

Maurice B. Mittelmark · Shifra Sagy
Monica Eriksson · Georg F. Bauer · Jürgen M. Pelikan
Bengt Lindström · Geir Arild Espnes *Editors*

The Handbook of Salutogenesis

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Editors

The Handbook of Salutogenesis

Foreword by Ilona Kickbusch

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Foreword

This year marks the 30th anniversary of the Ottawa Charter for Health Promotion—a very appropriate year for this major publication that focuses on the salutogenic orientation and approach. When the Charter was adopted in 1986, it called for a “new public health” which takes its starting point from where health is created in people’s everyday lives. Its commitment to a social model of health as a starting point was built on the history of public health’s greatest achievements and on concepts from the social sciences and the humanities. A range of theories and thinkers had influenced the work on the Charter, such as Ivan Illich, Michel Foucault, Gregory Bateson, Margaret Mead, the Boston Women’s Health Collective and, of course, Aaron Antonovsky. The clarion call of the Charter clearly was to start from health, to think in systems, to empower people and to address the determinants of health.

When we invited Aaron Antonovsky to a workshop in Copenhagen in 1992, he was sceptical that health promotion could reach its full potential without being firmly grounded in a theory of health and society. Behind the rhetoric of health promotion, he identified a strong tendency towards individualistic and disease-based approaches; the risk factors ruled supreme. At that time, we were more optimistic and argued with him—but looking back, he was right. It was a minority of health promotion approaches and programmes that were able to move beyond risk factors and aim for a long-term salutogenic outcome. In many cases, health promotion has been too fluid and too willing to compromise—probably partly due to the lack of the firm theoretical base that Antonovsky had found missing, but undoubtedly also owing to the lack of political and financial support.

The world has changed enormously in the last 30 years. The paradigmatic change we hoped to achieve has been a long time coming, and it brings other new approaches and language; the extensive effort on resilience is one such stream of work. Over time, the concept of health promotion has changed public health, particularly at the community level. The five action areas of the Charter have proved durable and are reinforced through extensive research evidence and practical experience. Many of the health promotion strategies we discuss and implement today address the contextual dimensions of a salutogenic model. They are firmly rooted in the social determinants of health and confront the commercial and the political determinants. We find that more attention is given to social support and to comprehensibility, manageability and meaningfulness—the sense of coherence. Prominent examples include participatory health literacy programmes and self-management programmes, which address the motivational dimensions of the sense of coherence.

However, these approaches are not yet accepted as the gold standard, despite the mounting critique of other models, for example, disease prevention programmes focused on shifting risk factor distributions. This is due, not least, to health promotion being situated in a health system that still runs on the medical model—despite all the knowledge we have on what promotes mental health, what constitutes a successful childhood and what supports healthy ageing.

Many such examples of salutogenic approaches to health promotion have been collected in this book. They show what types of programmes a society committed to the well-being of its citizens could and should support. I hope *The Handbook of Salutogenesis* will be used extensively in the education of a new generation of health and social professionals, to ground them firmly in a salutogenic orientation.

Ilona Kickbusch

Preface

The need for a handbook of salutogenesis has long been felt by researchers in the field. The salutogenesis literature is scattered over many disciplines whose discussion arenas hardly overlap. Across the disciplines, English language literature dominates, but much of great value is published in other languages. Key works by Aaron Antonovsky are out of print and hard to obtain in some parts of the world. Salutogenesis' major stream of research—measurement of the individual's sense of coherence—has tended to overshadow other important developments, such as research on the application of salutogenesis to health promotion.

During the past several years, we and other members of the *Global Working Group on Salutogenesis* of the *International Union for Health Promotion and Education* contributed to seminars and conferences on salutogenesis. This work shaped a lively arena for scholarly exchange, leading to our determination to collaborate on this book. Our idea was to organise it around past, present and future developments in salutogenesis, as the structure of the book shows. We reached out to salutogenesis scholars across the globe and found them eager to participate in the writing. The seven parts of the book include contributions from 87 scholars. Yet we are aware that the book has gaps in subject matter and in its global coverage. We urge readers to call attention to the gaps and to help us fill them in an eventual second edition. We are eager for feedback from researchers and students newly entering the salutogenesis arena: what improvements are needed to facilitate one's entrance into the field? We are especially eager for feedback from salutogenesis stalwarts: what has been left out that must be remedied in a new edition?

The list of persons deserving acknowledgement for helping this book come to fruition is so extensive that we dare not compose the list; we are sure to make many errors of omission. Yet one name stands above all others: Torill Bull of the University of Bergen. Torill is a member of the *Working Group* and was part of the original editor team that conceived and initiated this book project. She was the original Editor of the first part. Illness took hold early in the editorial work, and Torill had to relinquish her Editor role. Her significant contribution to the work is nevertheless evident by her lead authorship and co-authorship of several key chapters. We thank Torill for her seminal contribution to the editorial work!

