Panel discussion on the future of the salutogenic theory & health promotion

Helen Berry, University of Canberra

Ilona Kickbusch, Graduate Institute International & Development Studies

Bengt Lindström, Norwegian University of Science and Technology

Maurice B. Mittelmark, University of Bergen
Title
Handbook of Salutogenesis: Past, Present and Future

Publisher
Springer – New York

Editor-in-Chief
Maurice B. Mittelmark, Department of Health Promotion and Development, University of Bergen, Bergen, Norway

Associate Editors
Georg Bauer, Institute for Social and Preventive Medicine, University of Zurich

Torill Bull, Department of Health Promotion and Development, University of Bergen, Bergen, Norway

Monica Eriksson, Department of Nursing, Health and Culture, University West, Trollhättan, Sweden

Geir Espnes, Research Centre for Health Promotion and Resources, Norwegian University of Science and Technology, Trondheim, Norway

Bengt Lindström, Research Centre for Health Promotion and Resources, Norwegian University of Science and Technology, Trondheim, Norway

Jürgen Pelikan, Health Promotion Research, Ludwig Boltzmann Institute, Vienna, Austria

Shifra Sagy, Interdisciplinary Program of Conflict Management and Resolution, Ben-Gurion University of the Negev, Israel
‘Health promotion shifts the focus from the deficit model... what makes a school a healthy place for both children and teachers? What is a health promotive workplace? What creates a healthy city’


“...the American-Israeli medical sociologist Aaron Antonovksy introduced his salutogenic theory “sense of coherence” as a global orientation...”


...developing SOC theory and the scale...

Salutogenic orientation...

- Reject the dichotomous classification of people as healthy or diseased

- Focus on coping resources

- The consequences of stressors are viewed not as necessarily pathological but as quite possibly salutary

- ‘Order out of chaos’ -- Search for all sources of negative entropy that may facilitate active adaptation of the organism to the environment

- Takes us beyond the data obtained from pathogenic inquiry by always looking at the deviant cases

• Order out of chaos – systems theory

• The deviant case

• If I have time.... Conceptualizing & measuring the SOC
• Order out of chaos – systems theory

• The deviant case

• If I have time.... Measuring the Sense of coherence

‘Health promotion lacks a theoretical foundation. I propose such a foundation: the salutogenic model. It is a theory of the health of that complex system, the human being.’

The salutogenic model as a theory to guide health promotion

AARON ANTONOVSKY2

HEALTH PROMOTION INTERNATIONAL
© Oxford University Press 1996

SUMMARY
This paper provides a critical look at the challenges facing the field of health promotion. Pointing to the persistence of the disease orientation and the limits of risk factor approaches for conceptualizing and conducting research on health, the salutogenic orientation is presented as a more viable paradigm for health promotion research and practice. The Sense of Coherence framework is offered as a useful theory for taking a salutogenic approach to health research.

Key words: health promotion; salutogenic model; theory

It is wise to see models, theories, constructs, hypotheses and even ideas as heuristic devices, not as holy truths. The young scientist of today, looking back, tends to be impatient with what was
Let me be quite unequivocal about the two sources of the salutogenic orientation. The first is the fundamental assumption of heterostasis, disorder, and pressure toward increasing entropy as the prototypical characteristic of the living organism.” (p 2)

...the salutogenic orientation derives from the fundamental postulate that heterostasis, senescence, and increasing entropy are core characteristics of all living organisms.” (p 12)

“I ...place the salutogenic question in the context of what I sense is an emerging central problem in all of science, the mystery of the transformation of order out of chaos.” (p 163)

“It may be extremely useful to view the period of early childhood as one in which the input of negative entropy [order] from the external environment... is... sufficient to lower the level of positive entropy, of disorder, in the child...”

...we are urged to search for all sources of negative entropy that may facilitate active adaptation of the organism to the environment.” (p 12-13)

“...the person with a strong SOC can... suck orderliness from the environment which counterbalances the pressures toward disorder from the internal and external environments. Entropy is controlled by feedback, by the constant introduction of negative entropy.” (p 121)

“... the person with a strong SOC, fortunate as he or she may be, will maintain an ever-challenged equilibrium.” (p 122)

A stressor... introduces entropy into the system... a life experience characterized by 'inconsistency, under- or overload, and exclusion from participation in decision making.” (p 28)
Social ecological aspects of systems thinking
Laundry list versus systems thinking

