

SpringerBriefs in Public Health

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The Hitchhiker's Guide to Salutogenesis

From the Ottawa Charter
for Health Promotion to
Planetary Health

Second Edition



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ISSN 2192-3698 ISSN 2192-3701 (electronic)
SpringerBriefs in Public Health
ISBN 978-3-031-89567-8 ISBN 978-3-031-89568-5 (eBook)
<https://doi.org/10.1007/978-3-031-89568-5>

1st edition: © Bengt Lindström and Monica Eriksson 2010

This work was supported by The Center of Salutogenesis (COS) at the University of Zürich.

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Chapter 12

Future Perspectives



**Bengt Lindström, Monica Eriksson, Lenneke Vaandrager,
and Georg F. Bauer**

Monica Eriksson: Salutogenesis—A Whole World of Opportunities and Challenges

The production of this book has given new knowledge and broadened the scientific insights of the theory. Questions have been answered, while new questions have arisen. This personal view and vision of future research focuses on issues from two perspectives: *theory development* and *implementation* in practice.

In research clarification of concepts is an important step in the process of developing theories that are meaningful in the discipline and that make sense for people. It is not an endpoint, but a critical step in theory development. The concept of health has in this book been described as a process in a one-continua model (Antonovsky, see Chaps. 2 and 3) and in a two-continua model of mental health (Keyes, see Chap. 5). However, health is essential for life, but life is more than good health. This raises a vision to develop a four-continua model of well-being, consisting of spiritual, mental, physical and social elements. It is about QoL and optimal well-being, in the long run term, sustainability.

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M. Eriksson et al. (eds.), *The Hitchhiker's Guide to Salutogenesis*,

SpringerBriefs in Public Health, https://doi.org/10.1007/978-3-031-89568-5_12

It has been obvious, that the dimensionality and the structural validity of the Sense of Coherence (SOC) still need further exploration (see Chap. 4). Today there is an increasing body of studies using Confirmatory Factor Analysis for exploring the dimensions of the SOC, showing that there are problems in understanding the items in the SOC scale. Further, recent research in Eastern cultures shows that the SOC scale seems to be more culturally sensitive than previously assumed, especially among older adults. This raises another question, is SOC more age-sensitive than we have assumed? Or is it about a sensitivity of a generation?

What does it really mean to be salutogenic, to think and to act salutogenically? Is it about “live the words” or “holding space,” maybe. Research on this issue is limited. Some guiding principles are given, common for health promotion and salutogenesis, but need to be further explored. This leads to a need for more qualitative research to obtain a deeper understanding in different cultures and among various age groups. This can be achieved by using research methods where respondents and research subjects are involved as co-researchers and as active participating individuals.

Implementing salutogenesis in practice is more than only measuring SOC among individuals. It is more important to adopt the salutogenic guiding principles and think about how these can be systematically applied in a specific activity or context. This is especially relevant for workplace health promotion.

Finally, the lack of a *systematic* measurement of peoples’ health resources is problematic. We have sufficient data on diseases and risks of falling ill, but we do not systematically measure resistance resources (see Chap. 3, Fig. 3.4, the umbrella). We can find research programs and health promotion projects; they are often temporary and of different lengths. They give us knowledge, but this is not enough to balance the risk approach with a resource approach to get the whole picture of peoples’ health.

Georg F. Bauer: Advancing the Salutogenic Model of Health

In 2020, the Global Working Group (GWG) on Salutogenesis published a position paper on future directions for the concept of salutogenesis [1]. It identified four key conceptual issues to be advanced, including the overall salutogenic model of health. The paper recommends complementing the current ease/dis-ease continuum by an additional positive health continuum. The reason is that Antonovsky [2] defined the ease 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. Thus, the ease/dis-ease continuum as a whole captures the domain of negative health, as it covers various degrees of absence of negatively valued, health-impairing aspects. However, already the WHO (1948) definition states that health includes both the absence of negative and the presence of positive aspects. Meanwhile, there is a broad literature capturing such positive aspects of health. This includes concepts like developing personal potential, well-being, well-functioning,

self-fulfillment, pursuing a purpose in life, thriving or making a contributing to society. Now, one could just expand the definition of the ease-end of the single ease/dis-ease continuum accordingly—extending the continuum all the way into these positive aspects of health. However, this would create two problems. First, an ambiguity of definition: Being at ease could mean just being free of negative health (as postulated by Antonovsky). Or it could mean having moved anywhere into the positive health domain. Second, a single continuum assumes a straight, negative correlation between negative and positive health. On a single continuum, developing more dis-ease automatically removes one from experiencing positive health. And developing positive health automatically reduces dis-ease. However, developing a disease can go hand in hand with positive health development. Also, the dual continuum model of mental health and mental illness [3] suggests and empirically shows that these two continua are related in an orthogonal way.

The Job-Demands-Resources Model introduced in Chap. 8 distinguishes demands vs. resources as positively vs. negatively valued aspects of working life. In analogy, positive health could be defined as those aspects of health that are positively valued by individuals, which they would like to further approach and develop. Then, negative health captures those aspects of health that are negatively valued by individuals, which they would like to avoid or diminish.