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List of Abbreviations

GRRs	Generalised resistance resources
SOC	Sense of coherence
SRRs	Specialised resistance resources

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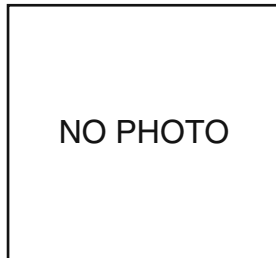
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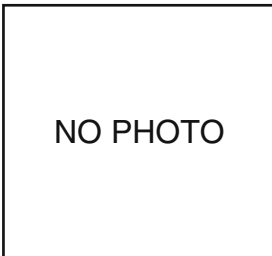
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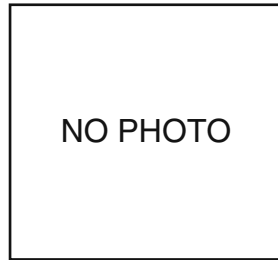
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Part I

Overview and Origins of Salutogenesis

Maurice B. Mittelmark

Introduction

“A handbook is sometimes referred to as a *vade mecum* (Latin, “go with me”) or pocket reference that is intended to be carried at all times. It may also be referred to as an *enchiridion*.” Ah, the wonders of Wikipedia, which goes on to say that handbooks are “*compendiums of information in a particular field or about a particular technique*” (<http://en.wikipedia.org/wiki/Handbook>). This handbook, in either its online open access form or its printed form, is obviously not suited to the pocket. Nor does it aspire to be anything more or less than the *first* compendium of information about the topic “salutogenesis,” in English at any rate.

The need for a handbook of salutogenesis has long been felt by researchers in the field. When an eager colleague first enters the salutogenesis research arena, there has been no easy introduction to the topic. The out-of-print “must read” texts by Aaron Antonovsky (1979, 1987) have not been easy to obtain. Antonovsky’s brief but vital 1996 paper in *Health Promotion International* challenges health promotion to adopt salutogenesis as a theory for the field (Antonovsky, 1996). What has happened with salutogenesis in the two decades since 1996? Lindström and Eriksson’s (2010) *The Hitchhiker’s Guide to Salutogenesis: Salutogenic Pathways to Health Promotion* is an excellent introductory guide, but not a compendium of handbook dimensions. The same team of Lindström and Eriksson has produced a fine series of journal articles on various aspects of salutogenesis (Eriksson & Lindström, 2005, 2006, 2007, 2008; Lindström & Eriksson, 2005, 2006, 2010). Of course, their articles are cited repeatedly throughout this Handbook, testimony to their importance (and readers are urged to visit the website of the *Center on Salutogenesis* at University West, Sweden,

for its publication list (<http://www.salutogenesis.hv.se/eng/Publications.18.html>)). A special treat for the visitor is a free copy of Antonovsky’s, 1979 *Health, Stress, and Coping!*

Yet, despite the efforts of Bengt Lindström and Monica Eriksson, and many others, the need for a Handbook remains . . . until now. Bengt and Monica have been central in the development of this volume, as a glance at the table of contents testifies. They were also key players in the birth of the idea for this book, especially Bengt, who is the founding head of the *Global Working Group on Salutogenesis* of the *International Union for Health Promotion and Education (IUHPE)*. The website of the *Working Group* is certainly worth a visit, opening a door to salutogenesis and to the *IUHPE*, the premier global organization for health promotion (<http://www.iuhpe.org/>). By the time you read this, the leadership of the *Global Working Group* will have passed to the most capable hands of Georg Bauer, an Editor of this book, and a leading authority on salutogenesis. He will welcome your inquiry about the activities of the *Working Group* and your eagerness to become involved!

The paragraph above is not just free advertising for the *IUHPE*: this Handbook actually has its genesis as a project of the *Global Working Group*, a gathering place for the friends that are this book’s editors. The *Working Group* has undertaken many projects listed at the *IUHPE* website, and the idea for this book arose at a 2012 project meeting of the *Group*, whose members are (in random order) *Shifra Sagy, Geir Arild Espnes, Georg Bauer, Corey Keyes, Bjarne Bruun Jensen, Erio Ziglio, Monica Eriksson, Bengt Lindström, Maurice Mittelmark, Torill Bull, Antony Morgan, Mima Cattan, Lenneke Vaandrager, and Maria Koelen.*

Having mentioned the *IUHPE*, it would be remiss not to mention the *World Health Organization (WHO)*, and especially Ilona Kickbusch, who directed health promotion at WHO at the Regional Office in Copenhagen and later at the WHO global headquarters in Geneva. Under her leadership, health promotion at the WHO was explicitly salutogenic, with Ilona proclaiming that the salutogenic question—*what*

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are the origins of health—is the leading question for health promotion (Kickbusch, 1996).

