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Contextualizing salutogenesis and Antonovsky in public health development

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SUMMARY

More than 20 years have passed since the American-Israeli medical sociologist Aaron Antonovsky introduced his salutogenic theory 'sense of coherence' as a global orientation to view the world, claiming that the way people view their life has a positive influence on their health. Sense of coherence explains why people in stressful situations stay well and even are able to improve their health. The origin of salutogenesis derives from the interviews of Israeli women with experiences from the concentration camps of the Second World War who in spite of this stayed healthy. Sixty years after the Holocaust this paper aim to shed light on the salutogenic theory in the context of public health and health promotion. In addition, other approaches with salutogenic elements for the explanation of health are considered. A potential direction for public health of the early 21st century is proposed. The historical paradox is to honour the victims of the Holocaust and see the birth of post-modern public health and the salutogenic framework through the experience of its survivors in the ashes of Modernity.

Key words: health promotion; salutogenesis; Antonovsky; sense of coherence

Nearly 10 years ago Aaron Antonovsky died after a short period of disease. His tragic and sudden death also meant a break in the leadership of a new innovative direction in Public Health research. His fundamental contribution was to raise the philosophical 'salutogenic' question of what creates health and search for 'the origin of health' rather than to look for the causes of disease in the pathogenic direction (Antonovsky, 1979; Antonovsky, 1987). Antonovsky got the salutogenic idea while conducting an epidemiological study on problems in the menopause of women in Israel. In this study he used a target group of women who had survived the concentration camps of the Second World War. To his surprise he found that, among these women, there was a group that had the capability of maintaining good health and lead a good life in spite of all they had gone through. As Antonovsky said himself 'How the Hell can this be explained' (B. Lindström and M. Eriksson, personal communication, 1992). Today almost 25 years have passed since the question first was raised and it is about time to draw the conclusions of how far research has come and look at the outcome and evidence of this.

A BRIEF LOOK AT THE HISTORY OF PUBLIC HEALTH IN THE PERIOD OF MODERNITY

Public Health in its modern version developed in the first decades of the 19th century much as a way to solve the new health problems caused by the modernization and Industrial Revolution in the Western Societies. Modernity as such was driven by grand-scale industrial-size projects, made possible because of new technology and innovations that eventually changed the living conditions of man (Giddens, 1991). Simultaneously, the image of man also changed as Darwin challenged the Divine origin of Man in his evolution theory presented in 1857. Inspired and marvelled by the success of Industry the grand idea of Modernity was also implemented in the general development of society (von Wright, 1989). However, one of the dangers of grand-scale action is the distance to the reality where actions can be taken without considering the effects on the individual (Bauman, 1989; Giddens, 1991). Critical comments were already raised at the time, such as Durkheims notion of anomia, man being lost, isolated and without influence in the wheels of the gigantic development. This was one of the explanations to the high suicidal rates at the time.

It has been stated that many scientists in the early 20th century harboured the idea of Modern Man being able to eliminate all problems and defects of society, even mass production of identical and perfect human beings with the help of technology and genetic control. Bauman raises this issue in his analysis of how the genocides in the National Socialistic Germany ever became possible (Bauman, 1989). Germany at that time was an authoritarian elite society that tried to solve and control the problems of Society combining modern science, industrial high technology with political ideology. Much to the shame of the profession, Public Health played an instrumental role in this human catastrophe, the Holocaust, as the Gatekeepers of the concentration camps. Perhaps Public Health also had become a modern grand-scale project. Its main methodology of describing and preventing disease through statistical measures and epidemiological methods could create the distance needed to become blinded—little moral is required to eliminate 'a number' compared to a living human being.

In the aftermath of the Second World War the dream of an ideal world was born again—a global community where all nations could create a good society guided and guarded by a common global institution, the United Nations and its special organizations. The key objective was the protection of Human Rights—for Public Health this meant the creation of the World Health Organization (WHO). In its constitution a new declaration of health was introduced 'health is not only the absence of disease and infirmary but a state of complete well-being in a physical, mental and social meaning' (United Nations Department of Public Information, 1948). This was an idealistic target much in concordance to the optimism of the time period. However, one advantage was the shift of focus from a strict medical orientation on health to the subjective well-being of the population in a physical, mental and social perspective. In 1987 a fourth dimension was introduced, the spiritual well-being (Mahler, 1987). Although the concept of health was widened, health still was seen as a dichotomy between health and disease. In the eyes of the critics this declaration by WHO was a static and ecstatic expression of absolute health. However, the shift from the biomedical paradigm towards social and psychological perspectives was important. The new concept had an impact on Public Health where practitioners, scientists and philosophers to a much broader extent would generate theories and strategies from other fields of science than medicine. Much later the dynamic health theories were introduced focusing on health as a resource for everyday life and health promotion; in other words, the post-modern Public Health and the realization of the Ottawa Charter in terms of salutogenesis and quality of life (Lindström, 1994).