Referring to the earlier health development model [4], the aforementioned position paper also recommends adding a path of positive health development leading directly from resources to positive health. This suggestion acknowledges that resources do not only play a key role as generalized resistance resource (GRR) and specific resistance resource (SRR) in helping to cope with or resist stressors and adversarial life situations but as growth resources, they can also support in approaching positively valued life goals and in personal growth and development. Such an expanded salutogenic model of health allows for universal studies promoting the full human health experience.

Lenneke Vaandrager: Future Research and Practice of Salutogenesis

In line with what is written in the second edition of *The Handbook of Salutogenesis* three future steps are required for future research and practice:

1. Sound application of the theory of salutogenesis in the health system, health promotion and other areas such as environmental development and sustainability, health governance and planetary health.
2. Theory development of the overall salutogenic model and continued emphasis on the study of quantitative and qualitative measurement tools.
3. Capacity building for the advancement of salutogenesis as an academic field [5].

The application of salutogenesis can especially gain from further operationalization in approaches in different settings and on different scale levels. In this book, we have included good examples in the area of societies, healthcare and workplaces. The second edition of *The Handbook of Salutogenesis* has included much more examples and the number of academic publications about so-called “salutogenic interventions or programmes” is rapidly growing in this field. In the area of environmental development (or protection) and sustainability there is still a world to win. Biodiversity might be an interesting starting point: when this increases (again) it creates meaningfulness to see different species flourish. One other popular development in this field is planetary health, which is widely embraced but has the danger of becoming dehumanized and only focused on risk management (outbreaks and disasters) and management of infectious diseases. Something happened during the COVID time, and increased inequalities, and has been unfortunate for the mental health of young people. Salutogenesis offers opportunities to unravel structural social factors such as resources for health and coherent dialogues. It can also serve as an orientation for governance when we want to improve the planetary health equity outcomes.

To advance salutogenesis as a theory rigorously there is a need to further develop and test the salutogenic model of health and salutogenic interventions that create, promote and restore well-being and the planet. Not as a recipe book but as an orientation that allows people to engage in this life-long, enriching and safe learning process. This also calls for the sound evaluation of our salutogenic programmes and policies: do these approaches have the intended impact, what works well and what works less well? What mechanisms are at play?

Salutogenesis also offers opportunities to work with research instruments that are salutogenic in themselves: that help to reflect on what is important for the quality of life and wellbeing and to try and learn from doing things differently in life. Or in other words, making participation in research is a pleasure and supporting the lifelong learning process.

For capacity building, we need salutogenic scholars all over the world to collaborate in exchanging how we teach salutogenesis in a salutogenic way. That requires a strong infrastructure, and international networks such as STARS (see Appendix) and the European Training Consortium for Public Health and Health Promotion ETC-PHHP to cherish communities that provide younger generations with training and education. To quote the final sentence of the second edition of *The Handbook of Salutogenesis*, “There is a tremendous diversity of opportunity of a salutogenic orientation to improve virtually all of society’s well-being!”

Bengt Lindström

In 2026–2028 the UN and WHO will celebrate their 80th anniversary and the Ottawa Charter its 40th. They will be remembrances of the birth of the Human Right Movement in an idealistic time when hopes for a better future after the Second

World War were on top of the agenda. How is this connected to the Salutogenesis? The study that gave birth to Salutogenesis included women who were victims of the Holocaust but despite this still were able to carry on with a full and rich life of dignity. They were salutogenic.

The day the manuscript of the first edition of *The Hitchhiker's Guide to Salutogenesis* was finished, I started thinking of how it related to Douglas Adams's book *The Hitchhiker's Guide to the Galaxy* [6] which inspired me to give the title to this book. In Adams's book, a supercomputer is given the task of answering the ultimate question of the Meaning of Life. Mankind had though over time forgotten the original question and did not understand when the answer was simply the number 42. At the time it delighted me that the sum of the two original Orientation to Life Questionnaires (SOC 29 and SOC 13) was 42! That brought some laughs.

Now this time, I realise that Salutogenesis and Health Promotion 15 years ago mainly was concerned with only the Anthropocene perspective of the habitat on Earth. Things have changed dramatically! Today climate change and human-caused disasters, including grave violations of Human Rights have brought us to the ultimate question of the survival of the Planet and Life on Earth.

We now have an idea of how to bring it all back to one central mission. That is to create Coherence in and between people, habitats and utmost for life on Earth. The model and embryo for this is presented as the action and learning model in the chapter on Salutogenesis and Society. The question for the Future is simply how to create a coherent future for all and everything. This time let us not lose the Question!

However, we are not yet at the point of considering the Galaxies. My hope is that the Salutogenic perspective and response to the salutogenic question: "What Creates Health?" still is a challenge for the future hoping to create better conditions for Life on Earth for peace, harmony and coherence.

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