The editorial team was aware from the first moment that as we are health promotion specialists, the book would have a health promotion flavor, yet we wished to reach to the interdisciplinary world of salutogenesis, not just to health promoters. Significant contributions to salutogenesis are in the literatures of nursing science, psychology, sociology, educational science, medicine, public health, health services research, and more. We have made the effort to write a book that is useful to this broad array of disciplines and specialties, and many chapter authors have affiliations reflecting the diversity.

We also have a passion, as part of our *IUHPE* genotype, to break the English language hegemony of the published literature (Perry & Mittelmark, 2005). We have long been aware that important developments in salutogenesis are published in many languages other than English, and this Handbook gives us the opportunity to illuminate non-English literature in the Part edited by Bengt Lindström. The chapters in Bengt's Part are teasers of a sort, meant to excite interest and give readers entrée to heretofore "exotic" literatures. By having this access to the work of key researchers writing in other languages, readers are better enabled than before to crack the language barrier. However, many languages that might have been included are not, due only to practical limitations. I hope a second edition of the book will expand the offering.

Having just mentioned a particular Part of this book, I nevertheless resist the temptation to provide a section-by-section overview (just see the Table of Contents), but instead cherry-pick two chapters in this Part, to whet the appetite. The Chapter by Avishai Antonovsky and Shifra Sagy, *Aaron Antonovsky: the scholar and the man behind salutogenesis*, is a pearl worth the price the book all on its own (of course, the online edition is free!). Written by Israeli scholars with very close knowledge of Antonovsky—his son, and his wonderfully prolific Ph.D. student of many years ago—the chapter paints a portrait of Aaron Antonovsky that takes the subject of salutogenesis to an intimate level. Do you wish you had known Aaron? I never met the man to my great misfortune, but this chapter manages to make me almost think I had.

The chapter *Aaron Antonovsky's development of salutogenesis, 1979–1994*, by Hege Vinje, Eva Langeland and Torill Bull, is from the hands of particularly careful and critical scholars of Antonovsky's work. I know of no other extended synopsis of Antonovsky's work that is as accessible and informative, for the salutogenesis novice and for the expert alike. Not everyone has the time or access to all the books and papers needed to read Antonovsky as deeply and extensively as the authors of this chapter have done. This chapter is a trustworthy road map through the corpus of Antonovsky's life work on salutogenesis.

The meat of this Part—the chapters on the meanings of salutogenesis, on Antonovsky the man and the scholar, and on his body of salutogenesis work—set the stage for the myriad of viewpoints and scholastic interpretations offered in the rest of the book. *Myriad of viewpoints and scholastic interpretations?* Indeed, this is *not* a text, but rather a rich collection of diverse understandings from across generations, disciplines, and settings, and no effort has been made to harmonize the material from chapter to chapter. It has also been important to ensure that each chapter stands alone, as well as helping compose the book as a whole. In this day of e-books and open access, readers often select chapters and download them for reading without the "wrapping" of the entire book from which they are selected. This is why many of the chapter titles somewhat monotonously repeat the term "salutogenesis"—to ensure that literature searches using salutogenesis as a search term will have a reasonable likelihood of unearthing the chapters of this book.

A disclaimer: readers searching for a definitive and authoritative statement on the meaning and status of salutogenesis will not find it in this Handbook. Salutogenesis is still in scholastic infancy, it is forming, and it is developing. How the infant idea will develop as a mature idea is unknown. Here, we sketch the past, describe the present, and speculate on the future.

Closing, I extend my heartfelt appreciation to the editors and the authors, for their enthusiasm and cooperation. Scholarly books, as we all know, are the products of nights, weekends, and holidays. We write books for one another, for our academic friends. As a medieval monk supposedly lamented, *writing is excessive drudgery. It crooks your back, it dims your sight, it twists your stomach and your sides*. It is because we write for one-another that the aches are worth it.

And . . . thank YOU, Aaron! We wrote this book for you, actually.

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Maurice B. Mittelmark and Georg F. Bauer

Introduction

In the health promotion field, the term salutogenesis is associated with a variety of meanings that Aaron Antonovsky introduced in his 1979 book *Health, Stress and Coping* and expounded in many subsequent works. In its most thoroughly explicated meaning, salutogenesis refers to a *model* described in detail in Antonovsky's 1979 *Health, Stress and Coping*, which posits that life experiences help shape one's sense of coherence—the sense of coherence. A strong sense of coherence helps one mobilise resources to cope with stressors and manage tension successfully. Through this mechanism, the sense of coherence helps determine one's movement on the health Ease/Dis-ease continuum.

In its narrower meaning, salutogenesis is often equated with one part of the *model*, the *sense of coherence*, defined as:

... a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected. (Antonovsky, 1979, p. 123).