**Figure 1-8.**
*A Laundry List Thinking Mental Model.*

**Figure 1-10.**
*Effect is also Cause.*
the toe bone connected to the foot bone, and the foot bone connected to the ankle bone, and the ankle bone connected to the leg bone, and the leg bone connected to the knee bone, and the knee bone connected to the thigh bone, and the thigh bone connected to the hip bone, and the hip bone connected to the back bone, and the back bone connected to the neck bone, and the neck bone connected to the head bone, and the finger bone connected to the hand bone, and the hand bone connected to the arm bone, and the arm bone connected to the shoulder bone, and the shoulder bone connected to the back bone, and the back bone connected to the neck bone, and the neck bone connected to the head bone.

The person’s context connected to the source of GRR, and the source connected to the GRR, and the GRR connected to the life experience, and the experience connected to the SOC, and the SOC connected to the tension management, and the tension management connected to the state of tension, and the state of tension connected to the stress, and the stress connected to the health, and the health connected to the GRR...get it...?
Key to Figure 1

Arrow A: Life experiences shape the sense of coherence.

Arrow B: Stressors affect the generalized resistance resources at one's disposal.

Line C: By definition, a GRR provides one with sets of meaningful, coherent life experiences.

Arrow D: A strong sense of coherence mobilizes the GRRs and SRRs at one's disposal.

Arrows E: Child-rearing patterns, social role complexes, idiosyncratic factors, and chance build up GRRs.

Arrow F: The sources of GRRs also create stressors.

Arrow G: Traumatic physical and biochemical stressors affect health status directly; health status affects extent of exposure to psychosocial stressors.

Arrow H: Physical and biochemical stressors interact with endogenic pathogens and "weak links" and with stress to affect health status.

Arrow I: Public and private health measures avoid or neutralize stressors.

Line J: A strong sense of coherence, mobilizing GRRs and SRRs, avoids stressors.

Line K: A strong sense of coherence, mobilizing GRRs and SRRs, defines stimuli as nonstressors.

Arrow L: Ubiquitous stressors create a state of tension.

Arrow M: The mobilized GRRs (and SRRs) interact with the state of tension and manage a holding action and the overcoming of stressors.

Arrow N: Successful tension management strengthens the sense of coherence.

Arrow O: Successful tension management maintains one's place on the health ease/dis-ease continuum.

Arrow P: Interaction between the state of stress and pathogens and "weak links" negatively affects health status.

Arrow Q: Stress is a general precursor that interacts with the existing potential endogenic and exogenic pathogens and "weak links."

Arrow R: Good health status facilitates the acquisition of other GRRs.

Note: The statements in bold type represent the core of the salutogenic model.
‘Forces’ in the Salutogenic Model

• Characterises
• Expresses
• Mobilises
• Manages
• Avoids
• Neutralises
• Shapes
• Affects
• Facilitates

• Provides
• Builds up
• Creates
• Interacts
• Defines
• Manages holding action
• Overcomes
• Strengthens
• Maintains
Causal chain thinking:
root causes are the elements A-G

Systems thinking:
Root causes are the forces represented by the arrows
Health promotion as a systems science and practice
Cameron D. Norman PhD
Consultant, Department of Community Health, University of Toronto, Toronto, ON, Canada

Abstract
Phenotypic flexibility as a key factor in the human nutrition and health relationship
Ben van Ommeren, Jan van der Geer, Jose Maria Ordonez, Hannelore Daniel

Public Health Asks of Systems Science: Our Evidence-Based Practice
Phenotypic flexibility as a key factor in the human nutrition and health relationship
Lawrence W. Gru

This issue of the International Journal of Health Services offers examples in an underutilized and theoretical fashion of some of the complex factors involved in human health, and the role of public health and other sciences in understanding and improving health outcomes. The importance of understanding the relationships between health and disease is highlighted by the current emphasis on the importance of health promotion as a tool for improving population health. This integrated approach to health promotion and disease prevention is critical for achieving optimal health outcomes. The role of public health in promoting health through the use of evidence-based practice is emphasized in this issue of the International Journal of Health Services.

