 43–52.

Steger, M., Oishi, S., & Kesebir, S. (2011). Is a life without meaning satisfying? The moderating role of the search for meaning in satisfaction with life judgments. *Journal of Positive Psychology, 6,* 173–180.

Stern, D. (1971). A microanalysis of mother–infant interaction. *Journal of the American Academy of Child and Adolescent Psychiatry, 19,* 501–517.

Stern, D. (1974). Mother and infant at play: The dyadic interaction involving facial, vocal and gaze behaviors. In M. Lewis & L. Rosenblum (Eds.), *The effect of the infant on its caregiver* (pp. 187–213). New York: Wiley.

Stern, D. N. (1985). *The interpersonal world of the infant.* New York: Basic Books.

Stern, D. N. (1995). *The motherhood constellation.* New York: Basic Books.

Stern, D. N. (2004). *The present moment in psychotherapy and everyday life.* New York: Norton.

Stern, D. N. (2010). *Forms of vitality exploring dynamic experience in psychology, the arts, psychotherapy, and development.* New York: Oxford University Press.

Stern, D. N., Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L., & Tronick, E. Z. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal, 19,* 300–308.

Stern, D., Hofer, L., Haft, W., & Dore, J. (1985). Affect attunement: The sharing of feeling states between mother and infant by means of intermodal fluency. In T. Field & N. Fox (Eds.), *Social perception in infants.* Norwood: Ablex.

Stockholm's City Mission. (2016). *Barn- och ungdomsrapporten: Tema: När livet blir outhärdligt–Psykisk ohälsa bland barn och unga* [Child and Youth Report: Theme: When life becomes unbearable–Mental ill-health among children and young people]. Stockholm: Stockholm's City Mission.

Stockholm's City Mission. (2017). *Barn- och ungdomsrapporten: Unga vuxnas psykiska ohälsa* [Child and Youth Report: Young Adult's mental health]. Stockholm: Stockholm's City Mission.

Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. (Eds.). (2008). *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention.* Washington: American Psychological Association.

Sullivan, H. S. (1953). *The interpersonal theory of psychiatry.* New York: Norton.

Svenaeus, F. (2003). *Sjukdomens mening: Det medicinska mötets fenomenologi och hermeneutik* [The meaning of the disease: the phenomenological and hermeneutics of the medical meeting]. Stockholm: Natur & Kultur.

Svenaeus, F. (2013). *Homo patologicus: Medicinska diagnoser i vår tid* [Homo pathologicus: Medical diagnoses of our time]. Stockholm: Tankekraft Förlag.

Svenaeus, F. (2014). The phenomenology of suffering in medicine and bioethics. *Theoretical Medicine and Bioethics, 35,* 407–420.

Sweden's City Missions. (2017). *Fattigdomsrapporten 2017* [Poverty Report 2017]. Retrieved from https://www.stadsmissionen.se/press-och-opinion/dags-att-synliggora-fattigdomen

Swedish Agency for Support to Faith Communities. (2015). Retrieved from http://www.sst.a.se/statistik/statistik2015.4.50877827159454eb8c36207.html

Swedish Agency for Youth and Civil Society. (2015). *När livet känns fel. Ungas upplevelser kring psykisk ohälsa* [When life feels wrong. Young people's experiences of mental illness]. Retrieved from https://www.mucf.se/publikationer/nar-livet-kanns-fel

Swedish Association of Local Authorities and Regions. (2012). *En långsiktig gemen-sam handlingsplan för Psykisk hälsa inom Sveriges kommuner och landsting kon-gressperioden 2012-2016* [A long-term joint action plan for mental health in Swe-den's municipalities and county congress period 2012-2016]. Retrieved from http://www.skl.se/vi_arbetar_med/socialomsorgochstod/psykiskhalsa/over-enskommelse/handlingsplan-2012

Tashakkori, A., & Teddlie, C. (2008). Quality inferences in mixed methods research. In M. Bergman (Ed.), *Advances in mixed methods research: Theories and appli-cations* (pp. 101–19). London: Sage.

Tashakkori, A., & Teddlie, C. (Eds.). (2010). *Handbook of mixed methods in social and behavioral research* (2nd ed.). Thousand Oaks: Sage.

Tashakkori, A., & Teddlie, C. (2012). Common 'core' characteristics of mixed meth-ods research: A review of critical issues and call for greater convergence. *Ameri-can Behavioral Scientist, 56(*6), 774–788.