AARON ANTONOVSKY (1923–1994)

Aaron Antonovsky was born in Brooklyn, New York, in the early 1920s as the son of Russian-Jewish immigrants (Lindström and Eriksson, 2005a). He completed his studies as a medical sociologist in USA. In the 1960s he worked at the Israel Institute for Applied Social Research, under the direction of Louis Gutman, and in collaboration with the post-graduate programme for MPH at the Hebrew University and Hadassah. His research was devoted to

sociological aspects of health and medicine, e.g. the socio-cultural aspects of menopause.

The peak of his career was his appointment as a full-time Professor and Head of the Department of Sociology of Health at the Faculty of Health Sciences of Ben-Gurion University of the Negev. He was one of the founders of this faculty, which was established in 1974.

Antonovsky was, through his whole life, very engaged in political questions, being consistent in his ideas of finding a peaceful solution with Israel neighbours on one hand, and on the other hand in his extreme anti-Nazi Germany position. It is therefore of symbolic importance that on his last journey to Europe he visited, together with his wife, Helen, the Auschwitz concentration camp, in order to identify the victims. He felt compelled to undertake this step, although he personally never experienced the horrors of the Holocaust (Maoz, 1995).

Through The Sense of Coherence Newsletter (the editor was Antonovsky himself, 10 numbers were published between January 1991 and May 1994) Antonovsky intended to create a forum for discussion among scientists interested in salutogenesis. He also wanted to create a bibliography of publications/articles and normative data to support a research network. Unfortunately, his early death made it impossible to complete this mission. He made a bewildering trip to the Soviet Union around 1990. After that he raised the interest of a 'collective sense of coherence (SOC)'. At the Congress on the Mental Health in European Families in Prague (1991) he focused on the connections between SOC and ethics and values stating 'a strong SOC may be good for one's health but it says nothing about what one's values are' (Antonovsky, 1991). In 1991, he also held a meeting in Lund in Sweden with Swedish Researchers and later stayed for a year as a guest Professor at the Institution of Child Psychiatry. At the same time he was in contact with the Nordic School of Public Health where he became a frequent lecturer. He also influenced research in Switzerland and in Finland, especially at the Department of Social Policy in Turku. In 1992–1993 he was on a sabbatical in Berkeley. His host was Dr George A. Kaplan. There were a lot of SOC network meetings during his visit at the Human Population Lab in Berkeley. He enjoyed the face-to-face meetings with people who had been correspondents, but what was most important intellectually and scientifically was the interaction among persons of various disciplines and working in different substantive areas.

In 1993 he retired formally but carried on his research from his home in Jerusalem. A moment of Academic Glory was the award of an Honorary Doctorate at the Nordic School of Public Health in Sweden in August 1993. In spite of his retirement he continued his contacts over the world. He was invited by the Victorian Health Promotion Foundation to give a series of lectures in Australia and also had the opportunity to visit New Zealand. He also had an impact on some of the key researchers in Health Promotion in a WHO Euro meeting arranged by Kathryn Dean shortly before his death (Dean, 1993; Kickbusch, 1996). Salutogenesis was seen as a possible and good theory base for health promotion. However, there is a tragic and sudden end to his life. In June 1994 there was a short fax to his friends and supporters around the World stating he was ill, struck by acute myeloid leukaemia and was about to start treatment. The message ended with a call for a prayer to his health. This was the last message from Aaron Antonovsky who died shortly after.

THE SCIENTIFIC STORY OF SALUTOGENESIS

Early in Antonovsky's career his research interest turned to social class and health and later to the impact of stress on health. It was a time when the ruling paradigm in Public Health focused on disease and risk factors in the search for causal relationships like cancer and smoking, cholesterol and heart disease. Stress was seen as a negative event that increased the susceptibility and risk of breaking down people. Over time the understanding has become more relative where the nature of the stress agent, the abilities of the people involved and the environment play important roles. Both health and stress research initially considered the stress factors (or stressors) as problematic negative events in the life of people. In contrast, Antonovsky stated that disease and stress occur everywhere and all the time and it was surprising that organisms were able to survive with this constant mass exposure. His conclusion was that chaos and stress were part of life and natural conditions. The interesting question

that came to his mind was: how come we can survive in spite of all this? In his world health is relative on a continuum and the most important research question is what causes health (salutogenesis) not what are the reasons for disease (pathogenesis). The paradox is the birth of the salutogenic paradigm and post-modern public health in the ashes of the victims of the Holocaust.

