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Cultural Architecture of Meaning-Making in Cancer Coping: A Sociological Perspective for Cancer Prevention and Health Promotion

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Abstract

Background: Serious illness disrupts not only bodily functioning but also the symbolic worlds through which individuals understand themselves, their relationships, and their futures.

Objectives: Although research on meaning-making has substantially advanced our understanding of how people cope with existential disruption, it has focused predominantly on individual cognitive, psychological, religious, and existential processes. Less attention, however, has been paid to the sociocultural conditions that make particular forms of meaning available.

Methods: This article revisits a qualitative study of Swedish cancer patients conducted more than two decades ago and offers a retrospective sociological reinterpretation through the Cultural Architecture of Meaning. Although the analysis focuses on the original findings on meaning-making in coping with cancer, it is informed by a 26-year international research program examining meaning-making across diverse forms of existential crisis in different cultural contexts. Rather than presenting new empirical findings or reanalyzing the original data, the article demonstrates how cumulative empirical research and subsequent theoretical development can deepen the sociological interpretation of previously established findings.

Results: It argues that symbolic resources such as nature, personal responsibility, relationships, and religious belief are more than individual coping strategies. Rather, their existential significance derives from culturally organized symbolic worlds that precede individual experience and shape how people reconstruct meaning following existential disruption.

Conclusions: The article contributes to the sociology of health and illness by introducing the Cultural Architecture of Meaning as a framework for understanding the cultural organization of meaning-making and demonstrating how retrospective theoretical reinterpretation can contribute to cumulative sociological knowledge.

Keywords: Coping Strategies, Alexithymia, Obsessive-compulsive Disorder

1. Background

Serious illness is not only a biological event but also a profound social and existential disruption. Beyond its physical consequences, illness may unsettle individuals' assumptions about themselves, alter relationships, challenge everyday routines, and undermine expectations for the future. Medical sociology has long recognized that illness extends beyond disease itself to encompass disruptions of identity, biography, and social participation. Bury's (1) concept of biographical disruption, Charmaz's (2) analysis of the loss of self, and Frank's (3) work on illness narratives demonstrate that illness transforms not only bodies but also the symbolic worlds through which people understand their lives.

Parallel developments in psychology and health research have emphasized meaning-making as a central dimension of coping with serious illness. Rather than viewing coping solely as the management of stress or emotional distress, this literature shows that individuals actively seek to restore coherence, purpose, and hope when confronted with experiences that challenge fundamental

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assumptions about themselves and the world (4-7). Research on religious coping has likewise demonstrated that religious beliefs and practices may provide important symbolic resources through which individuals interpret suffering and reconstruct meaning during existential crises (8-10). Together, these perspectives have substantially broadened our understanding of how people respond to serious illness.

Despite these advances, existing approaches have generally concentrated on the individual processes through which meaning is reconstructed. Whether grounded in cognitive adaptation, existential psychology, or religious coping, the primary focus has been on how people make sense of illness after their assumptions have been disrupted. Comparatively less attention has been devoted to a more fundamental sociological question: How do particular forms of meaning become available in the first place?

From the perspective of health sociology, meaning is never created in isolation. Individuals are born into symbolic worlds that precede them and shape their understanding of reality long before they encounter illness or other forms of existential disruption. Language, family life, education, religion, political institutions, media, literature, and collective memory contribute to systems of meaning through which suffering, hope, responsibility, and death become intelligible (11-13). Meaning-making therefore presupposes socially produced symbolic resources rather than emerging solely from individual psychological processes.

This question emerged gradually through a 26-year international research programme on meaning-making in relation to health-related and other forms of existential disruption. Beginning with a qualitative study of Swedish cancer patients (14, 15), the programme expanded to include bereavement following the loss of a child, the COVID-19 pandemic, anticipated war in Sweden, wartime experiences in Ukraine (16), and comparative studies conducted in Sweden, Turkey, Iran, China, Japan, South Korea, Malaysia, Brazil, Portugal, the Philippines, and Ukraine. Across these studies, individuals consistently reconstructed meaning through culturally organized symbolic resources, although the specific symbolic repertoires differed across societies.

The original Swedish cancer study was conducted when theories of religious coping had largely been developed in religious societies, particularly in North America (8). It demonstrated that participants drew on a broad repertoire of symbolic resources, including nature, personal responsibility, close relationships, gratitude, inner dialogue, and existential reflection, alongside or instead of religious belief. These findings challenged the assumption that existential coping in a highly secular society could be adequately understood through conventional religious categories alone.

As the international research programme developed, similar patterns emerged across different crises and cultural contexts. Although symbolic repertoires varied, participants consistently reconstructed meaning by drawing on culturally organized symbolic resources acquired long before the disruptive event occurred. These cumulative findings suggested that culture does more than influence coping; it organizes the symbolic architecture within which meaning-making becomes possible.

This insight led to the development of the Cultural Architecture of Meaning, a sociological framework that conceptualizes meaning-making as the reconstruction of existential coherence through culturally organized symbolic resources that precede individual experience.

