

Lexicon of Salutogenesis

AND CORE DEVELOPMENTS OF SALUTOGENESIS AFTER
AARON ANTONOVSKY

Marguerite Daniel and Members of the Global Working Group on
Salutogenesis

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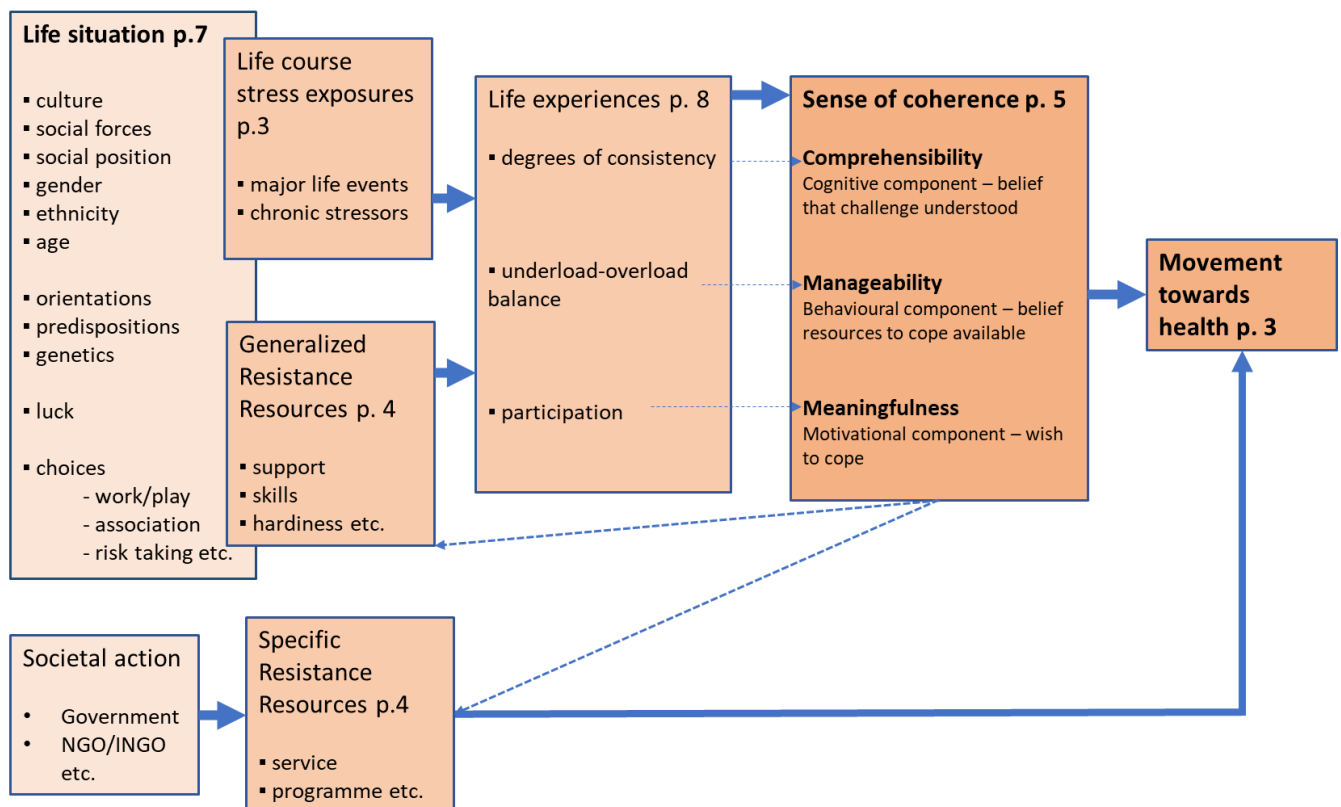
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Map of Lexicon of Salutogenesis



Adaptation of Fig. 1 The Salutogenic Model. Benz et al. (2014, p. 2) based on Antonovsky (1996)

Salutogenesis

Salutogenesis – meaning the origins (*genesis*) of health (*salus*) (Antonovsky, 1979, p. vii) – emerged when Antonovsky asked ‘what makes people healthy’ and had to create a term for this new way of thinking (Mittelmark & Bauer, 2022). He presented the Salutogenic Model of Health (SMH) in the book *Health, Stress and Coping* (Antonovsky, 1979) and further developed sense of coherence, the model’s core construct, in the book *Unraveling the Mystery of Health* (Antonovsky, 1987b).

The WHO Health Promotion glossary of terms (WHO, 2021) defines Salutogenesis as follows:

Salutogenesis describes how social and individual resources help people to manage stress and to thrive. Salutogenesis focuses attention on the study of the origins (genesis) of health (salus) and of positive health outcomes—moving towards the positive end of an ease/dis-ease continuum—in contrast to the more usual study of the origins of disease and risk factors (pathogenesis). Salutogenesis emphasizes the importance of sense of coherence—an individual or collective orientation towards life as being comprehensible, manageable, and meaningful. In health promotion, the salutogenic approach focuses on strengthening resources and assets that help people to cope with adversarial life situations, promote wellbeing and thriving.

Salutogenic Model of Health (SMH)

The Salutogenic Model of Health (SMH) is a model which shows how the interrelationships between stressors and management of tension, generalised and specific resistance resources (GRRs and SRRs), life experiences and the sense of coherence (SOC) impact health status. The original, complex model is presented in a figure in *Health, Stress and Coping* (Antonovsky, 1979, pp. 184-185). Benz et al. (2014, p. 2) developed a simplified version of the model – depicted above to map the terms of the glossary.

