# Chapter 11
# Critical Issues Related to the Salutogenic Theory and Its Implementation


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## What We Measure

### *The Sense of Coherence (SOC) Scale*

The Sense of Coherence (SOC) represents a perception of confidence in being well that is operationalised as '*a global orientation that expresses the extent to which one has a pervasive, enduring through 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*' [1, p. 123]. Several issues can be noted that relate to the dynamic and subjective nature of the SOC. Firstly, whether it is possible to assess a concept that represents continuous interactions between one's inner and outer world with a static scale. Perceptions are known not to be static but dependent on for instance mood, social and physical context. What exactly is it then that is measured through the SOC scale? Should SOC not be measured in multiple everyday contexts throughout life?

Another issue is of psychometric nature. Antonovsky stated that only one single total score, capturing all SOC scale questions should be calculated rather than separate scores for comprehensibility, manageability and meaningfulness. Psychometric evaluations of the SOC scale, however, have shown that the three components are not always as strongly related to each other as Antonovsky thought [2].

Also, the length of the scale as well as the items included have been questioned [3]. The appropriateness, comprehensibility and relevance of SOC scales appears to vary with life stage, socio-cultural background and literacy level. Naaldenberg et al. [4] for example found that the item of the SOC scale "Until now your life has had:

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No clear goals or purposes at all … Very clear goals or purposes" was perceived as referring to the future. Interviewees, elderly in this case, related these future goals to the context of occupation and work and therefore did not regard it as applicable to aging individuals who were already retired. The SOC scale also mainly appeals to cognitive capacity. This means that people with impairments that do not allow for reading or listening to questions might need SOC questions that are 'catchable' in pictures. However, there also have been recent and well-described attempts to adapt and validate the SOC scale to certain groups with disabilities such as people with limited capability for work [5].

## *Relation SOC and Health and Well-being Outcomes*

Within salutogenic theory, health is comprised of four dimensions—the physical, mental, social and spiritual. There is substantial evidence for the predictive validity of SOC for especially in the mental dimension of health [6–8]. Also, evidence has become available on SOC and the spiritual health dimension [9] and diverse healthy life orientations such as healthful eating and physical activity [10–12]. For both healthful eating and physical activity, a dynamic interplay of health dimensions is found. Results of these studies show that if people feel more in control of life in general, they also start taking better care of themselves, in this case, eating healthier and exercising more.

Another issue is that within salutogenic theory, one's position on the health continuum is regarded as the health outcome, with the Sense of Coherence (SOC) as the principle predictive measure. This implies that SOC sketches people's movement along the health continuum, with an interplay of the four dimensions of health. Yet, the SOC scale is a set of questions, with this interplay of physical, mental, social and spiritual health being captured within the three elements of meaning, comprehension and management. Therefore, two questions arise. Firstly, whether a static scale is an optimal way of assessing this dynamic process. Secondly, what does the outcome, the SOC, represent? Is a 'strong SOC', which stands for 'I feel I have a meaningful life despite of/due to/with a disease' a basis for deciding whether action is needed? This could mean postponing (preventive) treatment until the situation worsens and the SOC weakens below the threshold. It raises issues regarding SOC being used as the single predictor of health status or whether other health outcomes should be added, as nicely expressed by Antonovsky himself:

> *"A salutogenic orientation, which does not in the least disregard the fact that a person has been diagnosed as having diabetes or is at high risk for breast cancer or shows signs of depression or has been given 2 weeks to live as a 'terminal cancer patient', of necessity, in asking, 'How can this person be helped to move toward greater health?' must relate to all aspects of the person."* [12]

Finally, there are other established theories with concepts that measure outcomes like SOC or its elements (see Chap. 3). The first edition of *The Hitchhiker's Guide*

presented the umbrella with multiple theories and concepts contributing to the explanation of health. The similarities, differences and potential position within salutogenic theory have been described [13] for concepts such as flourishing [14] and self-transcendence [15]. Other relevant concepts such as empathy and learned hopefulness should receive further exploration [16]. Another unexplored concept at the individual level is intrinsic motivation, a concept within Self-Determination Theory [17]. Like the SOC element of meaningfulness, intrinsic motivation is about engaging in something out of a desire for agency over one's own life, out of love or contributing to higher goals. Further investigation of such concepts and their link, additional value and position within salutogenic theory will benefit the overall development of health promotion theory, research and practice.

## *Additional Measures Beyond SOC: Experiences, Mechanisms and Resources*

The Ottawa Charter already stated that combining diverse but complementary methods or approaches is a principle of health promotion [18]. Looking at salutogenic theory, this particularly applies, since the origins of SOC lie within early childhood. During this life period, socio-cultural and historical living contexts bring stressors, resources, as well as life experiences that initiate a process of learning that shapes the SOC [19] (see Chap. 7). This learning process continues along the life course, with SOC levels indicating a certain level of feeling coherent at a moment in time. According to Antonovsky the SOC continues to develop up to the age of 30. Thereafter, SOC is relatively resistant to change yet temporary changes, and fluctuations around a mean may emerge [20, p. 124]. A recent review indicates that it is possible to strengthen SOC through interventions. However, the reviewed studies did not measure long-term outcomes [21]. In this respect, a longitudinal study [22] showed that SOC is quite stable and resumes its stability after stress (see Table 4.1 in Chap. 4).