1.1. The Swedish Cancer Study in Context

The empirical study revisited in this article was conducted during a period of significant conceptual development in research on coping with serious illness. During the 1990s and early 2000s, increasing attention was devoted to the existential consequences of illness and to the ways in which individuals sought to restore meaning after profound life disruption. Research on stress and coping had already demonstrated that coping involves not only behavioral and emotional responses but also cognitive efforts to interpret adverse experiences (4). At the same time, the emerging literature on meaning-making showed that serious illness challenges fundamental assumptions about oneself and the world, prompting efforts to reconstruct coherence, purpose, and hope (5, 7). Within this growing field, religion was widely regarded as one of the principal sources of existential meaning, and theories of religious coping became increasingly influential (8).

Most empirical research, however, reflected societies in which religion occupied a relatively visible place in public and private life. Comparatively little was known about how people reconstructed meaning in highly secular societies where institutional religion played a less prominent role. This raised an important sociological question: if religion was not the dominant symbolic resource through which individuals interpreted suffering, what other resources became meaningful when serious illness disrupted everyday life?

Sweden provided a particularly informative setting for investigating this question. Frequently described as one of the world's most secular societies, it combines low levels of religious practice with comparatively high levels of existential security and social trust. Previous research

suggested that many Swedes retained spiritual or existential concerns despite limited participation in organized religion. The Swedish context therefore offered an opportunity to examine whether existing theories of religious coping adequately explained meaning-making under conditions of advanced secularization or whether other symbolic resources assumed greater importance.

The original study addressed these questions through qualitative interviews with individuals diagnosed with cancer. Rather than testing predetermined hypotheses, it explored how participants described coping with illness and reconstructing meaning in everyday life. A qualitative approach was chosen because meaning-making is inherently interpretive and context-dependent, making participants' own narratives central to understanding their experiences.

The analysis revealed that participants drew on a remarkably diverse repertoire of symbolic resources. Some described religious faith as central to coping, whereas others explicitly rejected religious interpretations. Many instead emphasized nature, close relationships, personal responsibility, gratitude, inner strength, creative activities, or existential reflection. These resources rarely functioned independently; participants typically combined several sources of meaning in ways that reflected the complexity of their lived experiences.

One of the study's principal findings was that the conventional distinction between religious/spiritual and secular coping failed to capture the diversity of participants' experiences. Resources commonly classified as secular frequently fulfilled existential functions associated with religion, such as fostering hope, coherence, comfort, and continuity. Likewise, participants with religious beliefs often combined them with nonreligious sources of meaning. Rather than relying on a single coping orientation, individuals drew on multiple, overlapping symbolic resources.

The original interpretation concluded that culture played an important role in shaping these patterns. The prominence of nature, personal autonomy, and interpersonal relationships reflected broader characteristics of Swedish society, while the comparatively limited role of institutional religion reflected the country's long history of secularization. Nevertheless, culture remained primarily a contextual factor influencing individuals' selection of coping strategies. The analytical focus remained on the strategies themselves rather than on the cultural systems of meaning from which they derived their significance.

Viewed retrospectively, this limitation is understandable. At the time, the principal theoretical objective was to broaden understanding of coping beyond conventional religious categories. The study achieved this by demonstrating the importance of secular existential resources in Swedish society. At the same time, it generated observations whose broader sociological implications could not yet be fully articulated. Participants' narratives consistently suggested that symbolic resources acquired meaning through broader cultural understandings of nature, responsibility, relationships, and existential purpose, but existing theories lacked the conceptual vocabulary to explain this more fully.

The subsequent comparative research program made these broader implications increasingly visible. Studies conducted across diverse societies repeatedly showed that individuals confronting illness, bereavement, war, and other forms of existential disruption relied on symbolic resources rooted in the cultural worlds into which they had been socialized. Although the specific symbolic repertoires differed between societies, the underlying process remained remarkably consistent: meaning was reconstructed through historically produced, culturally transmitted, and socially legitimized symbolic resources.

These cumulative findings prompted a shift in the analytical question. Rather than asking why individuals preferred particular coping strategies, attention turned to the sociocultural conditions that made those strategies meaningful. This shift led to the development of the Cultural Architecture of Meaning, which provides the theoretical framework for the reinterpretation presented in this article.

The purpose of revisiting the Swedish cancer study is therefore not to reconsider its empirical validity but to examine what becomes visible when its findings are interpreted through this broader sociological framework. The empirical narratives remain unchanged; what changes is the level of explanation. Resources such as nature, responsibility, relationships, and religious belief are no longer understood simply as coping strategies influenced by culture but as components of culturally organized symbolic worlds that shape how individuals reconstruct meaning when confronted with serious illness.

2. Objectives

The present article revisits the original Swedish cancer study using this framework. The analysis focuses on the cancer study because it represents the empirical point of departure for the broader research programme from which the theory emerged. The empirical observations remain unchanged; only the level of sociological explanation changes.

The article makes three contributions. First, it advances research in the sociology of health and illness by offering a

deeper explanation of how meaning-making is culturally organized. Second, it introduces the Cultural Architecture of Meaning as a framework for understanding how culturally organized symbolic worlds shape existential coping. Third, it demonstrates how cumulative empirical research can generate new theoretical insights through the retrospective reinterpretation of previously analyzed data.

