Research on meaning-making and health in secular society: Secular, spiritual and religious existential orientations

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ABSTRACT

This article proposes a framework of concepts for the field of existential meaning-making in secular cultures such as those of Northern Europe. Seeking an operational approach, we have narrowed the field's components down to a number of basic domains and dimensions that provide a more authentic cultural basis for research in secular society. Reviewing the literature, three main domains of existential meaning-making emerge: Secular, spiritual, and religious. In reconfirming these three domains, we propose to couple them with the three dimensions of cognition (knowing), practice (doing), and importance (being), resulting in a conceptual framework that can serve as a fundamental heuristic and methodological research tool for mapping the field of existential meaning-making and health. The proposed grid might contribute to clearer understanding of the multidimensional nature of existential meaning-making and as a guide for posing adequate research and clinical questions in the field.

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Background

One of the major trends in contemporary medical research is increased attention to existential, spiritual and religious issues in relation to illness. This is certainly the case in religious societies such as the USA, where these matters have been debated for well over a decade. Religiosity and spirituality have been shown to influence the development, progress and treatment of a number of diseases (Koenig, McCullough, & Larson, 2001). Disputes have arisen on the extent and way in which these insights could have implications for health care (Sloan, 2008; Sloan, Bagiella, & Powell, 2001).

Religious, spiritual and secular existential orientations are topics that more recently have even found their way onto the medical research agendas in societies far more secular than the US, albeit in somewhat different ways. For instance, in Denmark, a country considered by social scientists to be the most secular country in the world (Zuckerman, 2008), such topics are raised by some cancer patients, who find they are not sufficiently dealt with during the course of their disease (Grønvold, Pedersen, & Jensen, 2006). Likewise, it has been shown that secular, spiritual and religious existential topics become more important to people when they are admitted to hospital (Ausker, la Cour, Busch, Nabe-Nielsen, & Mørk

Pedersen, 2008). A recent Danish survey confirms that a larger proportion (83%) of Danish breast cancer patients report believing in "a God or higher spiritual being" than the general Danish population (around 65%) (Pedersen & Zachariae, 2008). Many investigators ask for further research of these topics in the secular context.

This growing interest reflects current developments of patient centered medical care and of prevention, lifestyle and chronic conditions – approaches that concern fundamental attitudes and values of life (Ogden, 2007). The growing field of palliation also emphasises the need to incorporate the patient's existential values, meaning and purpose in life into medical settings in a professional way that is based on research and the exchange of knowledge.

Terminology in the theory of existential meaning-making

The conceptualization of existential meaning-making and health has until now been divided into two major traditions of theory and research:

The tradition of religion/spirituality

This tradition is predominantly North American with regard to theories and research, especially the concept of religious coping (Pargament, 1997). There is a vast amount of quantitative research represented in the field, but it seems to be difficult to arrive at a common conceptual agenda. Although serious efforts have been made (Hill et al., 2000), there is still no consensus on the concepts

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or measurement instruments. Several attempts have been made to "homogenize" the research instruments used (Fetzer/NIA Working Group, 1999; Hill & Hood, 1999), but there seem to be serious difficulties in simply measuring religiosity/spirituality in a common and psychologically meaningful way. Qualitative research that aims at exploring the individual experience and importance of religiosity/spirituality during illness remains a rarity in this tradition.

Frequently, research demonstrates fuzziness in the key concept of religiosity and in its relation to spirituality. Debates on religiosity and/or spirituality have been contested in the research literature for years, and once in a while the concepts are reviewed and redefined (Zinnbauer & Pargament, 2005). As we shall see, opinions often differ as to which concept is the broader one: Is religiosity a part of spirituality or vice versa?

These research concepts are most relevant in societies where religious discourse remains prominent in public life, like the US, where the vast majority of medical patients seem to relate to either spirituality or religiosity. But this does not appear to be the case in modern secular countries like those of Northern Europe (especially Scandinavia), where only minorities can be called spiritual or religious in a traditional sense (Inglehart et al., 2000).

The tradition of existential psychology/philosophy/theology

This tradition is mainly rooted in European ways of thinking (i.e., Kierkegaard, Frankl, Sartre (Halling & Nill, 1995)), although it includes many North American thinkers (i.e., Yalom, 1980). The tradition is very broad and contains both theistic and atheistic trends, but it primarily concerns *secular* existential orientations, such as meaning, the value of life, personal values, freedom, responsibility, loneliness etc., all concepts that are not centered in the belief in a transcendent reality. These concepts often have the potential for including the spiritual and religious domains, but they rarely do so in any elaborative or concise way.