Teddlie, C., & Tashakkori, A. (2003). Major issues and controversies in the use of mixed methods in the social and behavioural sciences. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioural research* (pp. 3–50). Thousand Oaks: Sage.

Thatcher, R. W. (1980). Spatial synchronization of brain electrical activity related to memory, logic and semantic information processing. In R. F. Thompson (Ed.), *The neurophysiological mechanisms of goal directed behavior and learning* (pp. 555–568). New York: Academic Press.

Thatcher, R. W. (1991). Maturation of the human frontal lobes: Physiological evi-dence for staging. *Developmental Neuropsychology, 7*(3), 397–419.

Thoern, H. A., Grueschow, M., Ehlert, U., Ruff, C. C, & Kleim, B. (2016). Attentional bias towards positive emotion predicts stress resilience. *PLoS ONE, 11*(3), e0148368.

Tillich, P. (1952). *The Courage to Be.* New Haven: Yale University Press.

Tillich, P. (1961). Existentialism and psychotherapy. *Review of Existential Psychol-ogy and Psychiatry, 1*, 8–16.

Tomkins, S. S. (1995). In E. V. Demos (Ed.), *Exploring affect: The selected writings of Silvan S. Tomkins.* Cambridge: Cambridge University Press.

Topor, A., Borg, M., Di Girolamo, S., & Davidson, L. (2011). Not just an individual journey: Social aspects of recovery. *Journal of Social Psychiatry, 57*(1), 90–99.

Torsheim, T., Aaroe, L. E., & Wold, B. (2001). Sense of coherence and schoolrelated stress as predictors of subjective health complaints in early adolescence: Indirect or direct relationships? *Social Science & Medicine, 53*, 603–614.

Tratter, A. M. D. (2016). A place for existential ontology? Emblems of being and implicit world-projection. *Philosophy, Psychiatry & Psychology, 22*(2), 133–160.

Tronick, E. Z. (l989). Emotions and emotional communication in infants. *American Psychologist, 44*(2), 112–119.

Tronick, E. Z. (2002). A model of infant mood states and Sandarian affective waves. *Psychoanalytic Dialogues, 12,* 73–99.

Tronick, E. Z. (2005). Why is connection with others so critical? The formation of dyadic states of consciousness and the expansion of individuals' states of con-sciousness: Coherence governed selection and the co-creation of meaning out of messy meaning making. In J. Nadel & D. Muir (Eds.), *Emotional development: Recent research advances* (pp. 293–315). New York: Oxford University Press.

Tronick E. Z. (2007). *The neurobehavioral and social-emotional development of in-fants and children.* New York: Norton.

Tronick, E. Z., Als, H., Adamson, L., Wise, S., & Brazelton, T. B. (1978). The infant's response to entrapment between contradictory messages in face-to-face interaction. *Journal of the American Academy of Child and Adolescent Psychiatry, 17*(1), 1–13.

Tronick, E. Z., & Beeghly, M. (2011). Infants' meaning-making and the development of mental health problems. *American Psychologist, 66*(2), 107–119.

Tronick, E. Z., & Cohn, J. F. (1989). Infant–mother face-toface interaction: Age and gender differences in coordination and the occurrence of miscoordination. *Child Development, 60*(1), 85–92.

Tronick, E. Z., & DiCorcia, J. A. (2015). The everyday stress resilience hypothesis: A reparatory sensitivity and the development of coping and resilience. *Children Australia, 40*(2), 124–138.

Tronick, E. Z., & Gianino, A. (1986). The transmission of maternal disturbance to the infant. *New Directions for Child and Adolescent Development, 34,* 5–11.

Tyrberg, K. (2015). *Ungdomars existentiella hälsa ur terapeutens perspektiv* [Youth's existential health from the therapist's perspective] (Graduation thesis). Stockholm: Ersta Sköndal University College.

Ulland, D., & Bertelsen, B. (2010). Kunnskapssyn og etikk i psykisk helsearbeid [Knowledge and ethics in mental health work]. *Tidsskrift for psykisk helsearbeid, 7*(2), 121–129.

Ulland, D., & DeMarinis, V. (2014). Understanding and working with existential information in a Norwegian adolescent psychiatry context: A need and a challenge. *Mental Health, Religion & Culture, 17*(6), 582–593.