3. Methods

Sociological knowledge advances through the interplay of empirical inquiry and theoretical development. Although empirical research expands our understanding of social phenomena, theoretical innovation refines the concepts through which empirical observations are interpreted. As theoretical frameworks evolve, they may illuminate dimensions of previously analyzed material that could not be fully recognized within the conceptual vocabulary available at the time of the original investigation. Consequently, established empirical findings may acquire new analytical significance without any change to the underlying data.

The present article adopts this perspective. It neither presents new empirical material nor reanalyzes the original interviews with Swedish cancer patients. The empirical findings remain unchanged. Instead, the article revisits them through the Cultural Architecture of Meaning, a theoretical framework developed after the original study through more than two decades of comparative research on meaning-making across diverse cultural contexts. The aim is not to revise the original conclusions but to demonstrate how subsequent theoretical development enables a deeper sociological interpretation of established findings.

This approach differs from both secondary analysis and empirical reanalysis. Secondary analysis uses existing datasets to address new empirical questions or apply alternative analytical methods (17, 18). Reanalysis similarly returns to the empirical material to extend or reassess previous interpretations. In contrast, the present study does not seek to generate new empirical knowledge. The data remain the same; only the theoretical framework changes.

This distinction reflects a broader epistemological principle. Empirical research documents what participants experience and describe within specific social contexts, whereas theory explains the broader mechanisms that make those observations intelligible. As theories evolve, empirical findings may be understood differently without implying that earlier interpretations were incorrect. Rather, this reflects the cumulative nature of sociological knowledge.

The reinterpretation developed here operates on three analytical levels. The first comprises the empirical observations from the original Swedish cancer study. Participants described how cancer disrupted their lives and how they reconstructed meaning through symbolic resources such as nature, close relationships, personal responsibility, gratitude, existential reflection, and, for some, religious faith (14).

The second level is the original interpretation. Guided by research on religious, spiritual, and secular existential coping, the study demonstrated that coping among Swedish cancer patients extended beyond conventional religious categories. It also recognized that the prominence of secular existential resources reflected the cultural characteristics of one of the world's most secular societies. Culture was therefore acknowledged as an important influence, although primarily as a contextual factor shaping coping preferences.

The third level is the retrospective reinterpretation presented here. The Cultural Architecture of Meaning shifts attention from which coping strategies individuals use to how those strategies acquire meaning. Symbolic resources such as nature, responsibility, or religious belief are understood not simply as individual preferences or psychological responses but as components of culturally organized symbolic worlds acquired through lifelong socialization. Meaning-making therefore becomes intelligible not only as an individual cognitive or emotional process but also as a sociocultural process situated within historically constituted systems of meaning.

This reinterpretation illustrates the cumulative relationship between empirical inquiry and theoretical innovation. The Swedish cancer study generated empirical observations whose broader sociological implications could not yet be fully articulated because the necessary theoretical framework had not been developed. Subsequent comparative research across diverse cultural settings revealed recurring patterns suggesting that culture is not merely one factor influencing coping but the symbolic architecture within which meaning-making itself becomes possible.

Retrospective theoretical reinterpretation should therefore not be viewed as a critique of earlier research. Every empirical study is interpreted using the conceptual resources available at the time. As sociology develops, new theoretical perspectives create new possibilities for understanding established findings. Earlier empirical investigations therefore remain valuable not only as historical contributions but also as ongoing sources of theoretical development.

The implications extend beyond the present study. Qualitative research often generates rich empirical material whose theoretical potential exceeds the concepts available when the research is first conducted. Revisiting such material through subsequently developed sociological frameworks can reveal patterns and mechanisms that remained conceptually underdeveloped. Retrospective theoretical reinterpretation should therefore be regarded as a legitimate mode of sociological inquiry that complements rather than replaces the production of new empirical knowledge.

The Swedish cancer study provides a particularly appropriate case. Conducted when research on meaning-making was largely organized around distinctions between religious, spiritual, and secular coping, it generated findings that extended beyond those categories. Through the Cultural Architecture of Meaning, these observations can now be understood within a broader sociological framework that places culture at the center of the symbolic processes through which existential meaning is reconstructed.

4. Results

4.1. The Cultural Architecture of Meaning: A Sociological Framework

The reinterpretation presented in this article is guided by the Cultural Architecture of Meaning, a sociological framework developed through a long-term comparative research program on meaning-making in situations of existential disruption. Rather than emerging from a priori theoretical speculation, the framework evolved gradually through qualitative studies conducted in diverse cultural contexts. Across societies characterized by different religious traditions, political systems, and cultural histories, one consistent pattern became apparent: although people drew on different symbolic resources, meaning-making was invariably embedded within broader cultural systems that preceded the disruptive event itself. This recurring observation suggested that existing theories had identified important mechanisms of coping but had paid insufficient attention to the sociocultural foundations on which these mechanisms depend.

Most contemporary theories conceptualize meaning-making as a process initiated by disruption. Serious illness, bereavement, war, or other existential crises challenge previously held assumptions, prompting individuals to reconstruct coherence through cognitive, emotional, religious, or existential work (5, 7). The Cultural Architecture of Meaning accepts this insight but asks a prior sociological question: What makes particular forms of meaning available for reconstruction in the first place?

