

■—What is a good life? What is good health? And what is well-being and welfare? The answers to these questions have varied throughout time and cultural contexts. In Scandinavia and Sweden today, the meaning of these concepts are more than ever in flux in a time where more people are on sick leave because of psychosomatic symptoms than due to traditional biomedical diseases. Welfare is still a central political issue, an object for politicisation between the parties, but the discussion has moved from a question of resource allocation to a question of access and equal treating. Few people in Scandinavia consider a state of personal well-being as just the absence of disease and physical pain. Instead, most of them include a state of mental and social well-being and thereby they seem to agree with the World Health Organization's (WHO) definition of health from 1948: »Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity«.¹ Because of the increase in number of psychosomatic symptoms and socially related ailments and diagnosis, the challenge today is not only to treat biomedical diseases and improve the clinical medical treatments but also to deal with various mental and social problems as well as to help people in general and patients in particular to live a more healthy life, to find meaning in life and to improve their own preconditions for their experience of personal well-being and happiness.

This issue of LIR-journal »Health and well-being in today's Scandinavia« is the outcome of interdisciplinary research done within the research programme »Religion, Culture, and Health« at the Faculty of Arts, at the University of Gothenburg, between 2010 and 2014.² Here six scholars present their work on how it is possible to understand and deal with the growing number of people suffering from various states of illness, as well as mental and social difficulties, and therefore also how it is possible to apprehend and treat health problems related to ideological and culturally defined issues, such as ethical and political questions, gender structure, and religion. Some articles present the latest results from ongoing projects on the use of bibliotherapy in rehabilitation of patients. Some articles will give an insight into the current state of Scandinavian welfare society, as well as its historical sources and its multifaceted relationship between proclaimed ideology and actual praxis by authorities and citizens.

The first essay serves as an introduction and background to the complexity of the concept of health, today and in a historical perspective. In »Existential Health. Philosophical and Historical Perspectives«, Ola Sigurdson explores the multi-dimensional aspects of health in order to define the concept of

existential health as a non-instrumentalisable aspect of an individual's very act of living his or her life.

The following three articles all investigate the relationship between literature and life, the importance of storytelling and fiction in constructing a positive self-evaluation which may transform a person's self-concept. In »Social Reading for Mental Health«, Lisbeth Stenberg examines one aspect of bibliotherapy, how the use of group discussions of fictional stories can play a supportive role in various rehabilitation processes. Besides describing her work and results based on an empirical study of five reading groups, she also theorises the processes of interpretation from a sociological perspective. In »Women's Experience of Reading Fiction While on Sick Leave«, Cecilia Pettersson presents her results from another empirical study where bibliotherapy is used on a number of women who has been on long sick leave, at least three months. In contrast to Stenberg's study, Pettersson's study does not examine the effect of reading and discussing fiction in a reading group and thereby its social value in a process of rehabilitation. Instead, Pettersson concentrates on examining which kind of literature women choose by themselves and how they use reading during their sick leave as self-help-therapy in order to recover or deal with their illness. In the last article in this session, »Translation and Untellability. Autistic Subjects in Autobiographical Discourse«, Jenny Bergenmar investigates how literature can transform a person's self-concept from a different angle. She starts off by discussing the conditions for and reception of autobiographies by autistic persons from what she calls a critical disability perspective. Thereby, her intention is to demonstrate how different modes of representing autistic subjectivity in autobiographical narratives can be used to overcome autism or the traditional representation of autistic personhood and disability.

The last two articles highlight another health issue in Scandinavian debate: How to keep the people fit and healthy in order to become and remain productive citizens in the Scandinavian welfare state. In »'I wish I had gone on a diet'. Citizenship in Danish Campaigns and the Novel *The Mountain*«, Camilla Schwarz gives a comparative survey of the messages of Danish campaigns about diets and how the Danish writer Mads Brenøe replies to these ideals in his novel *The Mountain*. Her point of departure is the change of the Danish welfare state into a competition state and how this creates different narratives about the ideal citizen. Because of that she demonstrates the importance of contemporary literature and the way it reacts and responds to political campaigns. In the last article, »Health through Work. Lutheran and Gendered Perspectives in Swedish Health Magazines 1910–13«, Wilhelm Karde-mark presents a historical background to today's focus on the

value of labour in the Nordic society and the citizen's announced »right« to employment in order to acquire personal fulfilment. By studying Swedish health magazines published in the early 1910's, he shows how they express a masculine middle-class bias intertwined with a Lutheran ideology in their emphasis on hard work and discipline and a willingness of being at service to one's neighbour in order to achieve good health and a meaningful life.

The six chapters will provide the reader with a background to present discourses on health and illness, cultural context and rehabilitation processes, culturally based ideals and their consequences for the individual and its society when it comes to welfare and the citizens' experiences of well-being. It will also offer some results from empirical studies where diagnosed patients have been treated by other methods than offered by traditional biochemical medicine and its clinical treatments in the process of rehabilitation after a long period of disease and infirmity.

— Marie Demker, Yvonne Leffler, Ola Sigurdson
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■ — E N D N O T E S —

1 Preamble to the *Constitution of the World Health Organization* that entered into force on 7 April 1948.

2 The first common research report from this project is published as Marie Demker, Yvonne Leffler & Ola Sigurdson (eds.): *Culture, Health, and Religion at the Millennium. Sweden Unparadised* (New York, 2014).