The existential tradition has limited empirical foundation; in particular, research on the relation between existential orientation and illness is sparse, though it can be found (Jacobsen, Jørgensen, & Jørgensen, 1998). Existential thinking is very often linked to phenomenology as an approach to investigation (Spinelli, 2005), which makes qualitative research the most natural choice of research method. Quantitative research in existential thinking and health is to date virtually absent.

Although both the religious/spiritual and the secular existential conceptual traditions focus on meaning-making, it is our view that the divide between them is artificial and counterproductive for relevant research in the field. When concepts are not adequately delimited and defined, and when close traditions seem to ignore each other, then the opportunities for grasping the rich clinical reality of meaning-making in the experience of medical conditions are reduced. In the real world, patients may think about existence in secular, in spiritual and in religious terms, and a majority do so simultaneously. In their minds these currents may separate, may shift position and may fuse at different times during the course of their life. Reality is multi-layered, and investigation, theory and research should reflect this.

Aims

We will approach our subject in four stages. Conceptual work in the field can appear exhausting, because of the possibility of endless discussion on the meaning of the three domains: secular, spiritual and religious existential orientations. What are the essentials of the domains? All three are very broad. While a common definition seems out of reach, an argument could be made instead for a more precise and explicit conceptualization and description of how the terms are understood when they are used. A primary clarification of domains will be our stage one, and an organised overview of possible definitions will be our stage two.

The multidimensional expressions of the three layers of meaning-making represent the next challenge. For instance, is the inner spiritual feeling or the embodied religious practice the most important in relation to illness? Are there any relationships between the theological content and the psychological processing of religion? It is very easy to get confused by the complexity of things, and a classification of *psychological dimensions* is thus our stage three. In stage four we conclude by combining the three domains of meaning-making with the psychological dimensions to make our proposal for an overall conceptual frame.

The main purpose of this article is to help to clarify and employ a more refined use of terms and concepts in meaning-making research in relation to illness. We do not propose to establish clear-cut demarcations or specific definitions connected to our framework, but we want to propose a relatively simple heuristic for drawing a map of the conceptual terrain.

Stage one: clarifying the three domains of meaning-making: secular, spiritual and religious existential orientations

We find that all three domains have both common and distinctive features and that none can fully encompass the others. However, when reading research papers that address secular, spiritual or religious existential needs during illness, the impression is often given of an underlying but rarely articulated assumption of one domain being superior to the others or, more fundamentally, encompassing the other two.

In recent discussions between European and North American researchers we have found these three typical examples:

1) "Who needs the concept of 'spirituality?'" is the provocative title of an article published by professor Salander (2006) from Lund University, Sweden. He finds the concept of spirituality fuzzy and that it places existential questions of meaning and purpose in a "spiritual" discourse, where they do not belong. If we are to understand what happens when lethal diseases shatter people's life assumptions, Salander continues, it is appropriate and sufficient to rely on the insights of existential philosophy and psychology. To Salander the field of general existential orientations is the dominating frame within which religious and/or spiritual orientations may — but need not — be found.

2) In his answer to this point of view, Breitbart (2007) maintains his basic view that spirituality encompasses the two other domains. He points out that the tradition of existential philosophy contains both theistic and secular worldviews and that a belief in some source or God representing the sum of the laws of the universe has no other label than "spiritual". Spirituality has to be the greater concept according to this interpretation.

3) From a third perspective it is convincingly argued that there is no such thing as "generic" spirituality or existential thinking; it is all rooted in specific cultural-linguistic contexts and cannot be seen as coming from "nowhere". Any concept of spirit and existence is originally inherent to one or more religious traditions (Hall, Koenig, & Meador, 2004).

We find all these three viewpoints relevant. We have to address the field as consisting of domains or layers in order to respect the uniqueness of the separate concepts and academic traditions. Our model of how the three domains relate is presented in Fig. 1. If some form of consensus does appear in the future, it must recognize all
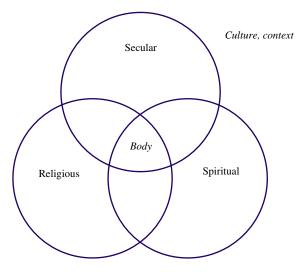
Fig. 1. Relation of existential meaning-making domains.

the layers, and we suggest that none of the domains should be seen as dominating the others. On the other hand we find that concepts and topics overlap to some extent as the figure shows.