Salutogenic orientation

The salutogenic orientation refers to *professionals’* interest in the study and promotion of the origins of health, resources and assets for (positive) health, rather than the origins of disease and risk factors. It is widely used in health promotion research and practice. This scholarly orientation is clearly distinct from the ‘global orientation to life’ of *all humans* captured by the sense of coherence (Mittelmark & Bauer, 2022).

SALUTOGENIC ORIENTATION	PATHOGENIC ORIENTATION
Heterostasis	Homeostasis
1. Health ease/disease continuum	1. Healthy/Sick dichotomy
2. History of the person	2. Person’s disease/diagnosis
3. Salutary factors	3. Risk factors
4. Stressors and tension might be pathogenic, neutral or salutary	4. Stress is pathogenic
5. Active adaptation	5. The magic bullet
6. The ‘deviant’ case	6. Hypothesis confirmation

Figure 1: Aspects of Salutogenic and pathogenic orientation (Antonovsky, 1987b, pp. 1-14, as presented in Vinje et al. (2022) p.42).

KEY TEXTS

Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass.

Antonovsky, A. (1987). *Unravelling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers.

Mittelmark, M. B., Bauer, G. F., Vaandrager, L., Pelikan, J., Sagy, S., Eriksson, M., . . . Magistretti, C. M. (Eds.). (2022). The Handbook of Salutogenesis (Second ed.): SPRINGER. DOI: 10.1007/978-3-030-79515-3
<https://link.springer.com/content/pdf/10.1007%2F978-3-030-79515-3.pdf>

Vinje, H. F., Langeland, E., & Bull, T. (2022). Aaron Antonovsky's development of Salutogenesis, 1979-1994. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti (Eds.), The Handbook of Salutogenesis (Second ed., pp. 29-46): SPRINGER.

Health-ease/dis-ease continuum

Antonovsky (1979) identifies the dominant paradigm of Western medicine as pathogenic which in turn leads to an understanding of health as dichotomous – one is either healthy or sick. For a salutogenic approach, the “ease/dis-ease continuum rather than the health-disease dichotomy” (Antonovsky, 1979, p. 56) is more appropriate. Antonovsky (1979, pp. 55-67) identified four criteria to be used in determining a person’s position on the continuum: pain, functional limitation, prognostic implication and action implication each ranging from not-at-all at the ease end to severe/ life-threatening/requiring intervention at the dis-ease end. Later he wrote: “A continuum model, which sees each of us, at a given point in time, somewhere along a ‘health/dis-ease’ continuum is, I believe, a more powerful and more accurate conception of reality, one which opens the way for a strong theory of health promotion” (Antonovsky, 1996a, p. 14).

Stressors, tension and stress

“**Stressors** are demands to which there are no readily available or automatic adaptive responses” (Antonovsky, 1987b, pp. 27-28). Stressors are ubiquitous – throughout life, all of us are exposed to stressors almost constantly (Antonovsky, 1979, p. 77). Stressors lead to **tension** which Antonovsky (1987b, p. 130) described as the brain’s recognition that a response is required. The process of tension management and coping involves stressor appraisal, which will be affected by the strength of the sense of coherence (SOC) (see Antonovsky, 1990a; Mittelmark, 2022). Stressors may be appraised as neutral (non-stressor); **salutary** (having a directly positive effect on health); or pathogenic (Antonovsky, 1990b). A person with a strong SOC will be able to select the most appropriate resource to cope with a given stressor. Coping involves moving towards the health/ease end of the continuum. If the tension is not resolved, it will turn into **stress** – which is pathogenic and leads towards the dis-ease/breakdown end of the continuum (Vinje et al., 2022). “... stressors, *unsuccessfully confronted*, lead one to break down” (Antonovsky, 1990b, p. 75). “Not the stressor load *per se* is pathogenic, but the inability to resolve tension and prevent its transformation into stress” (Antonovsky, 1990b, p. 74). It is important to distinguish between tension and stress: even undesirable stressors, when resolved, may become a “gateway to reinvigoration” (Antonovsky, 1990b, p. 77), i.e. overcoming stressors may create resources.

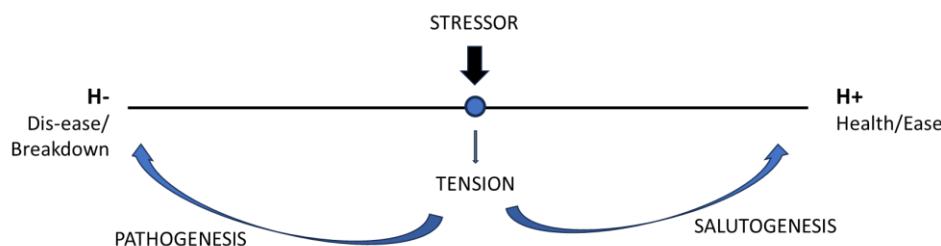


Figure 2 Health/ease – dis-ease continuum (Adapted from Lindström & Eriksson, 2010, p. 13)

KEY TEXTS

- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass. Chapter 3 Stressors, tension and stress, pp. 70-97 and Chapter 4 Tension management and resources for resistance pp. 98-122
- Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers. Chapter 6, Pathways leading to successful coping and health, pp. 128-162
- Antonovsky, A. (1990). Pathways leading to successful coping and health. In M. Rosenbaum (Ed.), *Learned resourcefulness: on coping skills, self-control and adaptive behaviour* (pp. 31-63). New York: Springer.
- Mittelmark, M. B. (2022). Stressor appraisal on a pathway to health: the role of sense of coherence. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti (Eds.), *The Handbook of Salutogenesis* (Second ed., Chapter 10 pp. 69-78): SPRINGER.