United Nations Children's Fund. (2014). *Children of the Recession: The impact of the economic crisis on child well-being in rich countries Innocenti Report Card 12.* Retrieved from https://www.unicef.org/publications/index_76438.html

United Nations Children's Fund. (2016). *Fairness for children: A league table of inequality in child well-being in rich countries.* Retrieved from https://www.unicef.org/publications/index_90833.html

Vaquera, E., Aranda, E., & Sousa-Rodriguez, I. (2017). Emotional challenges of undocumented young adults: Ontological security, emotional capital, and well-being. *Social Problems, 64*(2), 298–314.

Voas, D. (2009). The rise and fall of fuzzy fidelity in Europe. *European Sociological Review, 25*(2), 155–168.

Volkert, J., Schulz, H., Brütt, A. L., & Andreas, S. (2014). Meaning in life: Relationship to clinical diagnosis and psychotherapy outcome. *Journal of Clinical Psychology, 70*(6), 528–535.

Vornanen, R., Törrönen, M., & Niemelä, P. (2009). Insecurity of young people: The meaning of insecurity as defined by 13-17-year-old Finns. *Young, 17*(4), 399–419.

Watts, F. (1996). Psychological and religious perspectives on emotion. *International Journal for the Psychology of Religion, 6*(2), 71–87.

Weems, C. F., Costa, N. M., Dehon, C., & Berman, S. L. (2004). Paul Tillich's theory of existential anxiety: A conceptual and empirical analysis. *Anxiety Stress Coping, 17,* 383–399.

Weibel, S., Vidal, S., Olié, E., Hasler, R., Torriani, C., Prada, P., … Huguelet, P. (2017). Impact of child maltreatment on meaning in life in psychiatric patients. *Psychiatry Research, 251,* 204–211.

Weinberg, M. K., & Tronick, E. (1996). Infant affective reactions to the resumption of maternal interaction after the still-face. *Child Development, 67*(3), 905–914.

Werbart, A., Levin, L., Andersson, H., & Sandell, R. (2013). Everyday evidence: Outcomes of psychotherapies in Swedish public health services. *Psychotherapy (Chic), 50*(1), 119–130.

Whitley, R. (2008). Postmodernity and mental health. *Harvard Review of Psychiatry, 16*(6), 352–364.

Whitley, R., Harris, M., & Drake, R. (2008). Safety and security in small-scale recovery housing for people with severe mental illness: An inner-city case study. *Psychiatric Services, 59*(2), 165–169.

Wilkinson, R., & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better*. London: Allen Lane.

Willander, E. (2014). *What Counts as Religion in Sociology? The problem of religiosity in sociological methodology* (Dissertation). Uppsala: Uppsala University.

Wilt, J. A., Stauner, N., Lindberg, M. J., Grubbs, J. B., Exline, J. J., & Pargament, K. I. (2017). Struggle with ultimate meaning: Nuanced associations with search for meaning, presence of meaning, and mental health. *The Journal of Positive Psychology,* doi: 10.1080/17439760.2017.1279208

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development.* New York: International University Press.

Winnicott, D. W. (1968). Playing: Its theoretical status in the clinical situation. *The International Journal of Psychoanalysis, 49*(4), 591–599.

Winnicott, D. W. (1971). *Playing and Reality.* London: Routledge.

Wolgast, M., Lundh, L. G., & Vibog, G. (2011). Cognitive reappraisal and acceptance: An experimental comparison of two emotion regulation strategies. *Behaviour Research and Therapy, 49*(12), 858–866.

Wong, P. T. P. (Ed.), (2012). *The human quest for meaning: Theories, research, and applications.* New York: Routledge.

World Health Organization Europe [WHO]. (2011). *Impact of economic crises on mental health.* World Health Organization Regional Office for Europe.

World Health Organization Europe [WHO]. (2016). *Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: main findings from the 2013/2014 survey.* Retrieved from The World Health Organization, Europe: http://www.euro.who.int/en/publications/abstracts/growing-up-unequal.-hbsc-2016-study-20132014-survey

World Values Study [WVS]. (2010–2014). World Values Survey Wave 6: 2010–2014. (Sweden, 2011.) Retrieved from http://www.worldvaluessurvey.org/WVSOnline.jsp

Wortmann, J. H., & Park, C. L. (2008). Religion and spirituality in adjustment following bereavement: An integrative review. *Death Studies, 32,* 8, 703–736.