Situating a given phenomenon in the figure will be dependent to some degree on conceptual and cultural context, rather than the phenomenon itself. For example, the enchanting feeling of "being alive when looking up at the stars on a clear night" could, as a phenomenon, evoke responses that would have resonance in all three domains and could be placed in the middle of Fig. 1 as an experience close to the body. But it will then be the individual and cultural context of the person concerned (and of the researcher) that determines whether this feeling will be further elaborated as a secular, spiritual or religious experience. The same holds for the feeling of fear of death during serious illness.

Likewise, principles such as "love your neighbor" or "forgiveness" can be meaning-making principles to be placed in the middle, but they can, dependent on the context, also be explored and investigated as particular examples of secular, spiritual or religious existential orientation. It is likewise contextual whether the basic phenomena are elaborated at all.

Other existential issues are present in an elaborate way in all three domains for most people. If serious illness strikes, the (cognitive) question of what happens to the individual after death is one such issue. In research the question has traditionally been posed in an exploration either of, for example, belief or non-belief in a bodily resurrection or of beliefs in after-death-experience, as if these ideas would exclude each other. Despite a recent integrative theoretical attempt (Burris & Bailey, 2009), the domains of belief in relation to life after death are still mostly seen as mutually exclusive. In truth, however, most often beliefs in all three domains co-exist. We can all answer secular existential questions of what happens on earth, when we are gone. Will there be sorrow? Will Earth prove to be completely indifferent to my personal existence and life struggle? Likewise, most people have views on spiritual after-death experiences (belief or non-belief). Will there be consciousness after the physical body decays? And we can answer yes or no to the religious questions on the purpose and end of the universe: Will final justice take place at the end of time? Responses to such questions may be very different, according to personal existential orientation, but all three domains are present and reflected upon at the same time in most of us, because we are individuals with multi-layered cognitive functions.

While considering these multi-layered belief concepts, we also have to think about "non-belief" in another, more complex way. As

we see things, there can hardly be such thing as non-belief or dis-belief without a specific notion of what is not believed in. Non-belief in a personal God is neither inclusive nor exclusive to spiritual orientations, neither is it inclusive nor exclusive to a secular outlook on life full of personal values. Non-belief is not a common field or category, but a very differentiated and as yet relatively unexplored field. A system of things that is not believed in actually functions in itself as a belief-system, since nobody can *know* anything in these matters. In terms of meaning-making the opposite of a belief is not dis-belief, but existential indifference. As with beliefs, dis-beliefs seen as a meaning system might or might not have a function of actually building meaning for the individual. In making our research, therefore, we always have to ask positively about what is then believed in (with or without any transcendent concepts) and thus learn about the individual's affirmative values and concepts – or the lack of them.

Stage two: organising the three domains of meaning-making in a continuum

Seen one by one, the three domains of meaning-making resources have very different historical and ideological roots, and it has been a part of the academic traditions of each to try to define itself.

In our current strivings for greater conceptual clarity, we took our methodological point of departure in establishing an extensive list of selected definitions of our topics. We selected these definitions as systematically as we could from the broad literature, including a) the "classics" in the fields as we know them and have found them repeated in the work of others; b) frequently cited or otherwise well-known sources from textbooks; and c) definitions made in texts published within the last ten years. The total number of definitions selected (63 items) was then further processed following three steps.

The first step was to group the definitions according to their main domain: secular = 10 items, spiritual = 18, religious = 24. A fourth group of definitions emerged alongside these three domains, namely definitions that juxtapose spirituality and religiosity as opposing concepts (11 items. Example: Spirituality is personal; religion is institutional (Gorsuch, 1993)). These definitions were kept on the lists for some time, but in the end they were excluded for not providing any new or distinct information in the core definitions.

The second step was a qualitative research approach, grouping the definitions in each domain in nodes. We worked by preference with direct quotes from the texts. The grouping process was driven by content criteria, and in this step we could largely reduce the numbers of definitions by picking the most weighty formulations when obvious overlaps emerged. We picked the least complex and clearest ones in order to have the broadest possible variety of well-established definitions represented. This was followed by sorting the content into themes. These could be further ordered, because central continua in the definitions logically appeared in each of the domains.

