

Project title: Meaning in life and mental health strategies during the corona crisis

1 Introduction

In this mixed methods study the overall purpose is to explore the features and possible functions of individuals' meaning in life during the pandemic crisis. Three aspects of meaning in life are addressed: Meaningfulness, crisis of meaning, and sources of meaning. These aspects will be explored in associations with mental health variables, emotion regulation, different ways of dealing with the crisis situation, and conspiracy attitudes. Data will draw on three different samplings: surveys from May 2020 and one year after, and focus group interviews fall 2021.

1.1 Relevance.

New knowledge about how an unparalleled crisis situation is mentally experienced and dealt with, as well as the significance of meaning in life to this process will be documented in empirically valid ways. Findings from this study are important for public mental health and will inform social action and policies, as well as derive clinical implications for special target groups in mental health contexts.

1.2 Background

Meaning in life has proved to be important for how people who deal with crises and great stresses in life. Since Victor Frankl (1959) described meaning as the main engine in his Holocaust survival, a number of researchers have investigated different aspects of meaning in life (for an overview, see Schnell, 2020), and the importance of meaning in life as an impetus of resilience. Clinically integrated meaning perspectives has also proved to be highly valuable in a number of RCTs for diminishing meaning crises or existential despair (Breitbart et al., 2015).

The pandemic and how we deal with it practically, emotionally and existentially have different features compared to other disastrous events, from which it is important to generate new

knowledge. First, the pandemic is a global threat. Second, there are extreme governmental regulations in society, affecting daily life and functioning at work and school, in families and among friends etc. Third, normal collective responses to a disaster like ritual gatherings (cf after 22nd July) or other ways of coming together for comfort and collective establishing of order, structure and coherence are not possible. On societal levels people, especially in the first weeks of dealing with the pandemic, have more or less been isolated from each other, and except for in nuclear families, much of the social life is fragmented or substituted by digital media solutions. This is a huge behavioral, relational, and not at least existential experiment. And there might be a lot to learn from how people existentially and emotionally adapt to and cope with the corona-crisis.

In this project we delimit “existential” to what we define as meaning in life. Life’s meaning has been discussed through all generations, and it is widely acknowledged to be a central human concern and of great importance for dealing with stressful life experiences (Frankl, 1959; Vos, 2016; Yalom, 1980). The meaning *of* life is a philosophical question people can ruminate on, however, not possible to prove by empirical methods. Empirical research can explore how people in different contexts and situations experience meaning *in* their lives, which has been documented in a huge number of studies (Schnell, 2020). People’s worldviews and how they reflect on the critical situation, is in post-traumatic research regarded as a predictor of post-traumatic growth (Calhoun & Tedeschi, 2006; Stockton et al., 2011).

Empirical research on mental health has shown that meaning in life acts as a buffer in dealing with stressors (see Schnell, 2020), and that self-regulation is an important moderator of the relationship between meaning and wellbeing (Abe, 2016; Vötter & Schnell, 2019). In addition to the self-serving effects, meaningfulness also motivates social inclusion and collective engagement (Stavrova & Luhmann, 2012).

With regard to sources of meaning, there is evidence that people in critical situations turn to religiosity or spirituality, which in secular societies does not necessarily have positive associations with health values (Hvidt et al., 2017). Generativity has proven to be a helpful resource (Ardelt et al, 2010; Schnell, 2011; 2020), as well as the understandability of the situation related to crises experience. Where comprehensibility is low, belief in conspiracy theories is often high - which in turn is associated with poor wellbeing and mental health (Freeman & Bentall, 2017). This is particularly relevant where conspiracy theories on the one hand convey the feeling of "seeing the meaning behind the processes", and on the other limit the basic psychological need for control. This is central when it comes to constructive collective reactions to threats (Fritsche, Jonas & Kessler, 2011). Furthermore, social inclusion has proven to be an important predictor of constructive dealing with crises (e.g. Yeung et al., 2016); according to Fritsche et al. (2011) ideally not to be limited to the in-group.