Resistance Resources

Generalized Resistance Resource (GRR)

Generalized Resistance Resources (GRRs) are resources that enable one to resist stressors, defined as “Any characteristic of the person, the group, or the environment that can facilitate effective tension management” (Antonovsky, 1972, p. 99). GRRs make a major contribution in shaping the life experiences (see p. 6 below) that are the source of a strong SOC (Antonovsky, 1987b, 1991).

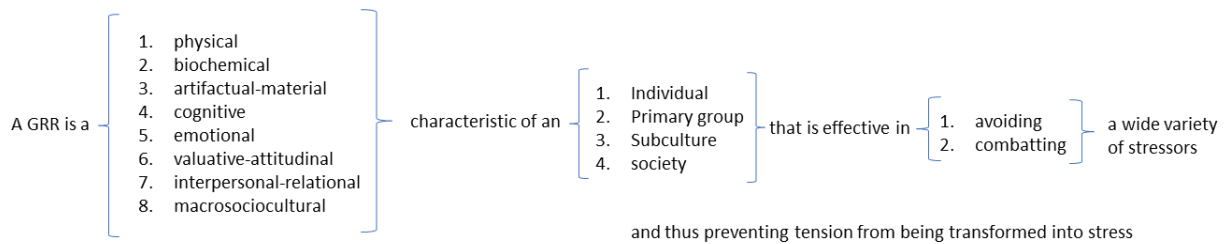


Fig 3 Mapping sentence definition of a GRR (Antonovsky, 1979, p. 103)

Generalized Resistance Deficit (GRD)

Antonovsky (1979, p. 119) stated, “The absence of some GRRs can become a stressor” and later defined this as a generalized resistance deficit (GRD) (Antonovsky, 1987b, pp. 27-28). He suggested unifying the concepts as “major psychosocial generalized resistance resources-resistance deficits” (GRR-RD) (p. 28).

Specific Resistance Resource (SRR)

A specific resistance resource (SRR) is a resource that supports coping “in particular situations of tension” (Antonovsky, 1979, p. 99); SRRs are “optimized by societal action” (Mittelmark, Daniel, & Urke, 2022, p. 107). “The relationship between GRRs and SRRs is that via the sense of coherence, GRRs enable one to recognize, pick up and use SRRs in ways that keep tension from turning into debilitating stress, assuming useful SRRs are available” (Mittelmark, Daniel, et al., 2022, p. 110)

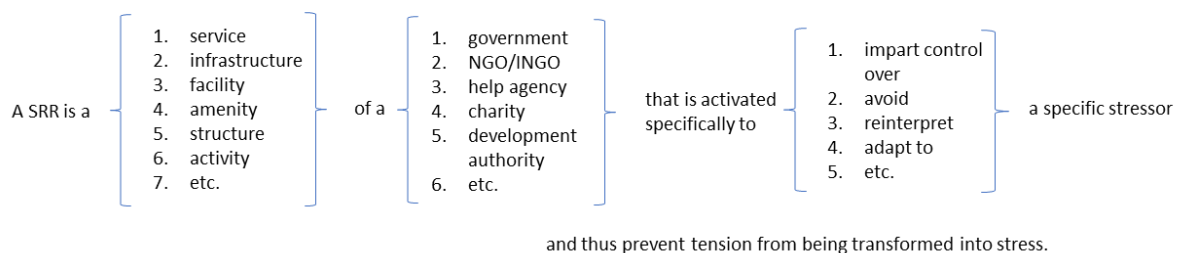


Fig 4 Mapping sentence definition of a SRR (Mittelmark, Daniel & Urke, 2022, p. 110)

KEY TEXTS

- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass. Chapter 4, pp. 98-122
- Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers.
- Idan, O., Eriksson, M., & Al-Yagon, M. (2022). Generalized resistance resources in the salutogenic model of health. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti (Eds.), *The handbook of salutogenesis* (Second ed., pp. 93-106): Springer.
- Mittelmark, M. B., Daniel, M., & Urke, H. B. (2022). Specific Resistance Resources in the Salutogenic Model of Health. In M. B. Mittelmark, G. Bauer, L. Vaandrager, J. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti (Eds.), *The Handbook of Salutogenesis, Second Edition* (pp. 107-114). New York: SPRINGER.

Sense of Coherence (SOC)

The sense of coherence is Antonovsky's key answer to the salutogenic question on the origins of health. "The origins of health are to be found in a sense of coherence" (Antonovsky, 1979, p. vii).

"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" (Antonovsky, 1987b, p. 19).

Dimensions of SOC:

The sense of coherence combines cognitive, behavioural and motivational aspects in coping with stressors.

Comprehensibility is the cognitive dimension of SOC and may be defined as a belief that the challenge is understood (Antonovsky, 1996a). Stimuli from one's internal and external environments are perceived as information (ordered, consistent, structured and clear) rather than as noise (chaotic, disordered, random, accidental, inexplicable): one has "a solid capacity to judge reality" (Antonovsky, 1987b, p. 17).