The third step was the discussion and selection of the best labelling of endpoints of the continua in each domain and the discussion of the best ranking of the definitions along with the continua.

The ranked lists of definitions in each domain are listed in Tables 1–3, nearly all in direct quotes. Taken from top to bottom, the overall continuum and ranking start with the secular, subjective/constructivist viewpoints on meaning-making and end with confessed beliefs in a genuine transcendent resource of meaning-making (God).

As might be seen from the list, the ranking order is not clearly linear. Taken one by one, the domains have their own continua, which might primarily reflect the differences in their cultural and academic traditions. For the definitions of the *secular existential*

Table 1
Definitions of secular existential orientation

Dimension: From subjective constructivist viewpoints through reflections over collective conditions to inherent meaning	
Interest in the abstract sense of identity, meaning, value, and purpose … a trend toward consideration of existential themes…	Pyszcynski, Greenberg, & Koole, 2004, p. 5
There is not one space and time only, but as many spaces and times as there are subjects	Binswanger, 1956, p. 196
A philosophy that confronts the human situation in its totality to ask what the basic conditions of human existence are and how man can establish his own meaning out of these conditions	Barrett, 1959, p. 126
A conflict that flows from the individual's confrontation with the givens of existence	Yalom, 1980, p. 8
How do people cope with their understanding of their place in the universe? Often, this amounts to the study of how people shield themselves from their knowledge of their mortality, their uncertainty, their isolation, and their deficits of meaning	Pyszcynski et al., 2004, p. 9
Not necessarily aligned with any formal religious institution or creed, they are continually raising ultimate "whys" about the existing social structure and about the structure of life itself	Batson, 1976, p. 32
Ultimately, man should not ask what the meaning of his life is, but rather must recognize that it is he who is asked. In a word, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible	Frankl, 1963, p. 172
The meaning of our existence is not invented by ourselves, but rather detected	Frankl, 1963, p. 157

orientation, (Table 1) the top can be seen as labelling the constructivist viewpoints, where existential meaning is perceived as a social or subjective, personal construct. The middle section centers on reflections of the human collective conditions of being and non-being, and the bottom emphasises that existential meaning is inherent to nature itself.

Definitions of *spirituality* presented in Table 2 represent a continuum that starts with spirituality seen as mature and/or evolved humanistic values. (As Wulff (1997, p. 7) also states, some definitions of spirituality do not refer to a transcendent object of any kind.) The middle section centers on spirituality seen as the striving for an inner truth, and the last section defines spirituality as an experienced contact with the transcendent or sacred.

Definitions of *religious existential orientations* (Table 3) have multiple possibilities for inherent dimensions, but we found the most coherent range to start with those definitions that consider religion as a collective construct of symbols; the middle section focusing on single individuals encountering a transcendent meaning in life (while in fellowship with other believers); and the last section seeing religion as the relation between God and mankind. We are aware that "religion", "religious" and "religiosity" are not the same, but the literature did not allow for clear-cut distinctions in relation to the definitions.

All three domains feature the same range from constructivist (anthropocentric) definitions to those centered on *the other* (altercentric), whether *the other* is understood as nature, the transcendent, or a personal God being the defining substance.

Stage three: clustering the many expressions of "meaning-making" into psychological dimensions

The meaning-making domain of religiosity has the longest and richest history of attempts at health related research. The quantitative techniques for measuring religiousness have historically often been based on questionnaires or single items in surveys. It has frequently been the researchers' ambition to measure "religiousness-in-general" in one scale (like the original Intrinsic–Extrinsic Scale (Allport & Ross, 1967)), but these attempts are heavily criticized for being completely normative and inherently value-laden. With the publication of their "Measures of Religiosity" (1999), Hill and Hood were aiming to collect a number of existing scales of religiosity, spirituality and humanism (secular existential) in order to make research more uniform. They collected 129 measuring instruments and divided them into 17 categories.

Several attempts at constructing a multi-dimensional measuring tool have also been made. The dimensions included in these constructs are often found and suggested by the factor analysis of a number of preferred scales, as performed, for instance, by Johnson, Sheets, and Kristeller (2008), who found five dimensions of religiosity and spirituality: Involvement, Search for meaning, Religious struggle, Quest and Well-being. The problem with this approach is that it has to rely heavily on already developed scales, and it cannot transcend the limitations and cultural context of the scales it includes. In that way, rather than suggesting the dimensions of religiosity that are claimed, it might indicate dimensions of the rating scales.