Wortmann, J. H., & Park, C. L. (2009). Religion/spirituality and change in meaning after bereavement: Qualitative evidence for the Meaning Making Model. *Journal of Loss and Trauma, 14,* 17–34.

Yalom, I. D. (1975). *The theory and practice of group psychotherapy*. New York: Basic Books.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, I. D. (1989). *Love's Executioner and Other Tales of Psychotherapy.* New York: Basic Books.

Ybrandt, H. (2008). The relation between self-concept and social functioning in adolescence. *Journal of Adolescence, 31,* 1–16.

Ybrandt, H., & Armelius, K. (2010). Adolescents' mental health and their images of self and parents. *European Journal of Mental Health, 5*(1), 59–75.

Young, J. (2007). *The vertigo of late modernity.* London: Sage.

Zimmermann, P., & Thompson, R. A. (2014). New directions in developmental emotion regulation research across the life span: Introduction to the special section. *International Journal of Behavioral Development, 38*(2).

Zinnbauer, B. J., & Pargament, K. I. (2005). Religiousness and Spirituality. In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality*. New York: Guilford Press.

Zetterqvist, M., Lundh, L.-G., & Svedin, C. G. (2013). A comparison of adolescents engaging in self-injurious behaviors with and without suicidal intent: Self-reported experiences of adverse life events and trauma symptoms. *Journal of Youth and Adolescence, 42*(8), 1257–1272.

Åsberg, M., Grape, T., Krakau, I., Nygren, Å., Rodhe, M., Wahlberg, A., & Währborg, P. (2010). Stress som orsak till psykisk ohälsa [Stress as a cause to mental health]. *Läkartidningen,* 19–20(107), 1307-1310.

Åsbring, P., & Hochwälder, J. (2009). *Den dolda psykiska ohälsan bland unga vuxna som uppsöker vårdcentral* [The hidden mental health among young adults who seek medical center] (Report No. 2009:3). Stockholm: Karolinska Institute's Public Health Academy Series.

Östgård-Ybrandt, H. (2004). *Self-concept, inner residue of past relationships and social functioning in adolescence. A study of age and gender differences in groups of normal and antisocial adolescents* (Dissertation). Umeå: Umeå University.

Appendices

Nu några frågor om din livssyn

10 [Livssyn]Klicka i det svarsalternativ som bäst stämmer in på dig. Jag är:

Välj **bara en** av följande:

○ 1. Mycket lycklig

○ 2. Ganska lycklig

○ 3. Inte speciellt lycklig

○ 4. Inte alls lycklig

11 [Livssyn]

Klicka i nedanstående alternativ utifrån hur viktiga de är i ditt liv.

Välj det korrekta svaret för varje punkt:

	Mycket viktigt	Ganska viktigt	Inte viktigt	Inte alls viktigt
Skola	○	○	○	○
Familj	○	○	○	○
Vänner och umgängeskrets	○	○	○	○
Fritid	○	○	○	○
Politik	○	○	○	○
Religion	○	○	○	○

12 [Livssyn]I hur hög grad ser du dig själv som...

Välj det korrekta svaret för varje punkt:

	Helt och hållet	Ganska mycket	Varken eller	Ganska lite	Inte alls
A. Religiös	○	○	○	○	○
B. Sökande	○	○	○	○	○
C. Troende	○	○	○	○	○
D. Andlig	○	○	○	○	○
E. Ateist	○	○	○	○	○
F. Agnostiker	○	○	○	○	○

13 [Livssyn]Klicka i det alternativ som bäst stämmer överens med dig:

Välj **bara en** av följande:

○ A. Det finns en Gud

○ B. Det finns någon sorts ande eller livskraft

○ C. Det finns något men jag vet inte vad

○ D. Jag vet inte vad jag ska tro

○ E. Det finns inte någon Gud, ande eller livskraft

14 [Livssyn]I vilken utsträckning ger religionen/andligheten dig styrka?

Välj det korrekta svaret för varje punkt:

	I stor utsträckning						Mycket lite/inte alls
	1	2	3	4	5	6	7
	○	○	○	○	○	○	○

15 [Livssyn]

Tror du på ett liv efter döden?

Välj det korrekta svaret för varje punkt:

	I stor utsträckning						Mycket lite/inte alls
	1	2	3	4	5	6	7
	○	○	○	○	○	○	○

Hur förhåller du dig till livet och framtiden?

82 [Livet/framtiden]1. Vad tycker du är viktigt i ditt liv just nu, vad upplever du att du ofta tänker på?