In the present study, we will link with the comprehensive research done by Schnell and collaborators the last 20 years. This approach relates to psychological, philosophical and phenomenological/experiential perspectives (Schnell, 2009; Schnell, 2020). Furthermore, the concept of meaning in life is understood as a three-part package consisting of Meaningfulness, Crisis of Meaning, and Sources of Meaning. Meaningfulness (the experience of life as coherent, significant, directed, and belonging) and crisis of meaning (experience of life as frustratingly empty and lacking meaning) are considered as independent items and not as bi-polar on a continuum, and the sources of meaning as a third aspect of meaning in life (Schnell, 2009). The distinction between these three parts of meaning in life is clarifying when individuals are studied in different environments and contexts. Meaning in life is always experienced within a context which can facilitate for meaning sources, as well as reduce access to such sources. In the times of the corona-crisis a nearby question relates to how the restrictions and stresses from the situation affect peoples' access to their sources of meaning. In the Norwegian validation of the

meaning in life questionnaire (SoMe-N, see Sørensen et al., 2019), 26 different sources of meaning domains were tested, generating a six-factor structure of sources of meaning dimensions: Well-being and relatedness, order, vertical self-transcendence, horizontal self-transcendence, liberality, and accomplishment. What happens to community and agency during the corona-crisis situation? Do the restrictions and narrowing of the room of action, physically as well as mentally, and the stresses from the pandemic give way for experiences of crises of meaning, and how are such crises eventually dealt with within a very diminished room for community and agency?

2. Aim and objectives

The aim of this study is to investigate associations between experiences of meaning in life (meaningfulness, crisis of meaning and sources of meaning) and mental health strategies during the corona crisis. Three research questions are raised relating to the experiences in May 2020 and ca one year later:

RQ1 (with three sub-questions): a) How do people experience meaning in life during the time of corona when regulations still were active (May 2020), b) how did they regulate emotions and adapt to the situation, and c) are there associations between meaning in life, emotion regulation, well-being and mental health?

RQ2 (with three sub-questions): a) How do people experience meaning in life one year after the break-out of the corona-crisis in Norway, b) in what ways do people experience that life eventually has changed regarding life style, values and priorities, and related to community and agency, and c) how are the possible associations between meaning in life, emotion regulation, well-being and mental health?

RQ3: How do people reflect on their meaning in life experiences during (ev after) the corona-crisis?

3. Project methodology

As indicated in the research questions the study comprises three substudies.

RQ1 is based on an online survey (N=1225), which was sampled during May 2020. With the limitations given in the cross-sectional design, the buffering effect of meaning in life will be checked in terms of subjective well-being and mental health. As features that in this context might play a potentially beneficial role, self-regulation, internal / external control functions and social inclusion will be examined. As potentially disadvantageous features, belief in conspiracy theories and in-group favoritism are raised, these will be related to social developments and their effects tested empirically. Participants were also invited (without obligation) to present their personal interpretation of the crisis in an open form, as well as describe the conclusions they had drawn from their experiences.

The following procedures are used:

- Individual scales from the SoMe (Schnell & Becker, 2007);
- Self-control (SCS-KD; Bertrams & Dickhäuser, 2009);
- Internal-external control-4 (Kovaleva et al., 2012);
- I-PANAS-SF (positive and negative affect scale; Thompson, 2016);
- PHQ4 (screening for depression and anxiety, ultra-short form; Löwe et al., 2010);
- ERQ (emotion regulation; Abler & Kessler, 2011);
- Conspiracy Mentality Questionnaire (Bruder et al., 2013);
- Solidarity (with people in personal surroundings, home country, all over the world; IWAH McFarland et al., 2012);
- Corona-related questions (self-formulated): contagion - yourself or close people; fear of infection; work situation; compliance with regulations; emotional responses to the situation; activities and adaptation within the restricted space of action.
- Invitation to answer open-ended questions derived from the validated Cultural Formulation Interview (CFI) from the DSM-5 (CFI DSM-5, 2015):
- Demographic variables

Data were gathered by the online Nettskjema and stored on TSD (UiO), and the questionnaire was distributed to a great number of organizations and institutions, spread on web-pages and social media. This snowball sampling does not secure generalizability; however, the procedure is well suited in an exploratory study where an overall purpose is to generate new and rich data from different contexts. Similar studies to the one in RQ1 were carried out in Austria, Germany, and Denmark, generating comparable samples from European countries with similar societies regarding welfare and socio-economic issues, as well as public strategies for dealing with the pandemic. This multicenter research is based at leading research environments in these countries. The main leaders of the international studies are active partners also in our study (Schnell and la Cour).

Important: Much of these analyzes of the RQ1 sample will be done during the autumn semester 2020, before the PhD-candidate eventually starts. The first article of the candidate will synthesize findings from these analyzes and pinpoint main topics which can be addressed in a first article and integrated in the questionnaire of RQ2.