Most recently, Hall, Meador, and Koenig (2008) have made a comprehensive attempt to summarise all dimensions in religiosity, based on a review of previous attempts. In general, they criticize many measuring scales of religion for striving for a context-free measure. This leads to not being aware of their own limitations and thus often over-generalizing.

Hall et al. make a comparison of five suggestions for the multidimensional organisation of religiosity: the proposals by King and Hunt (1972), Larson, Swyers, and McCullough (1997), Hill and Hood (1999), Fetzer/NIA Working Group, (1999), and Koenig et al. (2001). Hall and colleagues give much credit to the Fetzer/NIA

Table 2
Definitions of spiritual existential orientation

Dimension: From evolved humanistic values through striving for an inner truth to contact with the transcendent	
The search for existential meaning	Doyle, 1992, p. 302
Conspicuous in today's spirituality is the frequent absence of an explicit transcendent object outside of the self	Wulff, 1997, p. 5
The way one lives out one's faith in daily life, the way a person relates to the ultimate conditions of existence	Hart, 1994, p. 23
Process of inner change and development, metaphorical described as: Awakening, de-hypnosis, enlightenment, freedom, metamorphosis, and wholeness	Walsh, 1999
Spirituality – the domain of life beyond the body and mind	Levin, 2001, p. 10
Striving to experience the spiritual source of one's own existence	Fontana, 2003, p. 12
A way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, life, and whatever one considers to be the Ultimate	Elkins, Hedstrom, Hughes, Leaf, & Saunders, 1988, p. 10
That vast realm of human potential dealing with ultimate purposes, with higher entities, with God, with love, with compassion, with purpose	Tart, 1975, p. 4
A subjective experience of the sacred	Vaughan, 1991, p. 105
The human response to God's gracious call to a relationship with himself	Benner, 1989, p. 20

Table 3
Definitions of religious existential orientation

Dimension from collective construction of meaning, through individuals meeting the transcendent to relation between man and God	
A system of beliefs in divine or superhuman power, and practices of worship or other rituals directed toward such power	Argyle, 1975, p. 1
Beliefs and behaviours about: Spiritual reality, God, morality, purpose and the communication of these	Loewenthal, 2000, p. 3
Religion is the serious and social attitude of individuals or communities toward the power or powers which they conceive as having ultimate control over their interests and destinies	Pratt, 1920, p. 2
Religion – referring to beliefs, practices and experiences pertaining to organised religions or belief systems	Levin, 2001, p. 10
Religion is a unified system of beliefs and practices relative to sacred things that is to say, things set apart and forbidden – beliefs and practices which unite into one single moral community called a Church, all those who adhere to them	Durkheim, 1912
Commitments to beliefs and practices characteristic of particular traditions	Peteet, 1994, p. 2
Human recognition of superhuman controlling power, and especially of a personal god or gods entitled to obedience and worship	Oxford English Dictionary, 2006
There exists a non-material (i.e. spiritual) reality. The purpose of life is to increase harmony in the world by doing good and avoiding evil. (In monotheistic religions) the source of existence (i.e. God) is also the source of moral directives. In addition all religions involve and depend on social organisation for communicating these ideas	Loewenthal, 1995
…what people normally understand by religious behaviour and religious belief… always implicit, never explicit	Grensted, 1952
The representations, behavior and experiences that in man refers to any form of extrasensory and metaphysical reality	Holm, 1993
…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. Such questions we shall call existential questions	Batson, Schonrade, & Ventis, 1993, p. 8
…the feelings, acts, and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine	James, 1902, p. 36
…a careful consideration and observation of certain dynamic factors that are regarded as "powers": Spirits, demons, gods, laws, ideas, ideals or what name man has given such factors in the world, which he has found powerful, dangerous or helpful enough to be contemplated thoroughly, or vast, beautiful or meaningful enough to be attentively worshiped or loved	Jung, 1938
Religion is the state of being grasped by an ultimate concern, a concern which qualifies all other concerns as preliminary and which itself contains the answer to the question of a meaning of our life	Tillich, 1963, p. 4
The relationship between man and the superhuman power he believes in and feels himself to be dependent on…the theme of religion is redemption from the powers that prevent man from communing with the divine	Schoeps, 1959
The inner experience of the individual when he senses a Beyond, especially as evidenced by the effect of this experience on his behaviour when he actively attempts to harmonize his life with the Beyond	Clark, 1958, p. 22
Religion is the connection between man and God	Levin, 2001, p. 10