Manageability is the behavioural dimension of SOC and may be defined as the belief that the resources needed to cope are available and adequate to resolve the stressor in a salutary manner (Antonovsky, 1996a). The resources available (under one's own control or controlled by legitimate others) are sufficient to meet the demands of stressors constantly bombarding one – "one will not feel victimized by events or feel that life treats one unfairly" (Antonovsky, 1987b, p. 18).

Meaningfulness is the motivational dimension of SOC and may be defined as "a way of looking at life as worth living, of seeing stressors as perhaps painful and yet worthy of being coped with rather than anaesthetized" (Antonovsky, 1990b, p. 79). One is a participant in the processes and decisions shaping one's life and challenges are viewed as "worthy of emotional investment and commitment" (Antonovsky, 1987b, p. 18). Antonovsky (1991) emphasised that the activity should be socially valued.

Weighting of the dimensions: "Although all three components of the SOC are necessary, they are of unequal centrality. Meaningfulness seems the most crucial. Without this motivational component, high comprehensibility and manageability are likely to be temporary. When a person is committed and caring, however, the way is open to gaining understanding and resources. Comprehensibility is next in importance; high manageability is contingent upon understanding" (Antonovsky, 1990a, p. 34)

KEY TEXTS

Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass. Chapter 5, Perceiving the world as coherent, pp. 123-159

Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers. Chapter 2, The "Sense of Coherence" concept, pp. 15-32

Sense of coherence, boundaries and the four crucial spheres

Antonovsky (1987b, p. 22) notes that a person with a strong SOC does not necessarily “see their entire objective world as coherent”, instead people all have boundaries and what occurs outside of these does not matter much. “The boundary notion suggests that one need not necessarily feel that all of life is highly comprehensible, manageable, and meaningful in order to have a strong SOC” (Antonovsky, 1987b, p. 22). However, he identifies **four significant spheres** that must be included within the boundaries in order to maintain a strong SOC; these are: “one’s inner feelings, one’s immediate interpersonal relations, one’s major activity, and existential issues (death, inevitable failures, shortcomings, conflict, and isolation)” (Antonovsky, 1987b, p. 23). The spheres are significant “in the sense that they are perceived as challenges worthy of investment of energy”, i.e. they relate to a sense of meaningfulness. Antonovsky (1987b, p. 24) allows that one of the most effective ways of maintaining a coherent worldview is to be flexible about what is considered crucial within the boundaries, at least temporarily.

The SOC questionnaire is limited to the four crucial spheres.

KEY TEXT

Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers. pp. 22-24

Measurement of the Sense of Coherence

The Orientation to Life Questionnaire, consisting of 29 items (known as SOC-29), was developed by Antonovsky (1987) using a facet design to measure the sense of coherence. Comprehensibility is measured by 11 items, manageability by 10 items and meaningfulness by 8 items. A semantic-differential scale (1-7 points) forms the response alternatives; answers are summed (after recoding reverse-scored items) to give a total score ranging from 29 to 203 (Eriksson & Contu, 2022). SOC-13 is a shorter version of the scale giving a total score of between 13 and 91 points.

The SOC scales have been translated into over 50 languages (Eriksson & Contu, 2022) and, in measuring the ability to maintain health in spite of stress, it seems to be applicable across cultures (Lindström & Eriksson, 2005). Besides SOC-29 and SOC-13, which measure individual SOC, other versions have been developed, for example, to measure sense of family coherence and a questionnaire specifically adjusted for children (Lindström & Eriksson, 2005). Eriksson and Lindström (2008, p. 191) note that using the SOC scales “is not the same as being guided by the salutogenic perspective”.

KEY TEXTS

Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers. Chapter 4, pp. 63-88

Eriksson, M., & Contu, P. (2022). The Sense of Coherence: measurement issues. In M. B. Mittelmark, G. F. Bauer, L. Vaandrager, J. M. Pelikan, S. Sagy, M. Eriksson, B. Lindström, & C. M. Magistretti (Eds.), *The Handbook of Salutogenesis* (Second ed., pp. 79-91): SPRINGER.

Lindström, B., & Eriksson, M. (2005). Salutogenesis. *Journal of Epidemiology & Community Health*, 59(6), 440-442.

Life situation (sources of GRRs and Life Course stress exposure)

Life situation refers to one's particular position in the socio-cultural and historical context that is the source of both the GRRs that are at one's disposal and the life course stressors one will face – thus shaping the strength and development of the SOC (Antonovsky, 1979). In *Health, Stress and Coping* Figure 1. showing the Salutogenic Model (Antonovsky, 1979, pp. 184-185), Antonovsky lists various sources of GRRs that include the sociocultural and historical context (child rearing patterns and social role complexes), idiosyncratic factors and chance. These are also shown as a source of stressors and he explains that one's life situation "matters a great deal both for the GRRs and for the stressors in one's life" (Antonovsky, 1979, p. 190). "Chronic" phenomena are "enduring, relatively permanent and continuous" for example, "one's historical context, culture, group membership, social role, interpersonal situation, temperament, personality" (Antonovsky, 1987b, p. 29). The arising "chronic resources or chronic stressors, built into the life situation of the person, are generalized and long-lasting. They are the primary determinants of one's SOC level" (Antonovsky, 1987b, p. 29). Other individual or contextual characteristics mentioned include social class, sex and ethnic group which could all contribute to a lower socio-economic position, which in turn, could prevent individuals from participating in relevant societal settings and thereby act as a barrier to SOC-strengthening experiences. These chronic resources and stressors, also called daily hassles or repeated sociocultural events, form the base for the development of the three dimensions of SOC (Antonovsky, 1987b; Maass, Lindström, & Lillefjell, 2017). In contrast, *stressor life events* (which Antonovsky has also called 'cataclysmic stressors') are discrete events, 'specifiable in time and space', that are followed by a 'variety of unpredictable experiences' (Antonovsky, 1987b, pp. 28-29). Examples include the death of a spouse or child, divorce, losing one's job or retiring, and also the birth of a child, or an exceptional achievement (Antonovsky, 1987b). It is not so much the event itself as the tension produced by the consequences of the event, that will determine the impact on the SOC (Antonovsky, 1987b, p. 29).