To capture the dynamic, contextual nature of life, assessments should go beyond one moment in time and as well, capture the learning process that shapes SOC. By assessing SOC during multiple moments along the life course, insight is gained into how much SOC strengthens, weakens or whether it remains stable when people go through life stages. In research, explanations for this SOC dynamic may be found within major societal or personal challenges and opportunities that have functioned as learning experiences.

Secondly, additional measures are needed to more precisely capture how historical and structural contexts shape and are shaped by SOC. Insights from such measures can inform designs of salutogenesis-inspired societies (see Chap. 9). In the last decade, qualitative methods have been applied that often aim to unravel 'salutogenic mechanisms'. Examples include how working in nature drives functioning well at work [5], how experiences along the life course inspired healthful eating in

later life [10] and how sports participation drives meaning [11]. In these studies, participants' life experiences in the past and present were collected with the aim of extracting the stressors they faced and resources they identified and applied to function well within society or in a certain setting.

## How We Measure

### *Assessment Beyond the SOC Scale*

Salutogenic theory has been applied in different ways, ranging from applying a salutogenic orientation, (parts of) the full model and a single focus on SOC [23]. Antonovsky argued that additional research methods such as life histories and in-depth interviews could provide better explanations for how SOC develops in different contexts [24]. Assessment tools beyond the SOC scale, specifically for qualitative investigations, have been developed, such as narrative tools. An example of such a tool is included at the end of this chapter.

Studies that aim to unravel 'salutogenic mechanisms' have been challenged by unclarity about the mechanism that links sense of coherence with movement on the health continuum. Mittelmark and Bauer [19] note that salutogenic theory poses that 'SOC helps to mobilise GRRs when faced with stressors by either (1) avoiding the stressor, (2) defining it as a non-stressor, (3) managing/overcoming, (4) leading to tension that is then, managed with success or (5) unsuccessfully managed tension; and that these outcomes influence one's movement on the ease-disease continuum', however, that it remains unclear what this mechanism exactly entails. This appears to complicate the analysis of narratives, especially distinguishing between resistant resources and life experiences. For example, whether employer-employee interaction should be considered a life experience itself, formed within this specific life situation. Or should it be considered a resource that is mobilised through life experience [25].

Tools additional to the SOC-scale should allow for extracting resistant resources that are relevant for individuals, groups and societies with diverse backgrounds, in a variety of situations that occur throughout life. In the last section of this chapter, a first set of characteristics for tools that align with principles, values and concepts of salutogenic theory is provided.

### *Power Dynamics*

In this section, we discuss issues that relate to power dynamics that may be at play when applying salutogenic theory. Safeguarding equality in both research and practice is a cornerstone of health promotion and salutogenic theory. However, some

scholars and practitioners have applied what can be regarded as a traditional, health education approach in which power dynamics occur [26]. The first issue is whether SOC can be influenced and if so, who has decisive power on what to do and how. Secondly, who is to be held accountable when inhabitants of resourceful societies are unable to find solutions to manage stress and maintain health, due to constraints outside their control.

## *Who Is in Control?*

Several studies show that the SOC can be modified and strengthened among different groups through health-promoting interventions [21] The question is then, who is to influence what? In research, participatory designs such as participatory action research (PAR) foster equal distribution of power among all involved. However, it appears not to be easy to actively involve everyone in everything in all stages of a project or programme. For example, in a study evaluating community participation approaches to promote health, it was found that in some cases, community members felt overwhelmed by the responsibilities given to them, leading to feelings of stress [27]. The study by Mjøsund et al. [28] also shows that clarifying and discussing perspectives, responsibilities and roles of users of health services is an important feature of participatory research.

In addition, the 'helper-syndrome' is still present among researchers and practitioners. Although salutary health promotion should not affect personal autonomy by respecting that not all people have the same preferences, some professionals have problems with taking a less controlling role. Such a role can take the form of a partner and resource for the community at hand, rather than being the expert who assumes to know what's best. Besides the issue that handing over control can be problematic within professions that operate within a biomedical paradigm, there is the question of who is to have decisive power? For instance, for decisions about resources and experiences that should become available within a setting or society. Should it be based on the preferences of those that 'succeed' (strong SOC), those that 'fail' (weak SOC) or both? What to decide when the first group values self-actualisation whereas for the second group, togetherness is key?

Another issue relates to the mechanism that underlies the development or maintenance of a strong SOC. Namely, whether everyone has the same capacity and opportunities to identify and apply resources in a way conducive to health and well-being. Or does socio-culturally established power relations hinder some and benefit others?