instrument, a collection of questions developed in 1995 by a group of experts. Beside the suggestion of 12 dimensions of the field (see Table 4), it has recommendations for specific scales and questions in each dimension. The instrument is found to represent state of the art in multidimensional measurement of religiousness/spirituality and receives particular praise for the methodological emphasis on dimensions having to be analysed independently and not being summarised in a single global assessment. Nevertheless a recent attempt to factor-analyze the Fetzer/NIA in a sample with health disorders has been made (Johnstone, Yoon, Franklin, Schopp, & Hinkebein, 2009). They try to reduce the dimensions to four in relation to coping in a US sample: experience, practice, support and forgiveness.

All suggestions for multidimensional conceptual organisations mentioned by Hall et al. (2008) originate in the USA and relate to the Christian context (for example, the independent dimension of "forgiveness" is not a concept essential to all religions). When looking at the wordings of the suggested questions in the Fetzer/

NIA questionnaires, it is very clear that most of the questions cannot be answered meaningfully in a secular society with no culturally fixed image of a god or god-relation that may be taken for granted. Even in the dimension labelled "meaning", nearly all questions are based on the words "God" or "spirituality" – not really meaningful words for the secular individual.

From the secular side, existential psychology has also attempted to systematize questions of meaning, but little of religion or spirituality. Attempts can be found in Jacobsen (1998, p. 14), for example, who lists 11 different existential dimensions of values (work, economy, family, good experiences, society, religiosity, health, inner harmony, intellectual improvement, helping others and dignity). He asks people to prioritize the dimensions on a list for the purpose of self-insight.

A slightly more systematic attempt of working with values is seen in the current ACT-movement (Acceptance and Commitment Therapy). From the original suggestions of dimensions in secular meaning-making as proposed by ACT (Hayes, Strosahl, & Wilson,

Table 4
Well-known dimensions of religiosity organised in three clusters

	Cognition: knowing	Practice: doing	Importance: being
Fetzer/NIA twelve dimensions of religiosity	Affiliation Beliefs and values	Public practices Private practices	Meaning History Support Coping Commitment Forgiveness Religious intensity Spiritual experience
Hall et al. (2008) suggested dimensions of religiosity	Religious values Religious beliefs/creedal assent/concepts of God Religious knowledge Non-belief (denial of religion) Certainty – orthodoxy – fundamentalism Quest – doubts – seeking Religious views on afterlife Divine intervention	Organised activity/participation/attendance Organisation involvement/-membership/activity Study/discussion/prayer in groups Ritual participation Private reading/prayer/devotionalism/non-organised religiosity Religious television/radio/internet	Salience/self-rated religiosity Religious experience Intrinsic/extrinsic orientation Financial support Religious wellbeing Coping possibilities/support History Development/maturity Attitudes/consequence of attitudes

2003), a revised version by McCracken and Yang (2006) is used in forming a scale for the use of quantitative investigation. Their scale consists of six dimensions of values: family, intimate relations, friends, work, health, and growth and learning. The dimension of religiosity/spirituality is evidently omitted by McCracken, thus repeating the predominant exclusion of religiosity in secular based meaning-making research.

In sum, although we search the literature that is trying to create an *overview* of the dimensions of meaning-making, we find ourselves very easily lost in the numerous dimensions. They are still too many for a practical theory in the research field of health and religiosity, where many researchers may not be familiar with the complicated conceptual discussions.

On the basis of our literature review we therefore propose to simplify and cluster the dimensions in these three conceptual dimensions: *Cognition, practice and importance.* There are several reasons for this. Methodologically, we arrived at this proposal by starting with the famous Fetzer/NIA categorization of 12 dimensions (clustered in the upper part of Table 4.) Then we added the listed dimensions of religiosity from the comprehensive work of Hall et al. (2008, p. 138–139), omitted obvious overlays in concepts, and we could also cluster these nicely into our three dimensions, as seen in the lower part of Table 4. Comparing the two, the latter was found to be much more elaborated and comprehensive, and because it was based on a historical review, we also felt that the three dimensions represented a *full map of the territory,* as it is known in the Western tradition.