RQ2: This will follow a similar set-up as RQ1, but particularly be aimed at what we find central in the analyzes of RQ1. Many of the same instruments will be used for meaning in life, health variables and emotion control, as well as items on values, behaviors and daily life routines which might have changed (or not).

This time we will use a representative sample drawn from SSB, and opt for about 1500 participants. Nettskjema will be used. Possibly done in May 2021, one year after the first experiences of the pandemic in Norway.

RQ3: Three focus-group interviews will be used. Approx. 20 participants randomly drawn from the RQ2 sample, will be invited. We will ask participants in RQ2 if they will be available for interview, and if so, they can give their email. The focus groups will be audio-recorded, and the

transcribed material will be analyzed by systematic text condensation (STC), a pragmatic method of thematic analysis, specifically developed for qualitative health research (Malterud, 2017). STC comprises the following four stages: 1) Getting an overview and make a preliminary identification of topics. 2) Identify and code meaningful units. 3) Condense content of code groups, and 4) Synthesize code-groups into descriptions and analytical text.

3.1 Active collaborating partners:

Lars J Danbolt, director at Center for Psychology of Religion, Innlandet Hospital Trust, and professor II MF Norwegian School of Theology, Religion and Society. *Project leader.*

Tatjana Schnell, professor at MF Norwegian School of Theology, Religion and Society and University of Innsbruck. Expertise in humanistic existential psychology and research on Meaning in life. Quant and qual Methods. *Main supervisor.*

Gry Stålsett, Ass professor at MF Norwegian School of Theology, Religion and Society, and spec. psychologist Modum Bad. Contributes with expertise in existential meaning, crises and trauma, and qual research.

Valerie DeMarinis, professor of psychology of religion and public mental health at University of Umeå Medical School, and Center for Psych of Rel, Innlandet Hospital Trust. Contributes with expertise in public mental health, culture, worldview and existential meaning-making. Quantitative and qualitative research methods.

Peter la Cour, PhD. Psychologist / researcher. Retired from Rigshospitalet København. Adj. researcher at Center for Psychology of Religion, Innlandet Hospital Trust. Contributes with expertise in psychology of religion and existential psychology. Qual and quant methods.

Knut Hestad, professor psychology at Inland Norway univ of applied sciences. Contributes with quantitative research and expertise in clinical psychology.

3.2 Budget

3 years PhD scholarship. Additional costs: Nettskjema (ca 20.000 kr), and SSB representative sample for RQ2 (ca 20.000 kr).

3.3 Activity plan

- 2021-1: Candidate starting. Analyzes RQ1. Sampling RQ2 (approx. May).
- 2021-2: Article 1 (RQ1) and analyzes RQ2.
- 2022-1: Article 2 and focus groups RQ3.
- 2022-2: Analyzes RQ3. Probably revisions of 1 and 2
- 2023-1: Article RQ3.
- 2023-2: Kappa. Finishing thesis.

3.4 Plan for implementation

Meaning in life and mental health strategies for coping with severe crises is a novel field of research. This is close to the research on CFI, for which RPS hosts a Scandinavian research group. It is on the agenda to establish a parallel research group for meaning in life where one of the purposes will be implementation of this new knowledge in clinical work, different kinds of crisis interventions and in public mental health promotion.

3.5 Publication

Three articles will be published in international journals following the research questions.

Tentative titles of the articles:

1. Associations between meaning in life, emotion regulation, well-being and mental health during the early phase of corona crisis in Norway (May 2020).
2. Patterns of mental and existential dealing with the corona crisis. Meaning in life and mental health strategies one year after the break-out of the corona-crisis in Norway.
3. Experiences and reflections on meaning in life and mental strategies during the corona-crisis. A qualitative study

(There will also be other publications from the first survey before the phd-candidate will be able to start).

4. User involvement

We have discussed this in the research group, and “users” in this project are not patients as in typical clinical studies. The purpose relates to public mental health promotion in a crisis situation, and that regards whoever in society. Thus, we plan to establish a user panel (4-5 persons) when we have the results from the ongoing corona-study – and look for persons who are typical for different meaning profiles and mental health strategies.

5. Ethical considerations

This is not medical research, and approval from Personvernombudet in Inland Hospital Trust will be needed. This is already given for RQ1 (Nr. 134000). For the online surveys there are no names or person identifying information, and consent is given by filling in and submitting the questionnaire. For RQ3 written informed consent will be obtained. The guidelines for data protection will be followed.

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