## *Blaming the Victim*

The SOC construct can lend itself to explanations and interventions that are neglectful of the fact that people in poverty often have very limited control over their circumstances [23]. For example, people living in a resource-rich society who have a weak SOC may be blamed for not making use of resources. It justifies expert control because obviously, when people are left to their own devices, they will naturally adopt an 'unhealthy' lifestyle [26]. This viewpoint is especially worrying as it has been expressed that the SOC not only depends on the individual and should not be used as a diagnostic tool (Personal communication between Dr. Avishai Antonovsky and Monica Eriksson 2024, see Chap. 4).

A 'blaming the victim' attitude can result from being part of the biomedical paradigm. Within this paradigm, human agency is idealised and implies that people can autonomously act upon their health, leaving little space for systemic and environmental influences. The influence of this paradigm is also visible in results of studies. For instance, research that applied salutogenic theory in the field of healthful eating has indicated more resources at the individual level than at the collective/societal level. For instance, studies on healthful eating indicate that self-efficacy, self-awareness, a reflective and positive attitude towards life, creativity and low doctor-oriented locus of control contribute to such eating [10, 29, 30]. These findings imply that research participants can more easily retrieve resources at the individual level. However, it may also reflect that people consider health as a merely individual responsibility, resonating with the biomedical perspective on health and its related factors.

Salutogenic theory, however, applies a systems approach to health, with the provision of experiences and resources that society does (not) provide as the foundation of SOC [31]. Studies that apply salutogenic theory, hence should acknowledge this interaction between individual capacities and societal contexts and view health as a collective, social responsibility. Actions based on the results of such studies then should address both structural societal changes and individual capacity building.

## *Further Steps*

The issue of the multiple interpretations of 'salutogenic research and practice' indicates a need for clarity on how to use the theory to design health-promoting activities. The following guiding principles are indicated literature [21, 30]:

- Facilitate access and use of resistance resources
- Consider participants as a whole,

- Consider stressors and tensions as potentially health-promoting,
- Support individual and group learning processes,
- Ensure participants have active involvement and are allowed to influence the activity (active adaptation),
- Consider participants needs for emotional closeness with others,
- Consider participants needs for positive encouragement.

Further development of guiding principles in relation to other topics or settings may benefit the further development of salutogenic theory.

The development of methods that capture the dynamic, contextual nature of life that shapes SOC can be supported by extracting characteristics from salutogenic theory:

- *Investigate interaction*: with its roots in holistic, ecological health promotion, salutogenic theory assumes the world as dynamic and whole, with all beings connected and collectively constructing knowledge and understanding about their world [27]. This implies an assessment tool, including the type of analysis, that taps into this reciprocal interaction between people and context by investigating how participants make sense of a stressors, life-experiences and resources along their life-course within their historical and socio-cultural context.
- *Include multi-levels*: another consideration is that people live in multiple ecosystems, at individual, family-, group-, community- and population levels. Hence, an assessment tool should be sensitive to these different levels and how each of these may provide similar or different stressors, experiences and resources.
- *Consider multi-dimensionality at all levels:* the multi-dimensional nature of health is key to salutogenic theory and calls for an assessment tool that starts from a whole-person approach rather than single out particular aspects such as their physical status; also, SOC is a multidimensional concept and may include other elements besides meaningfulness, comprehensibility and manageability that should be investigated.
- *Active role of study participants*: assessment tools that are applied *with* participants rather than imposed on them means taking a participatory, collaborative approach in which participants' reflective capacity on what they find significant and meaningful is tapped into.
- Research that captures *both structural societal influences* and *individual capacity*.

**Example of an Additional Method: Narrative Inquiry**

As part of a larger study that aimed to understand healthful eating from a salutogenic perspective, a qualitative methodology known as narrative inquiry was used to explore life experiences and coping strategies that foster such eating. Narrative inquiry is defined as systematic listening to people's life stories. Stories were elicited through timelines, involving drawing and visually exploring life experiences to encourage participants to remember and reflect upon past experiences and make it easier to tell stories about their lives during the interviews. Participants also constructed a 'Food and Me' box which represented aspects that were important to them in terms of eating (e.g. objects, photo's, utensils). The box supported participants to reflect on their eating practices. Subsequently, 60 to 80 min interviews were held. First, participants were asked to discuss and explain their timelines chronologically from birth to the present. Then, describe key life experiences and turning points in relation to food and health. Third, the content of the Food and Me' box was discussed. The interviewer probed with questions when they wanted ideas or events to be described further. Interpretative phenomenological analysis (IPA) was applied to account for the world of participants and investigate events, processes and relationships. Informed by salutogenic theory, specific attention was paid to stressors, heuristics (strategies people employ in moments of uncertainty) and social and historical life paths. The study elicited insights in how healthful eating develops from exposure to individual- and context-bounded factors during childhood and adulthood and involves specific mental and social capacities including e.g. critical self-awareness, flexibility, craftiness and fortitude. Life-learning moments throughout the life course provided participants with opportunities to develop strategies that strengthened their agency and their capacity to overcome stressors. These findings inform holistic, life-long salutogenic-oriented nutrition promotion that, besides food and eating-specific factors, also enables general health-promoting practices such as mindfulness, critical thinking and stress management [29].[1]

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