The three selected dimensions can also find theoretical and practical support in the literature. They represent the essential areas of the psychology of religion identified by Wulff (1997): 1) Questions of supernatural principles; 2) activities according to this; 3) the feeling present in the individual. The dimensions also correspond well to the renowned and intuitive sociological dimensions of Fishman (1980): *knowing, doing and being;* dimensions that are known to have good explanatory power (Gundelach, Raun Iversen, & Warburg, 2008).

Stage four: combining domains and dimensions into the proposed final conceptual grid

Our final conceptual model combines the three existential domains (secular, spiritual and religious) with the three psychological dimensions of meaning-making (knowing, doing and being). Following the unfolding of the dimensions of religiosity taken from Hall et al. (2008), we have elaborated the dimensions of the secular and spiritual orientation in equal measure.

Table 5 represents the full conceptual grid that we propose to simplify and unify the dimensions and domains of existential meaning-making. It is our attempt at balancing comprehensiveness with practicality in the understanding of meaning-making in relation to illness in secular cultures.

Discussion: the concept of religious coping

A particular problem seems to arise in a logical understanding of the important dimension of religious coping in relation to this three-dimensional model. The concept of religious coping as developed by the tradition of Pargament (1997, 2002, 2007) involves all three religious dimensions – belief in God's role during suffering (knowing), greater intensity and time spent on religious questions and practices (doing), and social support and problem-solving (being). Although the concepts and research in religious coping present themselves as well-organised and coherent in the Pargament tradition, some shortcomings have been pointed out. Ganzevoort (1998) claims to find three limitations to the Pargament concept of religious coping: 1) it presumes religious coping to be stable and not dynamic, 2) it is limited by the insistence on quantitative measurements, and 3) the effort to have one coherent dimension oversimplifies the field. Ganzevoort argues for a multidimensional understanding of the many phenomena of religious coping.

Although we seek simpler concepts, we partly agree with this critique of the coping research in the field of religiosity and health.

Table 5
The grid of concepts in meaning-making theory and research

Existential meaning-making	Knowing: cognition	Doing: practice	Being: importance
Secular	Secular existential values Secular existential beliefs/concepts Existential knowledge Organisation/membership Certainty/orthodoxy/fundamentalism Quest – doubts – seeking Secular views on afterlife Intervention by higher principles	Organised activity/participation/attendance concerning secular values Organisation involvement/-membership/activity Study/discussion/activity in groups Secular ritual participation Private existential reading Secular values television/radio/internet	Salience/self-rated value-commitment Secular existential experience Intrinsic/extrinsic orientation Financial support given/received Existential wellbeing/struggle Coping possibilities/support Personal history of values Development/maturity Attitudes/consequence of attitudes
Spiritual	Spiritual values Spiritual beliefs/concepts Spiritual knowledge Organisation/membership Certainty – orthodoxy – fundamentalism Quest – doubts – seeking Spiritual views on afterlife Spiritual intervention	Organised activity/participation/attendance Organisation involvement/membership/activity Study/discussion/meditation/prayer in groups Ritual participation Private reading/prayer/meditation/mysticism Spiritual television/radio/internet	Salience/self-rated spirituality Spiritual experience Intrinsic/extrinsic orientation Financial support given/received Spiritual wellbeing/struggle Coping possibilities/support Personal history of spirituality Development/maturity Attitudes/consequence of attitudes
Religious[a]	Religious values Religious beliefs/creedal assent/concepts of God Religious knowledge Non-belief (denial of religion) Certainty – orthodoxy – fundamentalism Quest – doubts – seeking Religious views on afterlife Divine intervention	Organised activity/participation/attendance Organisation involvement/membership/activity Study/discussion/prayer in groups Ritual participation Private reading/prayer/devotionalism/ non-organised religiosity Religious television/radio/internet	Salience/self-rated religiosity Religious experience Intrinsic/extrinsic orientation Financial support given/received Religious wellbeing/struggle Coping possibilities/support Personal history of religiosity Development/maturity Attitudes/consequence of attitudes

[a] All religiosity dimensions adapted from Hall et al., (2008).