Skriv ditt svar här:

83 [Livet/framtiden]2. Vad söker/sökte du psykoterapi för? (Beskriv kortfattat)

Skriv ditt svar här:

84 [Livet/framtiden]3.1 Jag tror att livet har en mening

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

85 [Livet/framtiden]3.2 Jag tror att livet har en mening, även om jag har svårt att känna den just nu

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

86 [Livet/framtiden]4. Jag tänker ofta på vad jag ska göra med mitt liv

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

87 [Livet/framtiden]5. När jag tänker på mitt liv och framtiden känns det spännande och roligt

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

88 [Livet/framtiden]6. Jag vet ofta vad jag vill och att jag har valt rätt

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

89 [Livet/framtiden]7. När jag tänker på framtiden och vad jag vill får jag ångest

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis

	1	2	3	4
	○	○	○	○

90 [Livet/framtiden]8. När jag tänker på framtiden och vad jag vill blir jag nedstämd

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

91 [Livet/framtiden]9. Jag önskar ofta att någon vuxen kunde hjälpa mig att förstå vad livet handlar om

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

92 [Livet/framtiden]10. Jag funderar ofta på hur allt hänger ihop, om gud eller någon annan kraft finns

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

93 [Livet/framtiden]11. Jag önskar att jag kunde prata om mina funderingar kring gud eller det jag tror på med min psykoterapeut

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

94 [Livet/framtiden]12. Jag känner att jag tillhör det lokala samhället där jag bor

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

95 [Livet/framtiden]13. Jag känner att jag är en del av världen som helhet

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

96 [Livet/framtiden]14.1 Jag känner ofta att jag har höga förväntningar på mig för att jag är kvinna, att jag ska veta vad jag vill och ta ansvar för mitt liv

Välj det korrekta svaret för varje punkt:

	Stämmer inte alls	Stämmer inte särskilt bra	Stämmer ganska bra	Stämmer precis
	1	2	3	4
	○	○	○	○

97 [Livet/framtiden]14.2 Skriv gärna en egen kommentar till: Jag känner ofta att jag har höga förväntningar på mig för att jag är kvinna, att jag ska veta vad jag vill och ta ansvar för mitt liv

Skriv ditt svar här:

98 [Liv-framtid-relation]Vad brukar du göra när du funderar på livet och framtiden? Ringa in den siffra som passar dig bäst. 0 = aldrig 5 = mycket ofta

Välj det korrekta svaret för varje punkt:

	Aldrig 0	1	2	3	4	Mycket ofta 5
1. Prata med mamma och/eller pappa	○	○	○	○	○	○
2. Prata med någon annan vuxen	○	○	○	○	○	○
3. Prata med en kompis och/eller syskon	○	○	○	○	○	○
4. Dra mig undan, hålla mig för mig själv	○	○	○	○	○	○
5. Lyssna på musik, titta på TV eller DVD	○	○	○	○	○	○
6. Äta något	○	○	○	○	○	○
7. Läsa	○	○	○	○	○	○
8. Skriva dagbok	○	○	○	○	○	○
9. Skriva brev eller chatta med andra	○	○	○	○	○	○
10. Teckna, måla, speka musikinstrument, dansa	○	○	○	○	○	○
11. Spela TV-spel, dataspel	○	○	○	○	○	○
12. Sporta	○	○	○	○	○	○
13. Gå ut i naturen	○	○	○	○	○	○
14. Annat*, ange vad:	○	○	○	○	○	○

*Annat kan vara vad som helst: skada mig själv, dricka alkohol, röka/snusa, använda droger, fantisera, sexuella aktiviteter, be eller prata med gud/högre kraft/ängel/ande etc, ange det som stämmer bäst.

99 [Livsval-relation]Vad brukar du göra när du måste ta ett beslut om något som är viktigt i ditt liv? Ringa in den siffra som passar dig bäst. 0 = aldrig 5 = mycket ofta

Välj det korrekta svaret för varje punkt:

	Aldrig					Mycket ofta
	0	1	2	3	4	5
1. Prata med mamma och/eller pappa	○	○	○	○	○	○
2. Prata med någon annan vuxen	○	○	○	○	○	○
3. Prata med en kompis och/eller syskon	○	○	○	○	○	○
4. Dra mig undan, hålla mig för mig själv	○	○	○	○	○	○
5. Lyssna på musik, titta på TV eller DVD	○	○	○	○	○	○
6. Äta något	○	○	○	○	○	○
7. Läsa	○	○	○	○	○	○
8. Skriva dagbok	○	○	○	○	○	○
9. Skriva brev eller chatta med andra	○	○	○	○	○	○
10. Teckna, måla, speka musikinstrument, dansa	○	○	○	○	○	○
11. Spela TV-spel, dataspel	○	○	○	○	○	○
12. Sporta	○	○	○	○	○	○
13. Gå ut i naturen	○	○	○	○	○	○
14. Annat*, ange vad:	○	○	○	○	○	○

*Annat kan vara vad som helst: skada mig själv, dricka alkohol, röka/snusa, använda droger, fantisera, sexuella aktiviteter, be eller prata med gud/högre kraft/ängel/ande etc, ange det som stämmer bäst.

Intervjuguide (Lloyd, 2012)

Ämne: Existentiellt meningsskapande, känsloreglering, samt relationsmönster hos unga kvinnor med psykisk ohälsa

Intervjufrågor:

Namn:

Du har för ett tag sen fyllt i en enkät som är en del i denna studie, väckte frågorna några tankar och känslor som du vill berätta om?

Bakgrund:

Familjeförhållanden under uppväxten och idag:
Socioekonomiska förhållanden under uppväxten och idag:
Boendesituation under uppväxten och idag:
Grupptillhörighet/er under uppväxten och idag:

Anledning att söka psykoterapi just nu:
Beskriv kortfattat, och så mycket som känns bekvämt, anledningen till att du söker psykoterapi just nu.

Informantens livsfrågor och meningsskapande:

Viktigast i ditt liv just nu. Vad tycker du är viktigast i ditt liv just nu, vad upplever du att du ofta tänker på (Adamsons definition av existentiell fråga, 1999)? Kan du ge exempel på hur det brukar vara för dig när du tänker på det här?

Livsfrågor och framtiden. Hur skulle du beskriva vad en livsfråga är? Vilka är dina viktigaste livsfrågor just nu?

Kan du ge exempel på hur det brukar vara för dig när du tänker på ditt liv och framtiden?

Livsval. Hur skulle du beskriva vad ett livsval är? Vilka är dina viktigaste livsval just nu?

När i ditt liv har du ställts inför ett livsval och vad handlade det/de om? Är något av dessa val aktuella idag?

De livsval du har gjort, hur kom du fram till dem?

Hur brukar du göra i vardagen när du ska bestämma eller välja något?

Coping och agens. Varifrån hämtar du styrka och tröst för att hantera dina livsfrågor och livsval? Kan du ge exempel på hur det brukar vara för dig i sådana situationer?

Hur mycket tycker du att du kan styra och bestämma över ditt eget liv? Kan du ge exempel på hur det brukar vara för dig när du vill att något ska bli som du vill?

Köns- och vuxenidentitet. Hur tänker du kring att du är kvinna i förhållande till dina livsfrågor och livsval? Kan du ge exempel på hur det brukar vara för dig när du tänker på det?

När tycker du att man är vuxen? Kan du ge exempel på hur det brukar vara för dig när du tänker på att bli vuxen?

Hur tänker du kring dina socioekonomiska förhållanden i förhållande till dina livsfrågor och livsval? Kan du ge exempel på hur det brukar vara för dig när du tänker på det?

Existentiell mening. Kan du rita en symbolisk eller förenklad bild av dig själv och hur du tänker att allt hänger ihop i världen med livet och döden? Kan du ge exempel på hur du har kommit fram till denna bild och vad som stärker och bekräftar den?

Vad tror du meningen med livet är? Kan du ge exempel på hur du brukar fundera på meningen med dig själv och ditt liv?

När tänkte du på meningen med livet första gången? Hur funderade du då på meningen med dig själv och ditt liv?

När känner du att livet är som mest meningsfullt? Kan du ge exempel på hur det brukar vara för dig då?

Om du med ett ord skulle beskriva din grundläggande känsla i dig själv, vad skulle då det ordet vara? Kan du ge exempel på hur den känslan påverkar dig och hur du förhåller dig till den?

Vad tänker du när jag säger "heligt", hur skulle du beskriva något som är heligt? Kan du ge ett exempel på något du tycker är heligt och din relation till det?

Känner du att du tillhör din familj, samhället och världen? Kan du ge exempel på hur det brukar vara för dig i dessa sammanhang?