In its most general meaning, salutogenesis refers to a scholarly *orientation* focusing attention on the study of the origins of health and assets for health, contra the origins of disease and risk factors.

These meanings are distinct, yet inextricably intertwined, and this may cause confusion: the heart of the salutogenic model is the sense of coherence, a global 'orientation' easily

conflated with the salutogenic 'orientation', since the concept of orientation is central to both. A helpful distinction is that orientation in relation to the sense of coherence has relevance for an individual's ability to engage resources to cope with stressors, while orientation in relation to salutogenesis refers to scholars' interest in the study of the origins of health and assets for health rather than the origins of disease and risk factors.

This book is about salutogenesis in all these meanings—the model, the sense of coherence and the orientation. These meanings are taken up in this chapter to set the stage for the chapters that follow. We also briefly discuss salutogenesis in relation to other concepts within and beyond the health arena, with which salutogenesis has important kinship.

The Salutogenic Model

By his own account, the turn in Antonovsky's life from pathogenesis to salutogenesis began to crystallise in the late 1960s. Having worked up to that point as a stress and coping survey researcher with foci on multiple sclerosis, cancer and cardiovascular diseases, he came to realise that his real interest did not have its starting point in any particular disease. The starting point, rather, was "*the illness consequences of psychosocial factors howsoever these consequences might be expressed*" (Antonovsky, 1990, p. 75). This insight led to research and publications on the ideas of 'ease/dis-ease' (breakdown) and generalised resistance resources, but it did not mark the full emergence of salutogenesis in his thinking. At this stage of his career, Antonovsky's focus was still pathogenic (*ibid*, p. 76). Another decade would pass before Antonovsky came to the question '*what makes people healthy?*' and the need to coin the term salutogenesis to convey the mode of thinking implied by the question. The time and space to develop these ideas came while he was on sabbatical at Berkeley in 1977 and 1978.

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The fruition was Antonovsky's full exposition of salutogenesis in *Health, Stress and Coping* (Antonovsky, 1979), the publication of which completed his turn from pathogenesis to salutogenesis. Antonovsky's illustration of the salutogenic model is reproduced in Fig. 2.1, and the salutogenic model is discussed in detail in Chap. 4. Up to the point of the 1979 book, no research based on the salutogenic model had yet been undertaken. The model's core construct, the sense of coherence, had yet to be fully developed, operationalized and measured, and it was to this task that Antonovsky turned his effort. The result, his book *Unraveling the Mystery of Health* (Antonovsky, 1987), focused a great deal of his attention on the sense of coherence and its role as an independent variable in health research (Eriksson and Lindström, 2006; Eriksson and Lindström, 2007). Other aspects of the salutogenic model received less attention, and Antonovsky's own ambitions for further development of the salutogenic model were cut short by his death at age 71, just 7 years following the publication of *Unraveling the Mystery of Health*.

The literature devoted to the salutogenic model is unsurprisingly modest; salutogenesis, born of a sociologist/anthropologist only in 1979, is still a social science idea in infancy. Mainstream health professions and disciplines have yet to be strongly touched by salutogenesis, even if Antonovsky was professionally situated in a medical school during all the years he developed salutogenesis. The venerated Dorland's Illustrated Medical Dictionary, in print since 1900 and now in its 32nd Edition, does not even have an entry for salutogenesis, much less the salutogenic model (Dorland, 2011).

The salutogenic model has not yet deeply penetrated social science or medicine. That does not mean there is no penetration, and the chapters of this book are evidence that certain health-related arenas are captivated. Yet many scholars who *do* refer to the salutogenic model stray far from its main ideas. Interest in the model's details is watered down by the sweeping generality of the salutogenic orientation, and by the intense interest the sense of coherence awakens. Four aspects of the salutogenic model that require attention are mostly neglected (a) the origins of the sense of coherence, (b) other answers to the salutogenic question than the sense of coherence, (c) health defined as something other than the absence of disease and (d) processes linking the sense of coherence and health.