Table 6
Examples of questions on meaning-making and illness relating to the structure of the conceptual grid

Existential meaning making	Knowing: cognition	Doing: practice	Being: importance
Secular	To what extend do you find life meaningful even in the condition of pain? How and why – or why not?	During your illness, to what extent are you able to do the activities that you value most in life? Are there obstacles to spending time with the activities you really value?	To what extent are you trying to live your life according to your ideals – even during this period of pain? Do these ideals still provide meaning for you?
Spiritual	During your illness, to what extent have you thought of life governed by energies or forces greater than you? How do you accept or reject such principles?	Since becoming ill, do you have a greater need to confirm your being-in-the-universe, for example by meditation, listening to music or being alone in nature? Do you spend time in such activities?	If you consider you have a spiritual side, how important does such spirituality seem to be during this period of crisis? Do you seem to obtain any personal comfort or strength from these dimensions of life?
Religious	Has suffering from illness influenced the way you think about religious issues? Which issues – if any – have you grown less certain about and which issues have you grown more certain about?	While being ill, have you felt a greater need to attend church, to pray or to read religious scriptures? Have you actually changed the time you spend in such activities?	If you have any religious elements in your worldview, to what extent can this strengthen or weaken your ability to go through this period of illness? What elements of religiosity, if any, are particularly important for you in this situation?

In this particular tradition the concept of religious coping is a cornerstone and must not be taken for granted in overly simple and comprehensible versions. Initial work on religious coping carried out in Scandinavia (e.g., Ahmadi, 2006) certainly suggests a more complex, refined and multidimensional approach to coping in a secular context.

In our view two basic functional coping elements must be separated: A) During stress (brought on by illness, for example) are secular, spiritual and religious existential concerns in fact intensified? B) If they are intensified, are they then found to be more helpful than harmful? Although often taken for granted, it is not at all always the case that religiosity/spirituality is present or prospers in times of need in a secular context (Ausker et al., 2008; la Cour, 2008).

Often the concept of spirituality has been a conceptually messy construct in research in religious coping, tending to overlap the field of well-being that it is often supposed to enhance, thus creating tautologies. Borders between explanatory variables and outcome variables can become unclear (Koenig, 2008). We agree with Hill et al. (2000) and Salander (2006) that the term spirituality should not be used when what is at issue are in fact secular existential topics such as meaning and the purpose of life without any references to transcendence.

Therefore we also propose our grid as a broader model of "religious" coping concepts in secular settings. We clearly do not want to set up a new, all-inclusive scale or measurement instrument but rather to present a heuristic tool for a broader and more contextually comprehensive understanding of meaning-making and coping in relation to health in secular settings.

Perspectives

We hope our work may serve at least three purposes: 1) as a tool to help researchers when designing research questionnaires and interview guides; 2) as a tool for mapping attitudes and activities in a meaningful ways of meaning making; 3) as a reminder that most people think about all the complex domains and dimensions of meaning making at the same time, although their personal opinions about them may be very different. The domains and dimensions overlap in the minds and hearts of most people.

Future tasks include the adding to the table fields appropriate key-words for understanding and especially for the adequate formulation of question items. Seen from the secular perspective, it is crucial to formulate questions (and scales) in ways that do not put certain words or ideas into the heads of the participants. Following the logic of the grid, we have worked out a sample of examples of relevant questions in Table 6.

As regards the many existing scales and survey questions, the grid may also serve as a model for organising their specific viewpoints and topics. An attempt to categorize (and share) a sample of already known and published scales is made on www.tro-helbred.org (homepage of the Danish/Nordic research network). It is hoped that the homepage will come to function as a resource bank for new researchers in the field of health and religiosity.

We hope with this grid to have found a bearing between the Scylla and Charybdis of measuring religiosity solely as substantive or solely as functional, a distinction that Hall et al. emphasise as problematic (2004 and 2008). We hope the model offers on the one hand a balance of worldview traditions and on the other a comprehensible quantity of functional aspects conveying what people believe and how they believe it.

The conceptual grid is in itself contextual, and that presents limitations in its use. We face these limitations openly. Two limitations in particular are evident. First, to place specific definitions and questions into the domains of secular, spiritual and religious orientations is to reflect the contexts of the society under study itself. Most common secular existential thinking might be understood as thoughts of meaning and purpose, spirituality as individual striving and religiosity as a theistic faith. But more colourful mind sets, traditions and sects such as Asa-believers/Odinism or Scientology may not fit as well into the grid as the mainstream traditions of a secular society. Second, the grid is probably most useful in societies marked by secularisation and will perhaps be found meaningless in such strongly religious cultures as are to be found in parts of Africa or South–East Asia. The purpose of keeping things simple has been purely pragmatic – to make the case for a greater degree of conceptual consensus in research carried out in a typical secular culture of Northern Europe.

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