Salutogenesis and culture

Cultural context, as a component of life situation, is a significant source of both GRRs and stressors (Antonovsky, 1979). Benz et al. (2014, pp. 18-19) identify a range of cultural stressors named by Antonovsky in different publications. These include minority background, gap between goals and means to achieve goals, rapid change in culture, as well as cultural discrimination and a hostile culture. Benz et al. (2014, pp. 19-20) also discuss Antonovsky's focus on culture as a source of GRRs and here they identify aspects like cultural stability, being valued in a culture as well as cultural integration and adaptability.

KEY TEXTS

Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass. pp. 184-192

Antonovsky, A. (1987) *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers.

Benz, C., Bull, T., Mittelmarm, M. B., & Vaandrager, L. (2014). Culture in salutogenesis: the scholarship of Aaron Antonovsky. *Global Health Promotion*, 21(4), 16-23.

Life experiences (mechanisms shaping SOC)

How does the interaction of life situation, stressors and GRRs contribute to shaping and strengthening the SOC? Antonovsky answers that it is through the pattern of one's *life experiences* and how they determine the three dimensions of the SOC: "consistent experiences provide the basis for the comprehensibility component; a good load balance, for the manageability component; and, least clear of all, participation in shaping outcome, for the meaningfulness component" (Antonovsky, 1987b, p. 92). Although chronic resources and chronic stressors (see section on Life situation), lay the foundation for the SOC, Antonovsky (1979, p. 187) also states: "Paradoxically, then, a measure of unpredictable experiences – which call forth hitherto unknown resources – is essential for a strong sense of coherence". Stressor life events thus strengthen the SOC through "potentiation", demanding a re-orientation and use of new resources "thereby enriching one's repertoire" (Antonovsky, 1979, p. 96).

Degrees of consistency Antonovsky (1991) explains that humans' need for stability is formed by consistent experiences. "But without rules, guidelines, criteria for setting priorities; without some significant thread of continuity between past, present and future; without some degree of harmony, we are lost" (Antonovsky, 1991, p. 94). A strong SOC is linked to perceptions of stable values and rules that can be applied flexibly across situations, and which are constantly examined and developed by incorporating new experiences into the guiding set of rules (Antonovsky, 1979, pp. 125-126).

Load balance "Load experiences are those which make demands upon us to act, to mobilize resources for task performance" (Antonovsky, 1991, p. 94). Overload occurs when there are not enough resources to meet demand and underload occurs when "life is so structured that one's skills, abilities, interests and potential have no channel for expression" (Antonovsky, 1987b, p. 108). "Much as unused muscles atrophy, so do unused skills, capacities and potentialities" (Antonovsky, 1991, p. 94). Again, Antonovsky (1987) stresses that this varies across cultural settings. Load balance occurs when we believe we have resources at our disposal to meet the demand. Antonovsky (1991) notes that even when the demands are on an individual, the resources may be collectively provided – also described as "in the hands of legitimate others" (Antonovsky, 1990b, p. 79).

Participation Antonovsky (1987b) points out that life experiences that shape meaningfulness are those that we have chosen to take part in, to engage with the problems posed by the experience. "When others decide everything for us – when they set the task, formulate the rules, and manage the outcome – and we have no say in the matter, we are reduced to objects. A world thus experienced as being indifferent to what we do comes to be seen as a world devoid of meaning" (Antonovsky, 1987b, p. 92). Elsewhere, Antonovsky (1991) stresses that it is the 'taking part' that is significant (not the deciding or the controlling) and that the activity should be socially valued.

KEY TEXTS

- Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers. Chapter 5, How the sense of coherence develops over the lifespan, pp. 89-127
- Antonovsky, A. (1991). The structural sources of salutogenic strengths. In C. L. Cooper & R. Payne (Eds.), *Personality and Stress: individual differences in the stress process* (pp. 67-104). Chichester: John Wiley & Sons.

Core developments of Salutogenesis after Aaron Antonovsky

Salutogenesis and health promotion

Antonovsky (1996a, p. 13) used a metaphor of a river to distinguish between the different approaches to medicine: curative medicine “is devoted to those who are drowning, preventive medicine, to those in danger of being pushed into the river upstream.” He notes that health promotion also tends to focus on risk factors, i.e. a pathogenic approach and recommends salutogenesis – a focus on the origins of health – as an appropriate theory for health promotion. The salutogenic perspective, that we are all somewhere on the healthy/ dis-ease continuum, implies that “we are all, always, in the dangerous river of life” (Antonovsky, 1996a, p. 14). Eriksson and Lindström (2008, p. 194) refine the metaphor encouraging a move from only the pathogenic/biomedical approach (cure or treatment of diseases), adding public health approaches (health protection, disease prevention), and including health education and health promotion.