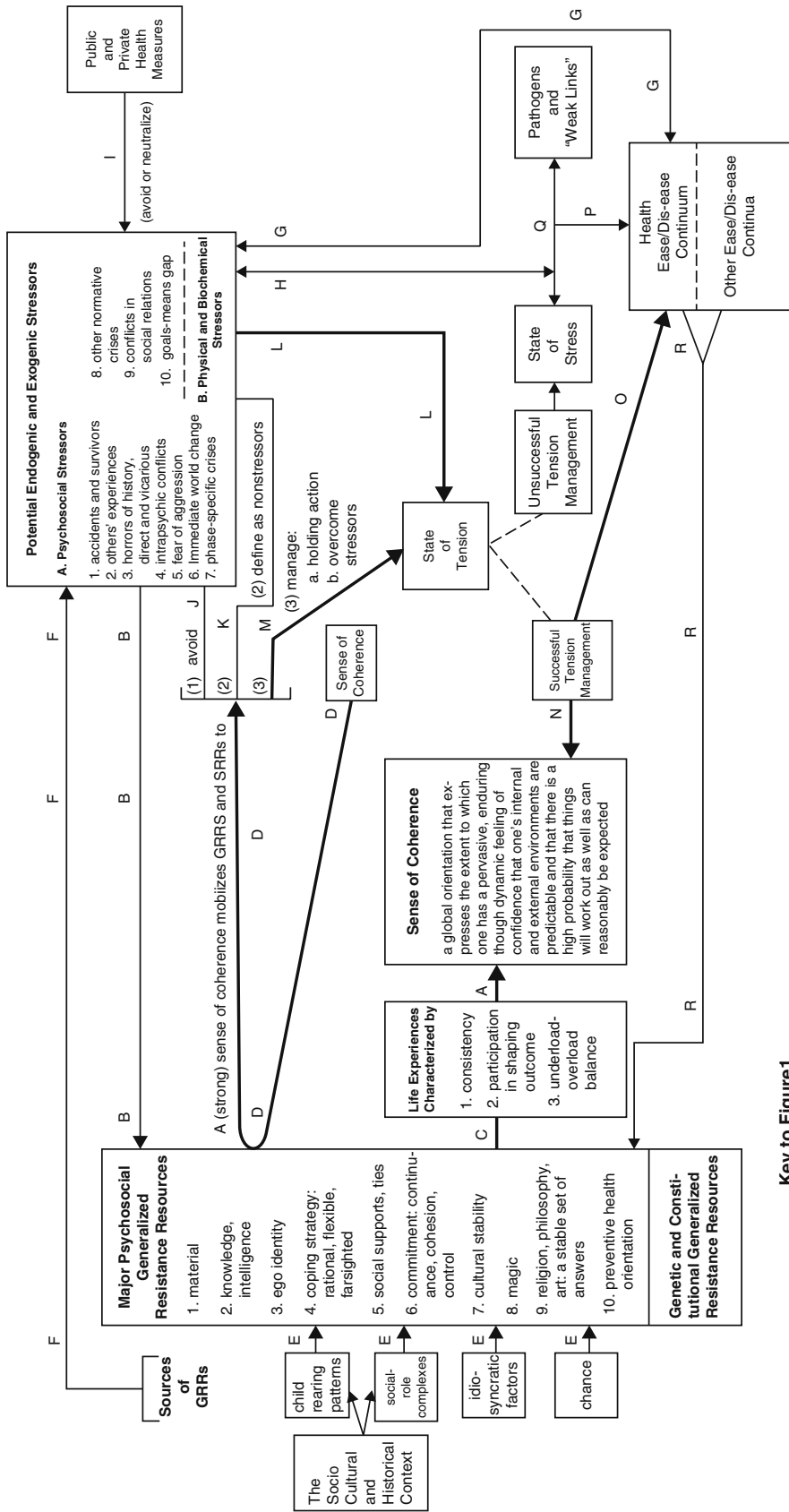
Starting with *the origins of the sense of coherence*, it develops, according to the salutogenic model, from infancy and the infant's experience of its sociocultural and historic context. Antonovsky wrote extensively about the roles of culture in salutogenesis and the development of the sense of coherence (Benz, et al, 2014). His writings included attention to the role of culture in shaping life situations, in giving rise to stressors and resources, in contributing to life experiences

of predictability, in load balance and meaningful roles, in facilitating the development of the sense of coherence and in shaping perceptions of health and well-being (*ibid*). Yet, with almost the sole exception of work by Israelis, culture is not a theme in salutogenesis research (see as examples Braun-Lewensohn and Sagy, 2011; Sagy, 2015). One might protest and point to the plethora of studies in which translations of sense of coherence questionnaires have been developed, but such research is not the study of the cultural forces that Antonovsky called attention to.

Stepping up the ladder of the salutogenic model, cultural and historical context is understood as a cauldron generating psychosocial stressors and resistance resources. It is the life experience of bringing resources to bear on coping with stressors that shapes the sense of coherence. Yet the processes involved are little studied. Which psychosocial resources are predictably generated by which child rearing patterns, which social role complexes and the interaction of these? Is it the case that generalised resistance resources are of prime importance to the development of the sense of coherence as Antonovsky maintained, or do specialised resistance resources (SRRs) also play a vital role (see Chap. 9 for more on this issue)? How does the experience of stress affect the shaping of resistance resources? Unaddressed questions about the origins of the sense of coherence abound.

Moving on to the issue of *other answers to the salutogenic question than the sense of coherence*, Antonovsky invited others to search for them, even if his interest remained firmly with the sense of coherence. The question is this: what factors (presumably besides the sense of coherence) intervene between the stress/resources complex on the one hand and the experience of health on the other hand? A convenient way to partition the question is with the intra-person/extra-person differentiation. The sense of coherence is an intra-person factor; which other intra-person factors may be at play? There are many candidates (hardiness, mastery and so forth), but little effort to compare and contrast their mediating and moderating roles with the sense of coherence *in the same research designs*.