Systems Theory in Anthropology
by Miriam Rodin, Karen Michaelson, and Gerald M. Britan

THE SOCIOLOGY OF COMPLEX SYSTEMS: AN OVERVIEW OF ACTOR-SYSTEM-DYNAMICS THEORY
Tom R. Burns
Uppsala Theory Circle, Department of Sociology, Uppsala University, Uppsala, Sweden

This article illustrates the important scientific role that a systems approach might play within the social sciences and humanities, above all through its contribution to a common language, shared conceptualizations, and theoretical integration in the face of the extreme (and growing) fragmentation among the social sciences.
Systems theories

A
• Abstract systems theory[3] (also see: formal system)
• Adaptive systems theory[4] (also see: complex adaptive system)
• Applied general systems theory[5] (also see: general systems theory)
• Applied multidimensional systems theory[5]
• Archaeological systems theory[7] (also see: Systems theory in archaeology)
• Systems theory in anthropology
• Associated systems theory[8]

B
• Behavioral systems theory[9]
• Biochemical systems theory[10]
• Biomatrix systems theory[11]

C
Complex adaptive system theory.
• Complex adaptive systems theory[12] (also see: complex adaptive system)
• Complex systems theory[13] (also see: complex systems)
• Computer-aided systems theory[14]
• Conceptual Systems Theory[15] (also see: conceptual system)
• Control systems theory[16] (also see: control system)
• Critical systems theory[17] (also see: critical systems thinking, and critical theory)

D
• Developmental systems theory[18]
• Distributed parameter systems theory[19]
• Dynamical systems theory[20]

E
• Ecological systems theory[21] (also see: ecosystem, ecosystem ecology)
• Economic systems theory[22] (also see: economic system)
• Electric energy systems theory[23]

F
• Family systems theory[24] (also see: systemic therapy)
• Fuzzy systems theory[25] (also see: fuzzy logic)

G
• General systems theory[26]

H
• Human Systems Theory[27] (see: human systems)

I
• Infinite dimensional systems theory[28]

J
• Large scale systems theory[29]
• Liberating systems theory[30]
• Linear systems theory[31] (also see: linear system)
• Living systems theory[32]
• LTI system theory[33]

K

L
• Large scale systems theory[29]

M
• Macrosystems theory[34]
• Mathematical systems theory[35]
• Medical ethics systems theory[36]
• Modeling systems theory[37]
• Modern control systems theory[38]
• Modern systems theory[39]
• Multidimensional systems theory[40]

N
• Nonlinear stochastic systems theory[41] (also see: stochastic modeling)

O
• Operating systems theory[42] (also see: operating system)
• Open systems theory[43] (also see: open system)

P
• Physical systems theory[44] (also see: physical system)

Q

R
• Retrieval system theory[45]

S
• Social systems theory[46] (also see: social system)
• Sociotechnical systems theory[47]
• Social rule system theory[48]

T
• Transit systems theory[49]

U

V

W
• World-systems theory[50]

Systems axioms/propositions dictate that...

- There must be many definitions of health/well-being
- There must be many answers to the salutogenic question
- There must be more than one way to a strong SOC
- The concept ‘strength of SoC’ must be highly contingent
- A strengthened SOC must have multiple consequences
- Interventions to strengthen the SOC must have other effects
Defining health from a systems perspective
SOC
Consistency
Meaningfulness
Manageability
• Conventional analysis language
  – Independent variable
  – Dependent variable
  – Correlation
  – Confounder
  – Mediator
  – Moderator
  – Main effect
  – Interaction effect

• Causal network language
  – Nodes (vertices)
  – Arcs (edges)
    • Directional
    • Non-directional
  – Paths
    • Directed
    • Causal
    • Backdoor
    • Blocked, unblocked
  – Intercept
  – Relationships
    • Ancestor
    • Descendant
    • Parent
    • Child
  – Acyclic, cyclic
  – Collider

“Can systems thinking and modeling help us break out of the singularly linear analyses that have offered limited temporal analytic power in getting at the order of cause and effect, the feedback loops, and the synergistic relations (beyond interaction effects in analysis of variance or multiple regressions).”

Public Health Asks of Systems Science: To Advance Our Evidence-Based Practice, Can You Help Us Get More Practice-Based Evidence?
• Order out of chaos – systems theory

• The deviant case

• If I have time.... Measuring the Sense of coherence

‘... camp survivors were more poorly-adjusted than the controls.’

‘Of greater import is the fact that a number of survivors were found to be well adapted, despite the extreme trauma.’

‘This finding requires serious investigation.’