From a sociological perspective, individuals never confront existential disruption as isolated actors. Long before illness occurs, they are socialized into cultural worlds that provide languages, values, symbols, narratives, and moral understandings through which reality is interpreted. These symbolic worlds are reproduced through families, educational institutions, religious traditions, media, political institutions, literature, everyday interaction, and collective memory. Individuals therefore encounter existential disruption already equipped with culturally acquired symbolic resources that shape both the questions they ask and the answers they regard as meaningful.

The concept of symbolic resources occupies a central place in this framework. These resources include beliefs, values, narratives, metaphors, rituals, collective memories, moral ideals, and culturally shared understandings that individuals draw on when interpreting experience. Their significance lies not in their objective characteristics but in the meanings they carry within particular cultural contexts. Nature, for example, is not inherently therapeutic; it becomes a source of existential meaning because particular societies attribute symbolic significance to landscapes, seasons, forests, or solitude. Similarly, responsibility, family relationships, and religious belief function as symbolic resources because they are embedded within culturally shared understandings that extend beyond individual experience.

The framework distinguishes between symbolic resources and symbolic architecture. Symbolic resources are the specific meanings, values, or narratives mobilized during existential disruption, whereas symbolic architecture refers to the broader cultural organization through which these resources acquire coherence and legitimacy. Just as the individual stones of a building derive their function from the architectural structure that connects them, symbolic resources derive their meaning from wider cultural systems. Coping strategies are therefore understood not simply as psychological responses but as expressions of culturally organized symbolic architectures.

The framework also reconceptualizes the relationship between agency and culture. Individuals actively interpret, negotiate, and sometimes transform the symbolic resources available to them. Meaning-making is therefore neither passive cultural reproduction nor unrestricted individual creativity. Rather, it emerges through the interaction between human agency and culturally organized symbolic worlds. Individuals reconstruct

meaning by actively engaging with symbolic resources that are socially inherited but individually appropriated.

Importantly, the framework does not assume cultural homogeneity. Every society contains multiple symbolic traditions that coexist, overlap, and sometimes compete. Individuals may simultaneously draw on religious beliefs, scientific knowledge, family traditions, national identities, philosophical ideas, and personal experience. Modern societies are therefore characterized by symbolic plurality, making it possible to combine resources originating from different cultural traditions. The Cultural Architecture of Meaning thus conceptualizes culture as a dynamic symbolic environment rather than a single coherent system.

This perspective also offers a different understanding of secularization. Rather than treating religious and secular coping as separate categories, it emphasizes that both depend on culturally organized symbolic resources. Secular societies do not lack symbolic systems; they cultivate different symbolic repertoires. Nature, autonomy, authenticity, interpersonal relationships, democratic values, and scientific knowledge may function as existential resources in ways analogous to religious traditions elsewhere. Consequently, the analytical distinction between religious and secular coping becomes less important than understanding the symbolic architecture that renders these diverse resources meaningful.

This perspective is particularly relevant to the Swedish cancer study. The original analysis showed that participants frequently relied on nature, personal responsibility, close relationships, and existential reflection alongside or instead of traditional religious belief. Rather than treating these as independent coping strategies, the Cultural Architecture of Meaning interprets them as interconnected symbolic resources embedded within broader cultural understandings characteristic of Swedish society. Their significance lies not only in their psychological effectiveness but also in their place within a culturally organized symbolic world that provides coherence during existential disruption.

The implications become clear when the empirical findings are reconsidered through this framework. What previously appeared to be a diverse collection of individual coping strategies can now be understood as expressions of a culturally structured symbolic repertoire through which participants reconstructed meaning following cancer. The following sections develop this reinterpretation by examining four central symbolic resources identified in the original study—nature, personal responsibility, relationships, and religious belief—and demonstrating how each derives its significance from the broader cultural architecture within which meaning-making becomes possible.

4.2. Reinterpreting the Findings

4.2.1. Nature as a Culturally Organized Symbolic Resource

One of the most striking findings of the original Swedish cancer study was the prominence of nature as a source of meaning, comfort, and existential strength. Participants repeatedly described forests, lakes, changing seasons, gardens, and time outdoors as central to their efforts to cope with cancer. Nature was portrayed not simply as a pleasant environment or a distraction from illness but as a place where participants experienced tranquility, continuity, and a renewed perspective. The original study interpreted these narratives as evidence that, in a highly secular society, nature could function as an important existential coping resource alongside or instead of traditional religious belief (14, 15, 19).

Viewed through the Cultural Architecture of Meaning, these narratives reveal a broader sociological process. Nature appears not merely as an individual coping strategy but as a symbolic resource embedded within a culturally organized system of meaning. Participants did not attribute existential significance to nature because of any inherent therapeutic quality. Rather, nature became meaningful because Swedish culture has long invested landscapes, forests, and seasonal rhythms with symbolic significance. The restorative power described by participants therefore cannot be understood independently of the cultural meanings through which they experienced nature.