As to extra-person salutary factors, there is at least movement in promising directions. In the work and health literature specifically, and in the settings literature more generally, interest is growing in how physical and social environments can be managed to enhance well-being and performance (see Parts V and VI). Such research is attentive to the sociocultural environment, not as an early force in the shaping of the sense of coherence, but as a mediating factor which may facilitate coping. In the health promotion area, this is referred to as 'supportive environments' and a fundamental precept is that healthy policy should create supportive environments. An example of a salutary extra-person factor is work-family corporate support policy, which is a



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: Childrearing 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 endogenous 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 endogenous and exogenous 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.

Fig. 2.1 The salutogenic model of health

SRR related positively to job satisfaction, job commitment and intentions to stay on the job (Butts, Casper, and Yang, 2013). Most interestingly, it may be that the perceived availability of support under such policy, rather than actual *use* of supports, is the critical factor in good job-related outcomes (*ibid*).

Moving to *health defined as something other than the absence of disease*, the definitions of health evident in the salutogenesis literature are not as specified in the salutogenic model (Mittelmark and Bull, 2013). This is not a point of critique, since there are good reasons why this is so (*ibid*). Rather, it is a comment on the casual treatment the salutogenic model receives. Research articles reporting on the relationship of the sense of coherence to a wide range of disease endpoints fail to note that this is a drastic departure from the specifications of the salutogenic model; the discrepancy is not just ignored, it is unnoticed.

Finally, moving to the issue of *processes linking the sense of coherence and health*, the salutogenic model posits that the sense of coherence helps a person mobilise generalised resistance resources and specific resistance resources in the face of psychosocial and physical stressors; this may end with stressors (1) avoided, (2) defined as non-stressors, (3) managed/overcome, (4) leading to tension that is subsequently managed with success (and enhancing the sense of coherence) or (5) leading to unsuccessfully managed tension. These outcomes have impact on one's movement on the Ease/Dis-ease continuum, but what mechanisms link the sense of coherence and movement on the continuum? The sense of coherence is postulated as an orientation (in the sense of attitude, predisposition or proclivity), not a cognitive and/or emotional mechanism that converts information about stressors and resources into coping responses. What *else* happens in the brain that lies between the sense of coherence and coping responses? This is a little studied question, surprising since the brain plays a huge role in the salutogenic model. Chapters 6 and 29 address this question (a psychological process called 'self-tuning' is described), but the search for factors that intervene the sense of coherence and stress/resources/coping experience remains a rarity.

The discussion above suggests neglected development of the salutogenic model. Why is the model relatively neglected? One obvious answer is its newness; another is that Antonovsky himself did not pursue empirical testing of the whole, very complex model. Instead, he focused on the sense of coherence, which he considered as the key concept, and even as the ultimate dependent variable in salutogenic thinking. Thus, it is not surprising that many other scholars have followed his inspiring lead and focused on the study of the sense of coherence part of the model.

Salutogenesis as the Sense of Coherence

Salutogenesis was situated by Antonovsky as a question: what are the origins of health? His answer was the sense of coherence. The question and this answer comprised the heart of his salutogenic model as just discussed. Antonovsky invited other answers to the salutogenic question, while remaining convinced that his own answer was fundamental. The way Antonovsky posed and answered the question of salutogenesis was challenging. While 'origins'—he used the plural form—signals the possibility of multiple health-generating determinants and processes, his singular answer—the sense of coherence—suggested a channelling of all salutogenic processes through a particular mental orientation. This singular answer provides an appealing reduction of complexity compared to the concept of pathogenesis, with its legion of risk factors:

"A salutogenic orientation, I wrote, provides the basis, the springboard, for the development of a theory which can be exploited by the field of health promotion [...] which brings us to the sense of coherence" (Antonovsky, 1996).

He considered the sense of coherence as the key concept of the salutogenic model. We say no more about the content of the sense of coherence idea here, referring the reader instead to Part III of this book, which is devoted to the topic. Rather, we focus on the question, why has this single-minded answer—the sense of coherence—been overriding as the answer to the salutogenic question? Why is the sense of coherence actually equivalent in meaning to salutogenesis, for so many scholars?