Twenty-five Years Later: A Limited Study of the Sequelae of the Concentration Camp Experience

A. Antonovsky, B. Maoz, N. Dowty, and H. Wijsenbeek

The Israel Institute of Applied Social Research and the Department of Social Medicine, Hebrew University-Hadassah Medical School and the Hadassah University Hospital, Jerusalem, and Gehah Psychiatric Hospital, Beilinson Medical Centre, Tel Aviv University Medical School

Summary. The central question raised is: To what extent does maladaptation and malfunctioning characterize survivors of the unimaginably extreme, prolonged trauma of the Nazi concentration camps, and to what extent do we find successful matologie de la ménopause, sensation subjective de bien-être, état de santé physique et psychique, et satisfaction quant au rôle assumé. Les résultats détaillés montrent que les survivantes des camps sont moins bien adaptées que les cas contrôle. Il est
“Of the 379 men defined as depressed, the great majority did not die of cancer or other causes. Thus the **deviant case**, as is so often true, is in the great majority.”

“*The pathogenicist is content with hypothesis confirmation; the salutogenicist, without disdaining the importance of what has been learned, looks at the **deviant case***”

**Positive deviance**

“*the salutogenicist looks at the **deviant case**. Who are the blacks who do not have hypertension? Who are the Type A.'s who do not get coronary disease? Who are the smokers who do not get lung cancer?”

“...the salutogenic orientation takes us beyond the data obtained from pathogenic inquiry by always looking at the **deviant cases** found in such inquiry.”
‘The concept “positive deviance” is an oxymoron, because it would obfuscate rather than clarify, would collapse into one group two ends of continua that have nothing in common except that they do not meet in the middle...’


‘positive deviance has been defined in a number of entirely different ways; the concept is sloppy and inconsistent.’

<table>
<thead>
<tr>
<th>Negative Deviance</th>
<th>Rate-busting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty thief</td>
<td>Over-achieving student nerd</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deviance Admiration</th>
<th>Positive Deviance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin Hood</td>
<td>Mother Teresa</td>
</tr>
</tbody>
</table>

“intentional behaviors that depart from the norms of a referent group in honorable ways.”

---


**Toward the Construct Definition of Positive Deviance**

**AMERICAN BEHAVIORAL SCIENTIST, Vol. 47 No. 6, February 2004 828-847**

**Alex Heckert**
Department of Sociology, Indiana University of Pennsylvania, Indiana, Pennsylvania, USA

**Druann Maria Heckert**
Department of Social Sciences, Fayetteville State University, Fayetteville, North Carolina, USA
The power of positive deviance

David R Marsh, Dirk G Schroeder, Kirk A Dearden, Jerry Sternin, Monique Sternin

Identifying individuals with better outcome than their peers (positive deviance) and enabling communities to adopt the behaviours that explain the improved outcome are powerful methods of producing change.

The most efficient way to improve health is to use locally available, sustainable, and effective approaches. In the 1970s policy developers tested the concept that public health interventions could be designed around uncommon, beneficial health behaviours that some community members already practiced.1,7 This concept—known as positive deviance—was used successfully to improve the nutritional status of children in several settings in the 1990s.8-10 Recently, the approach has also been applied to newborn care, child nutrition, rates of contraception, safe sexual practices, and educational outcomes.11-13 In this article we describe how the approach works, the evidence that it is effective, and possible future applications.

How does positive deviance work?

Positive deviant behaviour (box) is an uncommon practice that confers advantage to the people who practice it compared with the rest of the community. Such behaviours are likely to be affordable, acceptable, and sustainable because they are already practised by at risk people, they do not conflict with local culture, and they work.14-16 For example, in Egypt, contrary to custom, parents of poor but well nourished children were found to feed their children a diet that included eggs, beans, and green vegetables. Child nutrition programmes that provided opportunities to parents of malnourished children to follow this and other new behaviours, such as hand washing and hygienic food preparation, improved child growth (figure). The positive deviance approach involves partnering with communities to

strengths. In contrast, most international health initiatives are prescriptive, top down, or donor driven and difficult to sustain without ongoing external resources.

The approach facilitates three important processes: social mobilisation, information gathering to craft interventions, and behaviour change.

Social mobilisation—We have found that, even during the initial explanation of the positive-deviance concept in communities, local villagers respond with excitement and enthusiasm to get started. Participants have said that they are motivated by learning that they are doing something right and that a successful solution to their problem already exists within their community, instead of receiving criticism for their inadequacies.