This distinction is sociologically important. Psychological interpretations emphasize the emotional benefits of spending time outdoors or the stress-reducing effects of natural environments. Although these explanations capture important dimensions of participants' experiences, they do not explain why nature became a source of existential meaning rather than simply physical relaxation. Participants' narratives suggest that nature represented continuity in the face of disruption, permanence despite bodily vulnerability, and belonging within a world that continued despite personal suffering. These meanings are cultural as well as psychological.

The symbolic significance of nature has deep historical roots in Swedish society. Forests, lakes, and changing seasons have long symbolized continuity, freedom, authenticity, and harmony between human beings and their environment. Everyday practices such as outdoor recreation, gardening, and seasonal celebrations reinforce these associations throughout the life course. Consequently, when participants turned to nature during

illness, they were not creating entirely new meanings but drawing on symbolic resources acquired through lifelong socialization.

The empirical material illustrates this clearly. Participants described nature not only as calming but also as a means of placing personal suffering within a broader perspective. Observing seasonal changes, listening to birds, or walking through forests reminded them that life continued beyond their illness. Others described feelings of connectedness, acceptance, or inner peace. Although these experiences were deeply personal, they also reflected culturally shared understandings of what nature represents.

The Cultural Architecture of Meaning does not imply that every participant experienced nature identically. Individuals interpreted and appropriated symbolic resources according to their own biographies and circumstances. Some emphasized solitude and contemplation; others valued shared experiences with family members or everyday activities such as gardening. Human agency remained central, but the symbolic possibilities available to participants reflected culturally established meanings rather than unlimited individual invention.

This reinterpretation also clarifies why nature functioned differently from many conventional coping strategies described in psychological research. Rather than serving primarily as a means of reducing stress, nature became part of a broader symbolic framework through which participants reconstructed existential coherence. It helped answer questions concerning life's continuity, humanity's place within a larger order, and the possibility of hope despite uncertainty. In this sense, nature fulfilled existential functions often associated with religion while remaining firmly embedded within a predominantly secular cultural context.

The findings therefore illustrate a broader sociological principle: symbolic resources derive their meaning not from their intrinsic properties but from culturally organized symbolic worlds. Nature became a powerful existential resource because it occupied an established place within the symbolic architecture through which many Swedes understand life, continuity, and human existence. The analytical question therefore shifts from why individuals chose nature to how Swedish culture made nature available as a meaningful existential resource.

4.2.2. Personal Responsibility as a Culturally Organized Symbolic Resource

Alongside nature, personal responsibility emerged as one of the most prominent themes in the original Swedish cancer study. Participants described coping with cancer as an active process requiring conscious engagement rather than passive acceptance. They emphasized making decisions, maintaining a positive attitude, seeking information, adapting daily routines, and taking responsibility for preserving both physical and psychological well-being. The original analysis interpreted these narratives primarily as expressions of active coping and self-determination (4, 14).

The Cultural Architecture of Meaning offers a broader sociological interpretation. Personal responsibility is understood not simply as an individual coping strategy but as a symbolic resource embedded within culturally organized understandings of autonomy, personhood, and moral agency. Participants' accounts suggest that responsibility functioned not only as a practical response to illness but also as a culturally meaningful way of preserving identity and existential coherence.

Serious illness threatens individuals' sense of agency by confronting them with uncertainty, dependence, and bodily vulnerability. Under such circumstances, taking responsibility for one's decisions, attitudes, and everyday life becomes more than a behavioral strategy; it reaffirms one's position as an active moral subject rather than a passive recipient of care.

The symbolic significance of responsibility is closely related to Swedish cultural values. Modern Sweden places strong emphasis on autonomy, personal independence, and informed decision-making. These values are reinforced through education, health care, and social policy. Consequently, responsibility represents not only practical self-management but also competence, dignity, and moral adulthood.

Participants' narratives reflected these broader cultural understandings. Many described maintaining control over aspects of daily life despite uncertainty, making conscious lifestyle changes, seeking knowledge, and choosing attitudes that enabled them to continue living meaningful lives. Responsibility was presented not as an external obligation but as an internal commitment that preserved continuity between life before and after diagnosis.

Importantly, responsibility did not imply complete self-sufficiency. Participants openly acknowledged dependence on health care professionals, family members, and friends while simultaneously emphasizing their own active role. Responsibility therefore coexisted with interdependence, illustrating the dynamic relationship between agency and social support.

The Cultural Architecture of Meaning helps explain why responsibility assumed such existential significance. It functioned because Swedish culture associates autonomy with dignity, authenticity, and self-respect. When participants sought to remain active despite illness, they

drew upon culturally shared understandings of what it means to remain a competent person under difficult circumstances. Responsibility thus became a culturally organized symbolic resource through which individuals reconstructed continuity between their lives before cancer and the uncertain future that followed.

4.2.3. Relationships as a Culturally Organized Symbolic Resource

Relationships constituted another central source of meaning in the Swedish cancer study. Participants consistently described spouses, partners, children, relatives, friends, and health care professionals as indispensable in helping them endure the existential challenges associated with cancer. Emotional support, practical assistance, and opportunities to share fears and hopes were repeatedly identified as important aspects of coping. The original analysis interpreted these findings primarily in terms of the well-established role of social support in promoting psychological adjustment and well-being during serious illness (14).