Development of Salutogenesis as a field

Immediately after the early death of Aaron Antonovsky in 1994, his work was primarily adopted and promoted in the Scandinavian countries by Bengt Lindström from the Nordic School of Public Health who had been in close exchange with Antonovsky in the previous years (Lindström, 2022). Since 1996, Bengt Lindström regularly taught courses on health promotion and salutogenesis at the Nordic School and introduced it as a regular topic into the Nordic Health Promotion Research Conferences since 2008-2015, he organized international research seminars on Salutogenesis. In 2010, Lindström and Eriksson published *The Hitchhiker’s Guide to Salutogenesis: Salutogenic Pathways to Health Promotion* (Lindström & Eriksson, 2010), currently available in English, Spanish, Catalan, French, Norwegian, Italian, German, and Polish. In 2007, Bengt Lindström together with Maurice Mittelmark initiated the “Global Working Group on Salutogenesis” of the “International Union of Health Promotion and Education” which he chaired until 2017 (www.iuhpe.org/index.php/en/global-working-groups). This group initiated the [first](#) and [second](#) edition of the Handbook of Salutogenesis published open access by Springer. Both books show key advancements of the field and how Salutogenesis has been applied to diverse settings and topics.

In 2017, Georg Bauer founded the Center of Salutogenesis at the University of Zurich (<https://www.ebpi.uzh.ch/en/aboutus/departments/publichealth/poh/salutogenesis.html>) and took over the lead of the Global Working Group (Bauer, 2022). In this year, the Global Working Group defined its mission as follows: “to advance and promote the science of salutogenesis (philosophy, theory, methodology, evidence) and thus to contribute to the scientific base of health promotion and the IUHPE” (www.iuhpe.org/index.php/en/global-working-groups). In the same year, the Global Working Group founded the Society for Theory and Research on Salutogenesis STARS (www.stars-society.org), hosted by the Center of Salutogenesis. The Society, currently with 2500 members (no membership fee) from 90 countries and diverse fields, aims to advance and promote the science of salutogenesis. Together with the Global Working Group, it organizes regular, International Conferences on Salutogenesis.

Future directions for the concept of salutogenesis

Building on Antonovsky’s original developments, in 2020 the Global Working Group on Salutogenesis of the International Union of Health Promotion and Education (www.iuhpe.org/index.php/en/global-working-groups) published a position paper on future directions for the concept of salutogenesis (Bauer et al., 2020). It identified four key conceptual issues to be advanced:

- (i) the overall salutogenic model of health: need for an additional positive health continuum and a path of positive health development linking resources to this new continuum.
- (ii) the SOC concept: need to revisit the conceptualization and measurement of SOC and understand how it develops early during the life course.
- (iii) the design of salutogenic interventions and change processes in complex systems: Need for empirical development and testing of salutogenic intervention theories and strategies which can explain health promoting changes in societal structures and processes
- (iv) the application of salutogenesis beyond the health sector: need to examine the differential benefits and potential harm of SOC on the individual, group and intergroup as well as organizational and system levels.

Advancing the underlying concept of health and the overall Salutogenic Model of Health

Mittelmark and Bull (2013) closely review how Antonovsky defined health. They give a detailed explanation of how Antonovsky constructed health in terms of “the absence of pain, functional limitation, diagnosis and need for treatment” (Mittelmark & Bull, 2013, p. 34), particularly in his paper on the utility of the breakdown concept (Antonovsky, 1973). Mittelmark and Bull (2013, p. 34) conclude “the breakdown concept of health as specified by Antonovsky is circular in definition, it is not measured on the ‘required’ continuum, it is not measurable by any validated or reliability-tested assessment tool, and it has hardly ever been used empirically ... It has not so much been rejected by health promotion, as it has not been considered at all.” They discuss the need to ‘take this skeleton out of the closet’ in the interests of being responsible teachers of health promotion (Mittelmark & Bull, 2013).

The position paper on future directions for the concept of salutogenesis (Bauer et al., 2020) also shows that Antonovsky (1987b) defined even the positive end of his ease/dis-ease continuum in a negative way, i.e. as the absence of pain, functional limitation, acute or chronic prognosis and health-related action implications. The paper points to the emerging, broader literature emphasizing positive aspects of health, e.g. developing personal potential, well-functioning, self-fulfilment, pursuing purpose in life, social attractiveness, thriving and contributing to society. Thus, the paper concludes adding a second, positive health continuum on the outcome side of the original Salutogenic Model of Health, as well as adding a direct path of resources leading to positive health development and outcomes. The position paper shows that this proposal is supported by the earlier health development model (Bauer, Davies, & Pelikan, 2006) as well as salutogenic models in context of work (Jenny et al., 2022; Jenny, Bauer, Vinje, Vogt, & Torp, 2017) and organizations (Bauer & Jenny, 2017, 2022). The position paper summarizes that such an “expanded salutogenic model of health that includes both a negative, pathogenic path of stressors leading to disease outcomes, a salutogenic coping path of GRR and SRR helping to overcome adversarial life situations and a direct positive salutogenic path from resources to positive health outcomes can cover the full human health experience and thus can be universally applied” (Bauer et al., 2020, p. 190).