Information gathering—In-depth inquiries, community norms studies, and community setting are used to

Summary points

Even in the poorest communities, a few individuals or families achieve good health

Positive deviance is a quick, low cost method to identify the strategies used by these people and encourage the rest of the community to adopt them

The approach has been used successfully, mainly to improve child health

The potential for the approach to help communities to gain better health or other social benefits is vast and largely untapped

PD in rural Viet Nam – Save the Children

• Poor families with well nourished children identified, interviewed and observed

• PD foods identified, e.g., tiny shrimps not normally fed to small children

• “Hearth approach” used to introduce PD foods to other mothers

  –Daily gatherings, six days a week, for two weeks

  • Mothers learn from one another

  • start of norm changing

• 98’-99’ evaluation in 4 PD communities (‘93-’95) & 1 comparison

FIG. 3. Mean introduction age of complementary foods among SC and comparison communes

PD methodology in health promotion

• **Process**
  - Decide on positive health outcome
  - Focus on high risk settings
  - Search for people with that outcome
  - Identify unique behaviours/conditions
  - Focus on those that can be spread
  - Create opportunities for learning
  - Change social norms
  - Monitor and boost as needed

• **Example**
  - Normal child growth
  - Poor rural village families
  - Surveys
  - Rich families; shrimp in child diet
  - Include shrimp in child diet
  - Community ‘hearth’ activities
  - “Now we all feed our children shrimp”
  - Continue development programme
PD studies I

• Child development and nutrition
  – 40+ countries worldwide

• HIV/AIDS risk reduction
  – Myanmar, Indonesia, Viet Nam, Ivory Coast, Burkina Faso

• Antenatal care, maternal & new born care, breastfeeding
  – Egypt, Pakistan, Viet Nam, French Guinea, Sierra Leone
PD studies II

- Female genital cutting
  - Egypt, Sudan, Ethiopia

- Girl trafficking
  - Indonesia, Nepal

- Patient safety and quality of care, hospital infection prevention
  - USA, India, Columbia

- Work organisations & business management; weight loss
  - USA
Research on women ex-offenders most often examines causes of desistance from further criminality.

Yet some women ex-offenders cope well with community re-entry – they thrive.

Little is known about the coping resources that help them succeed.

Our PD study: What are the resources for coping used by PD ex-offenders?

Findings:

- close relationships providing emotional and practical social support
- ability to be self-reflective, staying sober
- employment or schooling opportunities
- making plans for the future
- using the re-entry services

As an early part of the intervention:

“Have you known someone who has lost her postpartum weight? What did she do to achieve that?”

“The pathogenicist is content with hypothesis confirmation; the salutogenicist, without disdaining the importance of what has been learned, looks at the deviant case”
• Order out of chaos – systems theory

• The deviant case

• Measuring the Sense of coherence

"...it would be useful to have alternative techniques [to the closed ended SOC questionnaire] to study the SOC."

THE STRUCTURE AND PROPERTIES OF THE SENSE OF COHERENCE SCALE

AARON ANTONOVSKY
Department of the Sociology of Health, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beersheba, Israel

Abstract—Previous work of the author presents a salutogenic theoretical model designed to explain maintenance or improvement of location on a health ease/dis-ease continuum. The model's core construct, the Sense of Coherence (SOC), was consciously formulated in terms which are thought to be applicable crossculturally. The SOC scale which operationalizes the construct is a 29-item semantic differential questionnaire, its design guided by Guttman's facet theory. A 13-item version of the scale has also been used. The purpose of the present paper is to present the extant evidence from studies conducted in 20 countries for the feasibility, reliability and validity of the scale, as well as normative data.
“...in five years or so (by 2000), sufficient evidence will have accumulated to provide the basis for a second generation SOC scale.”

THE STRUCTURE AND PROPERTIES OF THE SENSE OF COHERENCE SCALE

AARON ANTONOVSKY
Department of the Sociology of Health, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beersheba, Israel

Abstract—Previous work of the author presents a salutogenic theoretical model designed to explain maintenance or improvement of location on a health ease/dis-ease continuum. The model's core construct, the Sense of Coherence (SOC), was consciously formulated in terms which are thought to be applicable crossculturally. The SOC scale which operationalizes the construct is a 29-item semantic differential questionnaire, its design guided by Guttman's facet theory. A 13-item version of the scale has also been used. The purpose of the present paper is to present the extant evidence from studies conducted in 20 countries for the feasibility, reliability and validity of the scale, as well as normative data.
"...Some researchers... have calculated scores on subscales... this is impermissible on technical grounds. It would ...be a contribution were separate measures of the components to be developed,.”