Although this interpretation remains valid, the Cultural Architecture of Meaning suggests a broader sociological understanding. Relationships were not simply sources of emotional support but also symbolic resources through which participants reaffirmed belonging, identity, and continuity. They enabled individuals to locate themselves within a meaningful social world despite the disruption caused by illness. Their significance therefore extended beyond interpersonal interaction to the reconstruction of existential coherence.

Serious illness frequently threatens the social identities on which everyday life depends (20-23). Individuals may no longer be able to fulfill familiar family roles, maintain employment, or participate in ordinary social activities. Under such circumstances, relationships reaffirm that people continue to belong to networks of recognition, care, and reciprocity. Participants were therefore not simply receiving support; they were preserving meaningful identities as partners, parents, friends, and valued members of their communities.

The narratives illustrate this clearly. Many participants described conversations with close family members that enabled them to express fears they had previously kept private. Others emphasized the reassurance of knowing that someone remained present during periods of uncertainty. Everyday interactions—sharing meals, walking together, or maintaining familiar routines—were described as especially meaningful because they preserved continuity between life before and after diagnosis.

From the perspective of the Cultural Architecture of Meaning, relationships functioned as symbolic resources because they embodied culturally shared understandings of trust, reciprocity, and care. Swedish society places considerable value on equality, mutual respect, and interpersonal trust. Emotional support is generally understood not as dependency but as an expression of reciprocal care between autonomous individuals. Consequently, receiving support during illness reaffirmed rather than threatened personal dignity.

The empirical material further shows that relationships frequently connected other symbolic resources. Conversations with family members encouraged reflection on nature, spirituality, gratitude, or personal responsibility, whereas shared experiences reinforced hope and confidence in the future. Meaning-making therefore emerged through the integration of multiple symbolic resources rather than through isolated coping strategies.

Participants also described giving support to others as meaningful. Several sought to protect spouses or children from unnecessary anxiety or continued to help family members despite their own illness. Although these actions may appear psychologically paradoxical, they reaffirmed identities grounded in reciprocity and responsibility from a sociological perspective. By continuing to care for others, participants preserved valued social roles that contributed to their own sense of purpose and continuity.

Comparative research suggests that relationships constitute symbolic resources across many cultural settings, although their meanings vary. In collectivist societies, they may primarily express obligations to family or community, whereas in Sweden they often emphasize emotional intimacy, equality, and voluntary commitment. Relationships therefore acquire significance through culturally specific symbolic architectures.

Viewed through the Cultural Architecture of Meaning, the original findings show that relationships did more than reduce loneliness or distress. They helped restore the social continuity that makes meaningful life possible and functioned as culturally organized symbolic resources through which participants reconstructed existential coherence.

4.2.4. Religious Belief as a Culturally Organized Symbolic Resource

Religion occupied a more complex position in the Swedish cancer study than prevailing theories of coping predicted. Although some participants described religious faith as a central source of comfort and hope, many relied primarily on secular existential resources or combined religious beliefs with nature, relationships, personal responsibility, and gratitude. The original analysis therefore concluded that meaning-making in a highly secular society could not be adequately understood

through conventional models of religious coping alone (14, 15, 24).

The accompanying quantitative study of 2,355 Swedish cancer patients confirmed this pattern. Existential coping was the most frequently reported form of coping, occupying the six highest-ranked positions among the twenty-four coping methods examined. Spiritual coping occupied intermediate positions, whereas religious coping was the least prevalent. Only two religious strategies—listening to religious music and praying to God to make things better—ranked twelfth and thirteenth; all remaining religious coping methods were among the lowest-ranked strategies.

The Cultural Architecture of Meaning retains these conclusions while offering a broader sociological explanation. Rather than asking whether religion is more or less important than secular resources, it examines how religious belief functions within a wider symbolic architecture. Religion is thus understood as one symbolic resource among several through which individuals reconstruct existential coherence. Its significance depends not only on theological commitment but also on its relationship to the broader cultural organisation of meaning.

Participants' narratives rarely reflected a clear distinction between religious and secular coping. Those who identified as religious often drew simultaneously on nonreligious sources of meaning, while participants who did not consider themselves religious nevertheless expressed beliefs concerning hope, connectedness, or life's deeper significance. The empirical material therefore suggests that existential meaning-making cannot be adequately captured by a simple religious–secular dichotomy.

This complexity becomes understandable when viewed through the Cultural Architecture of Meaning. Individuals are socialised into symbolic worlds containing multiple, often overlapping, traditions of meaning. In contemporary Sweden, secularisation has reduced the public authority of institutional religion without eliminating religious symbols, rituals, or moral traditions from cultural life. Christian traditions continue to shape ceremonies, ethical understandings, collective memory, and national celebrations, even among individuals with limited participation in organised religion. Religion therefore remains one element of a broader symbolic repertoire available during periods of existential disruption.