Har du någon gång känt dig riktigt ensam? Kan du ge exempel på hur det är för dig då och vad du gör för att känna dig mindre ensam?

Har du någon gång känt att det är som om något saknas i livet, men du vet inte riktigt vad? Kan du ge exempel på hur det är för dig då och vad du gör för att hantera den känslan?

Hur ofta tänker du på döden? Kan du ge exempel på hur det är för dig då och hur du hanterar dina tankar och känslor kring döden?

Hur och med vem delar du dina innersta tankar om liv och död?

Hur visar människor i din omgivning att de är intresserade av hur du tänker och känner kring de områden vi har pratat om fram till nu?

Utifrån det vi har pratat om fram till nu, vad tycker du är viktigast och det du mest skulle vilja eller behöva prata med en vuxen om?

Informantens relationer, interpersonellt och intrapsykiskt under uppväxten och nu:

Interpersonellt. Med vilka personer, om några, brukar du prata om dig själv och ditt liv? Kan du ge exempel på hur det brukar vara för dig i dessa situationer, hur var det under uppväxten och hur är det nu?

Vad tror du det är som gör att du *har/inte har* valt att prata med dessa personer om dig själv och ditt liv?

Har du under någon period haft mer behov av att dela det som försiggick i ditt inre med någon som du känner/kände dig trygg med? Kan du ge exempel på hur det brukade vara för dig under dessa perioder?

2(4)

Vad orsakar konflikter med mamma eller pappa eller andra viktiga personer i ditt liv? Kan du ge exempel på hur det brukar vara för dig i dessa situationer och hur ni brukar lösa dessa?

Hur har du fått ta del av dina föräldrars inre värld, deras tankar om livet, döden och världen, under uppväxten och nu?

Kan du ge exempel på ett starkt känslomässigt ögonblick tillsammans med en annan människa/andra människor som kändes djupt meningsfullt? Hur påverkade det din grundläggande känsla i dig själv?

Kan du ge exempel på ett samtal där du har känt dig förstådd? Hur påverkade det din grundläggande känsla i dig själv?

Intrapsykiskt. Finns någon/några personer vanligen med i dina tankar? Kan du ge exempel på hur det brukar vara för dig vid sådan tillfällen, för du ett inre samtal med dem och i så fall vad "samtalar" ni mest om?

Finns det andra, t ex gud, änglar, fantasifigurer, idoler, i dina tankar som du brukar föra ett inre samtal med och i så fall vad "samtalar" ni mest om? Kan du ge exempel på hur det kan vara för dig vid sådan tillfällen?

Kan du ge exempel på ett starkt känslomässigt ögonblick som kändes djupt meningsfullt när du varit själv? Hur påverkade det din grundläggande känsla i dig själv?

Informantens relation till symboliska/religiösa/andliga föremål eller handlingar och den omgivande kulturen i övrigt:

Vilka symboliska, religiösa eller andliga föremål och handlingar betyder mest för dig? Kan du ge exempel på vad de betyder för dig (känslomässigt) och hur du använder dem?

Vad betyder mest för dig idag inom film, teater, böcker, musik och liknande? Kan du ge exempel på vad de betyder för dig (känslomässigt) och hur du använder dem?

Vilken plats betyder mest för dig idag, kanske har du en plats i ditt inre som du återvänder till? Kan du ge exempel på vad den betyder för dig (känslomässigt) och hur du använder den?

Informantens känsloreglering:

Om du mår dåligt, känner dig ledsen eller rädd eller har oro eller ångest vad brukar du göra då? Kan du ge exempel på hur det brukar vara för dig då och hur dessa negativa känslor påverkar din grundläggande känsla i dig själv och vad/hur du gör för att må bättre?

När känner du dig som mest trygg? Kan du ge exempel på hur det brukar vara för dig då och hur det påverkar din grundläggande känsla i dig själv?

Utifrån det vi har pratat om vad tycker du är viktigast och det du mest skulle vilja eller behöva prata med en vuxen om?

Avslutande frågor:

Är det något du skulle vilja lägga till som jag inte har frågat, som du tycker är viktigt i förhållande till det vi pratat om?

Är det något du tror att jag inte har förstått tillräckligt bra eller något du skulle vilja ändra eller beskriva mer utförligt eller annorlunda?

Hur har det varit att svara på de här frågorna?

Är det något nytt som du kommit att tänka på som du tar med från intervjun?