Firstly, Antonovsky strongly signalled that of all the aspects of the salutogenic model, the sense of coherence deserved singular attention. In his very influential 1996 paper in *Global Health Promotion*, Antonovsky proposed a research agenda consisting *solely* of sense of coherence questions:

- "Does the sense of coherence act primarily as a buffer, being particularly important for those at higher stressor levels, or is it of importance straight down the line?"
- Is there a linear relationship between sense of coherence and health, or is having a particularly weak (or a particularly strong) sense of coherence what matters?"
- Does the significance of the sense of coherence vary with age, e.g., by the time the ranks have been thinned, and those who survive generally have a relatively strong sense of coherence, does it still matter much?"
- Is there a stronger and more direct relationship between the sense of coherence and emotional wellbeing than with physical wellbeing?"

- What is the relationship between the movement of the person toward wellbeing and the strength of his/her collective sense of coherence?
- Does the sense of coherence work through attitude and behavior change, the emotional level, or perhaps, as suggested by the fascinating new field of PNI (psycho-neuroimmunology), from central nervous system to natural killer cells?" (Antonovsky, 1996, pp. 16, 17).

Importantly, some of these questions focus on neglected issues as discussed in the paragraphs above on the salutogenic model. Yet Antonovsky's focus on the sense of coherence was crystal clear, and that undoubtedly influences the choices of subsequent generations of salutogenesis researchers.

Besides the importance of Antonovsky's lead, the sense of coherence has the charm of relative simplicity: it suggests that all salutogenic processes are channelled through a measurable global life orientation. Thus, this single, focused concept greatly reduces complexity. Further, the sense of coherence concept has high face validity for both researchers and populations it is applied to, as it makes immediate sense that perceiving life as comprehensible, manageable and meaningful is conducive to health. Also, it is supposedly more complete and generalisable, and not culture-bound, in contrast to concepts such as internal locus of control and mastery. The combination of cognitive, behavioural and motivational components positions the sense of coherence uniquely. . . and they are all measureable.

This last point, that the sense of coherence is appealingly measurable, may be the most significant reason for its centre stage position in the salutogenesis literature. In the prestigious journal *Social Science and Medicine*, Antonovsky (1993) published a paper titled *The Structure and Properties of the Sense of Coherence Scale*, cited as of this writing by over 2500 publications, a momentous achievement. Within just a few years, Antonovsky's sense of coherence scale had been used in "at least 33 languages in 32 countries with at least 15 different versions of the questionnaire" (Eriksson and Lindström, 2005). The stream of sense of coherence measurement papers has continued unabated (Rajesh et al., 2015).

Thus, it is understandable that for many, salutogenesis is synonymous with the sense of coherence: it is Antonovsky's answer to the salutogenic question, it was his sole priority for further research, and sense of coherence measurement has scientific importance. . . and panache.

The Salutogenic Orientation

In his last paper, published posthumously, Antonovsky (1996) wrote:

"I was led to propose the conceptual neologism of *salutogenesis*—the origins of health—(Antonovsky, 1979). I

urged that this orientation would prove to be more powerful a guide for research and practice than the pathogenic orientation."

Was Antonovsky predicting a paradigm shift? It is important to note that the 1996 paper cited above was directed at the field of health promotion, which Antonovsky felt had too whole-heartedly accepted pathogenesis thinking and disease prevention via risk factor reduction. Expressing his hopes for 'proponents of health promotion', Antonovsky wrote that the salutogenic orientation might help them "carve out an autonomous existence—though one undoubtedly in partnership with curative and preventive medicine" (Antonovsky, 1996). Not so much a complete paradigm shift from pathogenesis to salutogenesis, Antonovsky wished to foment a shift to salutogenesis as a viable theory basis and as an essential supplement to pathogenesis in the health and social sciences (Mittelmark and Bull, 2013). Yet, in introducing the salutogenic orientation, Antonovsky referred explicitly to Thomas Kuhn's (1962, 2012) idea of paradigmatic axioms which need to change for a paradigm shift to emerge. His thoughts were on

"the axiom . . . which is at the basis of the pathogenic orientation which suffuses all western medical thinking: the human organism is a splendid system, a marvel of mechanical organization, which is now and then attacked by a pathogen and damaged, acutely or chronically or fatally" (Antonovsky, 1996).

Challenging this axiom, Antonovsky summarizes the essence of the salutogenic orientation in contrast to the pathogenic orientation (Antonovsky, 1996):

- In contrast to the dichotomous classification of pathogenesis into healthy or not, salutogenesis conceptualizes a healthy/dis-ease continuum
- In contrast to pathogenesis' risk factors, salutogenesis illuminates salutary factors that actively promote health
- In contrast to focusing on a "particular pathology, disability or characteristic" of a person, salutogenesis might work with a community of persons and "must relate to all aspects of the person"