Participants' accounts reflected this pluralistic symbolic landscape. Some interpreted illness through explicit religious belief, others through more personalised forms of spirituality, and still others relied primarily on secular existential resources. Rather than representing mutually exclusive orientations, these perspectives frequently coexisted within the same individual's narrative.

The framework therefore interprets religion primarily in terms of its symbolic function rather than institutional affiliation. Religious narratives provide ways to understand suffering, sustain hope, and locate personal experience within broader moral or cosmological frameworks. These functions are not unique to religion, but religion remains one historically important source through which societies organise existential meaning.

This reinterpretation also clarifies why religious belief often appeared alongside nature, relationships, or responsibility rather than replacing them. Participants did not organise their experiences into separate religious and secular domains. Instead, they integrated multiple symbolic resources into coherent narratives through which cancer became meaningful.

The Swedish findings therefore challenge interpretations that equate secularisation with the disappearance of existential meaning. Rather than eliminating meaning, secularisation diversifies the symbolic repertoire through which meaning is reconstructed. Religion becomes one symbolic resource among many within a broader cultural architecture of meaning.

4.2.5. Integrating Symbolic Resources: Reconstructing Existential Coherence

The preceding reinterpretations have examined nature, personal responsibility, relationships, and religious belief separately. This analytical separation is useful, but it should not obscure an important feature of the empirical material: participants rarely relied on a single source of meaning. Instead, they drew on multiple symbolic resources simultaneously, integrating them into coherent narratives that enabled them to live with illness. Meaning-making therefore emerged not through the activation of isolated coping strategies but through the dynamic integration of diverse symbolic resources into an overarching framework of existential coherence.

This observation represents one of the principal contributions of the Cultural Architecture of Meaning. Existing research has often examined coping resources individually, analysing the effects of religious belief, social support, optimism, or particular coping styles as separate explanatory variables. Although these approaches have generated valuable knowledge, they risk fragmenting a process that participants themselves experienced as holistic. The narratives in the Swedish cancer study indicate that individuals did not compartmentalise their sources of meaning. Rather, they combined them in ways

that reflected their broader understanding of themselves and the world.

For many participants, nature provided continuity, relationships affirmed belonging and identity, personal responsibility preserved agency, and religious or spiritual beliefs sustained hope despite uncertainty. These symbolic resources were not experienced as competing alternatives but as mutually reinforcing dimensions of a meaningful life. Together, they enabled participants to incorporate cancer into their biographies rather than allowing cancer to destroy those biographies.

Participants also described meaning-making as an evolving process. Different symbolic resources assumed greater or lesser importance as treatment, health, and life circumstances changed. During intensive medical treatment, relationships with family members or healthcare professionals often became especially significant; at other times, nature, existential reflection, or religious faith provided the strongest sense of hope. The symbolic architecture remained relatively stable, while individuals actively moved within it, drawing on different resources according to their changing needs.

This dynamic quality distinguishes the Cultural Architecture of Meaning from static understandings of culture. Culture is not viewed as a fixed set of norms that mechanically determines behaviour. Instead, it provides a repertoire of symbolic possibilities from which individuals actively construct meaningful interpretations of their lives. Agency therefore remains central. Participants did not simply reproduce cultural meanings; they selected, combined, and sometimes reinterpreted symbolic resources in ways that reflected their biographies and experiences. Yet this creativity always operated within symbolic worlds that were socially inherited rather than individually invented.

The empirical material also demonstrates that meaning-making was fundamentally relational. Participants' narratives were shaped through conversations with family members, encounters with healthcare professionals, participation in cultural practices, and engagement with wider social institutions. Even apparently solitary experiences, such as walking in a forest or reflecting on the future, drew on meanings acquired through lifelong participation in Swedish society. Meaning-making therefore emerged through continuous interaction between individuals and the symbolic worlds they inhabited.

This perspective provides a broader understanding of existential coherence. Coherence should not be understood simply as consistency among beliefs or the resolution of uncertainty. Rather, it involves re-establishing a meaningful relationship between the self, others, and the wider social world following disruption. Participants sought not merely explanations for cancer but ways to continue experiencing themselves as purposeful human beings embedded in meaningful social and cultural contexts.

The Swedish findings therefore suggest that meaning-making is better understood as the reorganisation of an entire symbolic world than as the adoption of individual coping strategies. Cancer disrupted established understandings of identity, temporality, embodiment, and the future. Participants responded by reconfiguring relationships among multiple symbolic resources until a new, though often fragile, sense of coherence became possible. The Cultural Architecture of Meaning makes this broader sociological process visible by demonstrating that individuals reconstruct meaning through culturally organised symbolic repertoires acquired long before illness occurs.

5. Discussion

This article revisits the original Swedish cancer study through the analytical lens of the Cultural Architecture of Meaning. Rather than presenting new empirical findings, it demonstrates how subsequent theoretical development can deepen the sociological interpretation of previously established observations. The empirical material remains unchanged; only the explanatory framework changes. Symbolic resources originally understood primarily as individual coping strategies influenced by culture are reinterpreted as elements of culturally organized symbolic worlds that make meaning-making itself possible.

This reinterpretation contributes to three discussions within the sociology of health and illness.