Collective and setting-specific approaches to Sense of Coherence

Antonovsky on Collective sense of coherence

In *Unraveling the mystery of health*, Antonovsky (1987b, pp. 170-179) devotes a section of the book to "The SOC as a group property". He agrees that it is possible to determine the structural properties of a collectivity and even, though more complex, the cultural properties of a group such as norms and values, but he questions whether a collectivity can be characterised as having a common worldview. One way to determine group SOC might be to aggregate the SOC of individuals in the group or alternatively, "investigate perceptions by individual members of the group of how the group sees the world" (Antonovsky, 1987b, p. 174). Antonovsky describes his growing discomfort concerning group SOC the larger, more complex and diverse the collectivity becomes; there needs to be a "sense of group consciousness, of a subjectively identifiable collectivity" before there can be a group SOC (Antonovsky, 1987b, p. 175). However, when there are collective stressors, "problems confronting the entire collectivity", and even in dealing with some individual stressors, group resources need to be utilised (Antonovsky, 1987b, p. 178). "In the face of collective stressors, the strength of the group, rather than of the individual, SOC is often decisive in tension management" (Antonovsky, 1987b, p. 179). Later, he expresses difficulties with the concept, "to say that 'the collective thinks, feels, perceives' is, I believe, most problematic" (Antonovsky, 1996b, p. 177). However, elsewhere, he mentions that the SOC construct's "emphasis on resources and flexible coping tactics" is appropriate for application in studying collective stress processes and coping (Antonovsky, 1993, p. 972).

KEY TEXTS

- Antonovsky, A. (1987). *Unraveling the mystery of health: how people manage stress and stay well*. San Francisco: Jossey-Bass Publishers pp. 170-179
- Antonovsky, A. (1992). Can attitudes contribute to health? *Advances*, 8(4), 33-39.
- Antonovsky, A. (1996). The sense of coherence: an historical and future perspective. *Israel Journal of Medical Sciences*, 32(3-4), 170-178.

Sense of Family Coherence (SOFC) (originally called 'family sense of coherence')

Antonovsky and Sourani (1988) developed a 26 item scale to measure family sense of coherence (FSOC). Instead of focusing on the family's global orientation to life it focused on the spousal dyad's perception of the family coherence (family life as comprehensible, manageable and meaningful) and how this related to family adaptation in the face of a stressor. Sagy and Antonovsky (1992), in a study on family sense of coherence and the retirement transition, returned to using SOC 29 (i.e. measuring individual SOC) among their measures. They acknowledge that retirement affects not only the person who retires, but also his/her family. Having measured individual SOC, they then considered four models to represent family SOC (FSOC): 1. Aggregation, where FSOC is calculated as the average of the sum of the individual SOC; 2. Pathogenic, where the FSOC is represented by the weakest member with the lowest individual SOC; 3. Salutogenic, where FSOC is expressed by the SOC of the strongest member and, 4. A consensus model based on the assumption that agreement among family members improves coping (Sagy & Antonovsky, 1992, p. 985). The salutogenic measure of the family was found in that study to be the best predictor of the retiree's health. Later on, Sagy (1998) developed a scale of sense of family coherence (SOFC) that examine one's cognitive perception of his or her family, of its worldview, and how it copes with the stresses of life. The scale, an elaborated version of the personal SOC, includes 12 items, was found as a predictor of adjustment to stress situations and mental health among children adolescents and adults (e.g. Sagy & Dotan, 2001). Note: Recently the term "family sense of coherence" has been replaced with "sense of family coherence (SOFC) in line with the terms SOCC and SONC (see next page).

Sense of Community Coherence

The Sense of Community Coherence (SOCC) has been developed as a concept that extends the individual-level Sense of Coherence (SOC) to the community level (Sagy, 2015). It encompasses the perceptions of community comprehensibility, manageability, and meaningfulness, reflecting how members view their community as predictable, supportive, and meaningful. Research has primarily focused on the relationship between SOCC and well-being, mental health, and resilience to stressful events (Braun-Lewensohn & Sagy, 2011; Braun-Lewensohn, Sagy, Sabato, & Galili, 2013). For example, strong SOCC has been linked to increased resilience during crises and a decrease in unhealthy behaviours among community members (Elfassi, Braun-Lewensohn, Krumer-Nevo, & Sagy, 2016).

Recent studies have expanded the scope of SOCC to include its impact on intergroup relations, openness towards others, and reconciliation processes. These studies connect SOCC to broader social concepts like social identity, acculturation, conflict studies, and peace processes. They explore how a collective with a strong SOC perceives, feels, or behaves towards others, and whether a strong SOCC is associated with openness or rather with clinging to rigid in-group identities and less openness toward others (Mana, Sagy, & Srour, 2016; Mana, Srour, & Sagy, 2021).

In different social contexts, particularly in conflict situations, SOCC has shown to influence group dynamics significantly. For instance, in religious communities in Israel, a strong SOCC was associated with greater acceptance of in-group narratives and rejection of out-group narratives, leading to a tendency for separation strategies in conflicts. This pattern suggests that while SOCC can be a salutogenic factor in promoting community resilience and mental health, it can also act as a barrier to positive intergroup relationships, particularly in intractable political, ethnic, or religious conflicts. In these situations, community members with a strong SOCC are more likely to adhere to their own collective narratives and reject those of out-groups, potentially perpetuating conflict and hindering reconciliation (Mana, Srour, et al., 2021; Telaku, Mana, Srour, & Sagy, 2021).