We return to our earlier question, slightly rephrased: was Antonovsky calling for a paradigm shift *from* pathogenesis to salutogenesis? Certainly not in the sense of salutogenesis as the usurper of pathogenesis; he remarked repeatedly that pathogenesis would remain dominate in the 'health' arena. But he did hope that salutogenesis would achieve an ascendant position as *the* theory of health promotion. This is not yet achieved, but salutogenesis is on the rise. The *Health Development Model* (Bauer, et al., 2006, see Fig. 6.1 in Chap. 6) is a prominent framework for the development of health promotion indicators, and it explicitly incorporates aspects of both pathogenesis and salutogenesis. If the concept of paradigm shift is not too grand to apply, we could say that the shift is to a paradigm that incorporates pathogenesis

and salutogenesis. This shift, even if modest so far, is perhaps the most promising contribution of the salutogenic orientation to the health and social sciences. Compared to other concepts relevant to a search for the origins of health, such as assets, resources, coping and resilience, salutogenesis is in a sense a more complete concept, offering a new outlook on health outcomes, health determinants and health development processes. For many health promotion researchers, using the term ‘salutogenesis’ communicates at a minimum that one pursues an alternative approach to pathogenesis.

This inclusive sense of salutogenesis is captured by Lindström and Eriksson’s umbrella image, which effectively communicates that many health resources and assets concepts (e.g. social support, the sense of coherence, self-efficacy, hardiness and action competency) have kinship under the salutogenesis umbrella (Eriksson and Lindström, 2010). The umbrella also covers diverse positive health conceptions such as quality of life, flourishing and well-being. Seen in this light, salutogenesis might be defined simply as processes wherein people’s and communities’ resources are engaged to further individual and collective health and well-being. Of course, this umbrella concept is a particular view of the salutogenesis aficionado; a self-efficacy researcher might be inclined to place salutogenesis under the umbrella in the company of all the other positive health concepts.

Salutogenesis in Context: Comparable Concepts and Developments

The salutogenic model originated as a stress and coping model (Antonovsky, 1979). Antonovsky referred to Selye’s (1956) and Lazarus and Cohen’s (1977) work as particularly inspirational. As does the salutogenic model, Lazarus and Cohen’s transactional model of stress assumes an interaction between external stressors and a person who evaluates stressors based on the resources available to cope. In the domain of working life, the well-established job Demand-Control Model (Karasek, 1979; Bakker, van Veldhoven, & Xanthopoulou 2015), the Effort Reward Imbalance Model (Siegrist, Siegrist, and Weber 1986; Van Vegchel et al., 2005) and the more generic Job Demands-Resources Model (Bakker & Demerouti, 2007) share with the salutogenic model the basic idea of a balance between stressors and resources—and that they have been mainly empirically tested in relation to disease outcomes. In a recent development, an organisational health model has emerged from the explicit linking of elements of the Job Demand-Resource Model (Bakker and Demerouti, 2007) with salutogenesis (Bauer and Jenny, 2012, Brauchli, Jenny, Fülleman, & Bauer 2015).

Salutogenesis as an orientation is an idea in close concert with a broad academic movement towards a positive perspective on human life. There are traces of salutogenesis in philosophy at least since Aristotle reflected about the hedonic and eudaimonic qualities of (positive) health (Ryan & Deci, 2001). Three decades before *Health, Stress and Coping*, the Constitution of the *World Health Organization* exclaimed that “health is more than the absence of disease”. Illich (1976) critiqued the medicalisation of life. Social epidemiology has a long tradition of considering broad social determinants of health beyond the proximal disease risk factors (Berkman, Kawachi, & Glymour 2014). More recent parallel developments include research on positive organisational behaviour in organisational psychology (Nelson & Cooper), on happiness in management research (Judge & Kammeyer-Mueller 2011), on place as a resource in social ecology (Von Lindern, Lymeus & Hartig, this volume), on promoting strengths in educational sciences (Jensen, Dür & Buijs this volume) and on pre-conditions for substantially rewarding, satisfying and fulfilling lives in sociology (Stebbins, 2009; Thin, 2014). Chapter 11 in this book on positive psychology describes vibrant developments in the emerging positive health paradigm. In the field of health promotion, the positive paradigm may be seen in recent literature of two kinds: that which describes protective factors against untoward outcomes (e.g. Boehm and Kubzansky, 2012) and that which describes factors that promote well-being (Eriksson and Lindström, 2014).

Conclusions

This chapter—and this Handbook—introduce a broad swath of developments that excite the present generation of salutogenesis scholars. Some of these developments are clearly relevant to the salutogenic model, others are firmly focused on the sense of coherence, and yet others are more identifiable with salutogenesis as an orientation. The book also takes up parallel developments in the areas of positive psychology, occupational and organizational health sciences, social ecology and educational sciences which may make little explicit reference to salutogenesis, and yet are in evident close kinship with salutogenesis. It is one of the main aims of this book to invite an inclusive, bridging dialogue, meant to nourish salutogenesis... in all its meanings. The book also aims to introduce salutogenesis researchers to scientific kinfolk who contemplate matters highly relevant to salutogenesis, even if they do so in literatures not searchable with the key word ‘salutogenesis’.

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