THE STRUCTURE AND PROPERTIES OF THE SENSE OF COHERENCE SCALE

AARON ANTONOVSKY

Department of the Sociology of Health, Faculty of Health Sciences, Ben-Gurion University of the Negev,
Beersheba, Israel

Abstract—Previous work of the author presents a salutogenic theoretical model designed to explain maintenance or improvement of location on a health ease/dis-ease continuum. The model’s core construct, the Sense of Coherence (SOC), was consciously formulated in terms which are thought to be applicable crossculturally. The SOC scale which operationalizes the construct is a 29-item semantic differential questionnaire, its design guided by Guttman’s facet theory. A 13-item version of the scale has also been used. The purpose of the present paper is to present the extant evidence from studies conducted in 20 countries for the feasibility, reliability and validity of the scale, as well as normative data.
• I believe that any construct should be operationalized in a number of different ways if advance is to be made in its clarification

• There is no one "true" measure of a construct

• The use of different techniques to construct measures can only enrich the work

• I would be delighted were a clinician to develop a structured interview, a projective test, or a behavioral task to measure the SOC

“I have learned that, when translated into Tswana (a language spoken by over four million people in Botswana and South Africa), the questionnaire simply did not work.”


“[in Ghana the interviews were conducted in the local language Twi... the SOC questionnaire was difficult for the women to relate to. A lot of practical examples were needed for them to comprehend what the questions were demanding. In the long run the data from the SOC scale could not be used.”

...the creator of the scale states, ‘in light of the facet-theoretical design of the measure, there is no basis for deriving distinguishable subscores for comprehensibility, manageability and meaningfulness

Despite this subscores for the core components are commonly seen in studies using the SOC scale

As a consequence... it is important to further investigate the structure of the SOC scale in different populations.

The structure of Antonovsky’s sense of coherence in patients with schizophrenia and its relationship to psychopathology

Anita Bengtsson-Tops PhD, RN (Senior lecturer) David Brunt PhD, RN (Senior lecturer)
and Mikael Rask PhD, RN (Senior lecturer)
Department of Health Sciences and Social Work, Växjö University, Växjö, Sweden

The structure of Antonovsky’s sense of coherence in patients with schizophrenia and its relationship to psychopathology

Scand J Caring Sci; 2005; 19; 280–287

The first factor, which included 12-items of the SOC scale, turned out to be the most salient factor explaining 29% of the total variation. All factors displayed some overlapping between items. Affective symptoms were negatively related to all the three subscales and the four factors of SOC, while
The *sense of coherence* is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that:

1. The stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explicable;
2. The resources are available to one to meet the demands posed by these stimuli; and
3. These demands are challenges, worthy of investment and engagement.
AA: can the SOC be measured?

Pilot: 50 interviews with severely stressed, ‘remarkably well functioning’ Israeli’s

AA analyses 14 with strong SOC & 10 at the opposite

AA develops questionnaire using Guttman’s facet design & sentence mapping method

National sample test, both versions yield similar results

SOC 29 ready

AA +3 assign SOC scores

1979

Pre-test(s) with med school people

Common response, semantic differential version

1983

SOC 29 related to self-rated health, 9 step ladder scale

With this in mind, AA finds 3 themes:

1. comprehensibility
2. meaningfulness
3. manageability

“…at least a preliminary basis has been laid for the empirical study of the salutogenic model. There is not nor can there be one true operational version of the SOC.”
Global orientation irrespective of particular situations

- Life makes sense emotionally
- Life worth engaging energy in
- Life’s challenges welcome
- Experience is ordered, consistent, structured, clear
- Experience makes cognitive sense
- Information conveys signal
- Perceived availability of own resources
- Perceived availability of external resources

Sense of coherence

- Meaningfulness
- Comprehensibility
- Manageability

Emotional and cognitive appraisal propensities in concrete tension arousing situations

- Tendency to perceive burden
- Tendency to perceive challenge
- Tendency to accept disorder
- Tendency to impose order
- Tendency to helplessness
- Tendency to manage

Salutogenic orientation...

- Reject the dichotomous classification of people as healthy or diseased
- Focus on coping resources
- The consequences of stressors are viewed not as necessarily pathological but as quite possibly salutary
- ‘Order out of chaos’ -- Search for all sources of negative entropy that may facilitate active adaptation of the organism to the environment
- Takes us beyond the data obtained from pathogenic inquiry by always looking at the deviant cases

Thank you...