The review of recent literature on SOCC (Mana, Srour & Sagy, 2020) demonstrates its dual role as both a salutogenic factor in fostering community resilience and mental health and as a potential barrier to positive intergroup relations. This complexity highlights the need for nuanced approaches in conflict resolution and community development, taking into account the impact of SOCC on group dynamics and intergroup relations. Understanding and addressing the ways in which strong SOCC contributes to conflict and separation, as well as exploring mediating factors and individual differences, could provide new insights for fostering openness and reconciliation in divided communities.

Sense of National Coherence

The concept of Sense of National Coherence (SONC), as introduced by Sagy (2014), is a salutogenic model applied at the national level, reflecting the tendency of a national group to perceive itself as comprehensible, meaningful, and manageable. This concept extends the individual-level 'sense of coherence' (SOC) to a collective dimension, integrating national identity and group experiences into its framework.

SONC applied to understanding how national identity influences individual and collective well-being and attitudes, particularly in conflict situations. This concept has been particularly insightful in conflict studies, such as the Israeli-Palestinian conflict, where it's observed that a strong SONC can correlate with reduced openness to opposing narratives and can act as a barrier to reconciliation processes (Mana, Srour, & Sagy, 2019). Research indicates that heightened SONC, particularly in times of conflict or stress, can reinforce national narratives and decrease the willingness to legitimize the perspectives of "out-groups." (for review, see Sagy & Mana, 2017, 2022). This tendency has profound implications for conflict resolution and peacebuilding efforts, highlighting the need for strategies that balance national coherence

with openness and empathy towards different narratives. The role of SONC is not limited to political conflicts but also extends to social-political situations like pandemics, where it relates to trust in government and mental health outcomes (Hardy et al., 2021; Mana, Catz, et al., 2021; Mana, Super, et al., 2021). Understanding SONC can thus offer valuable insights into the interplay between national identity, social cohesion, and conflict dynamics, crucial for formulating effective interventions in divided societies. In essence, SONC is a double-edged sword: it provides psychological security and continuity within a group but can also contribute to intergroup tension and conflict when it becomes overly rigid or exclusive (Sarid, Srour, & Sagy, 2023).

Setting-specific approach to sense of coherence: Work-SoC

The Ottawa Charter (WHO, 1986) states that health is created and lived by people within their everyday life settings (i.e. where they learn, work, play, love). Based on the Salutogenic Model of Health, this raises the question in how far people experience a sense of coherence not only overall (“Global Orientation to Life”), but also specifically in interaction with these everyday settings. Already Antonovsky believed that the general SOC “can be modified, detrimentally or beneficially, by the nature of the working environment” (Antonovsky, 1987a, p. 165) and described work characteristics that are potentially related to sense of coherence, a workplace where individuals experience meaningfulness, manageability, and comprehensibility. Following this thought, Bauer and Jenny suggested the concept of “Work-related Sense of Coherence” (Work-SoC) defined as the perceived comprehensibility, manageability, and meaningfulness of an individual’s current work situation (Bauer, Vogt, Inauen, & Jenny, 2015; Jenny et al., 2022). Work-SoC is an interactive concept influenced by and influencing both the underlying, general SoC, as well as the perception and handling of work-related demands and resources. The nine-item German Work-SoC scale has been translated into English, Norwegian, Finnish, French, Italian, Spanish, Dutch, Japanese, Chinese, and Czech. Empirically, Work-SoC has been shown to be related to both job-demands-resources and general SoC, as well as to both negative and positive work-related health outcomes (Jenny et al., 2022).

Salutogenic Interventions

To purposefully design salutogenic interventions and change processes, the position paper on future developments of salutogenesis (Bauer et al., 2020, p. 193) suggests “the development of explicit salutogenic intervention theories that build on and integrate key elements of salutogenesis, including strengthening resources, promoting coherent (i.e. comprehensible, manageable, meaningful) life experiences and positive health outcomes.”

A scoping review (Langeland, Vaandrager, et al., 2022) suggests that a strong salutogenic intervention must include the following characteristics:

1. A focus on health-promoting factors: general resistance resources (GRRs) and/or specific resistance resources (SRRs).
2. A whole person approach.
3. Active adaptation.
4. Stressors and Tension as potentially health-promoting.
5. A focus on the SOC as a learning process.

Salutogenic Capacity Building

Salutogenic capacity is the capacity to investigate, mobilize and deploy sufficient resources to bring about a movement in the direction of experience of good health and wellbeing (Langeland, Ausland, Gunnarsdottir, Arvekle, & Vinje, 2022; Langeland, Gjengedal, & Vinje, 2016; Vinje & Ausland, 2013).

Self-tuning is a tool for building salutogenic capacity, sensing what is at play in a certain situation, for reflecting upon it, and for reacting to it in a health-promoting manner. Teaching experiences show that in combining the actual “tuning” with the “exploration of significant life areas for meaning” (inner feelings, social relations, main activity and existential issues), the self-tuning model helps structure and facilitate health-promoting processes when working both one-on-one and in groups. It relates to enhancing a sense of coherence and health and well-being as illustrated here:

Self-tuning → GRRs → ↑SOC → ↑Use of GRRs and SRRs → ↑Health and Well-being

(Langeland, Ausland, et al., 2022, p. 622).

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