First, it broadens the conceptualization of meaning-making. Existing theories have convincingly shown that serious illness challenges fundamental assumptions and initiates processes through which coherence, purpose, and hope are reconstructed (5, 7). Research on religious coping has likewise demonstrated the importance of religious beliefs and practices (8). However, these approaches have generally focused on the processes through which people reconstruct meaning after disruption. The present study argues that greater attention should be devoted to the sociocultural foundations that make these processes possible.

Individuals do not begin constructing meaning when they receive a cancer diagnosis. Rather, they encounter illness while already embedded in symbolic worlds acquired through lifelong socialization. These symbolic worlds define what counts as suffering, hope, responsibility, and imaginable futures. Meaning-making

therefore presupposes symbolic resources that are socially produced, culturally transmitted, and institutionally maintained before existential disruption occurs.

Second, the article reconceptualizes the relationship between culture and coping. Previous studies have often treated culture as one factor influencing coping preferences. The reinterpretation presented here suggests a more fundamental relationship: culture organizes the symbolic repertoire from which coping strategies derive their meaning. Nature, responsibility, relationships, and religion become existentially significant because they are embedded within culturally organized systems of symbols, narratives, and practices. Coping therefore depends not only on individual adaptation but also on the symbolic architectures that societies make available.

This perspective also contributes to debates concerning secularization. Rather than opposing religious and secular coping, the Swedish findings demonstrate that participants combined symbolic resources originating from religious, spiritual, and secular traditions without perceiving a contradiction. The Cultural Architecture of Meaning explains this by focusing on the broader symbolic architecture within which diverse resources coexist. Secularization therefore represents not the disappearance of meaning but the diversification of symbolic repertoires through which meaning is reconstructed.

Third, the article illustrates the cumulative development of sociological knowledge. The original Swedish cancer study challenged prevailing understandings of religious coping within a highly secular society. Only after more than two decades of comparative research across different cultures and forms of existential disruption did it become possible to recognize the broader sociological pattern underlying those findings. The Cultural Architecture of Meaning therefore represents not a replacement of the original interpretation but a theoretical extension of it.

The implications extend beyond cancer. Although this article focuses on one qualitative study conducted in Sweden, the framework emerged through comparative investigations of bereavement, pandemics, anticipated war, wartime experiences, and other forms of existential disruption. The recurrence of similar sociological patterns suggests that the Cultural Architecture of Meaning may have broader applicability across diverse cultural settings.

Several limitations should nevertheless be acknowledged. The article presents neither new empirical material nor a reanalysis of the original interviews. Its purpose is theoretical reinterpretation rather than empirical extension. Future qualitative and comparative studies should therefore continue to examine the framework's applicability across different populations and cultural contexts.

Despite these limitations, the reinterpretation demonstrates the continuing analytical value of the original Swedish cancer study. Participants' narratives reveal not only how individuals cope with serious illness but also how culture organizes the symbolic conditions under which coping becomes possible. Meaning-making is therefore more than an individual psychological achievement; it is a sociocultural process grounded in culturally organized symbolic worlds.

5.1. Conclusions

This article presents a retrospective sociological reinterpretation of the original Swedish cancer study through the Cultural Architecture of Meaning. Rather than revising the empirical findings, it demonstrates how subsequent theoretical development can deepen their sociological interpretation. The empirical observations remain unchanged; only the explanatory framework through which they are understood changes.

Meaning-making should not be understood solely as an individual cognitive, psychological, or existential response to disruption. Rather, it is a sociocultural process grounded in culturally organized symbolic worlds that precede individual experience. Symbolic resources such as nature, personal responsibility, relationships, and religious belief derive their existential significance not simply from their psychological functions but also from their place within broader symbolic architectures produced and transmitted through culture.

By revisiting the Swedish cancer study from this perspective, the article contributes to the sociology of health and illness in three ways. First, it offers a broader sociological explanation of meaning-making by locating individual coping within culturally organized systems of meaning. Second, it introduces the Cultural Architecture of Meaning as a theoretical framework that explains how symbolic resources become available for existential reconstruction. Third, it demonstrates the value of retrospective theoretical reinterpretation as a cumulative mode of sociological inquiry through which previously established empirical findings can acquire new explanatory significance.

The implications extend beyond cancer. Although developed through the reinterpretation of one qualitative study, the Cultural Architecture of Meaning emerged from more than two decades of comparative research across different societies and forms of existential disruption. The recurrence of similar patterns suggests that meaning-making consistently unfolds through culturally organized

symbolic resources, although specific symbolic repertoires vary across cultural contexts.

Future research should examine how different symbolic architectures shape meaning-making in relation to illness, bereavement, war, migration, natural disasters, and other forms of existential disruption. Comparative studies across diverse cultural settings will be particularly valuable for refining the theoretical framework and exploring both its explanatory scope and limitations.

Ultimately, this article argues that understanding meaning-making requires moving beyond the question of how individuals cope with existential disruption to the more fundamental sociological question of how cultures organize the symbolic worlds that make coping possible. The Cultural Architecture of Meaning offers one way to address this question by locating individual meaning-making within the broader social production of meaning itself.

Footnotes

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