Conceptually, it seems that Antonovsky seeks support from many other theoretical frameworks when he creates the synthesis and the core concepts of salutogenesis (Antonovsky, 1979; Lindström and Eriksson, 2005b). The fundamental new concepts are the General Resistance Resources (GRRs) and the SOC. The GRRs are biological, material and psychosocial factors that make it easier for people to perceive their lives as consistent, structured and understandable. Typical GRRs are money, knowledge, experience, self-esteem, healthy behaviour, commitment, social support, cultural capital, intelligence, traditions and view of life. If a person has these kinds of resources at her disposal or in her immediate surroundings there is a better chance for her to deal with the challenges of life. They help the person to construct coherent life experiences. What is more important than the resources themselves is the ability to use them, the SOC, the second and more generally known salutogenic key concept. The GRRs lead to life experiences that promote a strong SOC—a way of perceiving life and the ability to successfully manage the infinite number of complex stressors encountered in the discourse of life. The SOC is the capability to perceive that one can manage in any situation independent of whatever is happening in life.

SOC is flexible, not constructed around a fixed set of mastering strategies, like the classic coping strategies (Antonovsky, 1993b). One could say that SOC functions as a 'sixth sense' for survival and generates health promoting abilities. In the original text:

> The SOC is defined as 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 the stimuli; and (3) these demands are challenges, worthy of investment and engagement. (Antonovsky, 1987)

In a wider analysis of SOC Antonovsky describes its key components as follows:

(i) comprehensibility—the cognitive component;
(ii) manageability—the instrumental or behavioural component; and
(iii) meaningfulness—the motivational component.

People have to understand their lives and they have to be understood by others, perceive that they are able to manage the situation and deepest and most important perceive it is meaningful enough to find motivation to continue. SOC is applicable on the individual, group and societal level and is fluctuating dynamically through life. Antonovsky postulated that SOC was mainly formed in the first three decades of life. Thereafter, he thought that only very strong changes in life could upset and change the SOC. Speaking in general terms of Western societies people who are approaching their fourth decade in life today have had enough experience of life to become independent persons with a job and an education, have sufficient experiences of social structures and relationships and have also formed a view of life. Antonovsky further boldly postulated that SOC was universally applicable to all cultures and ethnic contexts. At the time of his death much of the empirical evidence to the support or refusal of his theories was not available. A year before his death he published an article that summarized the evidence up to 1992 (Antonovsky, 1993a). Nobody has really tried to pull all the knowledge together in a systematic way until now.

THE SALUTOGENIC FRAMEWORK IN THE CONTEXT OF HEALTH PROMOTION

One of the innovations of Public Health at the end of the 20th century was the Health Promotion Movement. The focus was on the mobilization and development of population health resources, enabling people to live a good life. The principles of Health promotion were concentrated in the Ottawa Charter—the 'genetic code' of the movement (WHO, 1986). At the heart of the process is the respect of human rights, seeing people as active participating subjects. Here, professionals and people are mutually engaged in an empowering process. The role of the

professionals is to support and provide options that enable people to make sound choices, to point at the key determinants of health, to make people aware of them and able to use them. Health promotion stimulated public health and brought new enthusiasm into the practice. In spite of the early broad discussions on different theory frameworks incorporated in Health Promotion people were too eager to get into action resulting in the fact that practice did not really reflect theory (Noack, 1987). There was also a lack of methods to evaluate the process. Today the honeymoon period of health promotion is long over and the evidence of its effectiveness is demanded. Health promotion has responded to this such as the recently collected global evidence of its effectiveness and developed research methods for its evaluation (IUHPE, 2000; Rootman *et al*., 2001). However, there would still be a need to reconsider its theoretical foundation.

Here, some of the core ideas of the theoretical frameworks are presented. The principles of health promotion are presented in the Ottawa Charter of 1986: 'Health promotion is the process which enables people to gain control over their health determinants in order to improve their health and thereby be able to live an active and productive life' (WHO, 1986). One can see this as three phases, the first one that recognizes the background (the determinants), the second one that sets an objective (to lead an active productive life), and the third one is the activity (the enabling process) where the determinants are used to reach the objective in a dialectic relationship between people, the setting and the enablers. At the heart there is the human being seen as an active participating subject, respected in her full human rights.

Returning to salutogenesis this theoretical framework could again be considered as a theoretical framework for health promotion. The salutogenic perspective focuses on three aspects. First, the focus is on problem solving/finding solutions. Second, it identifies GRRs that help people to move in the direction of positive health. Third, it identifies a global and pervasive sense in individuals, groups, populations or systems that serves as the overall mechanism or capacity for this process, the SOC.

Antonovsky claimed that SOC was a universal mechanism that could be applicable to any culture. Empirical research has proved that this is the case. Further it seems to be a property that develops over the lifespan, meaning it can be learned. It has a strong correlation to perceived health, mental well-being and quality of life (Eriksson and Lindström, 2005). SOC has been compared to and proved useful and relevant in learning processes (Nilsson and Lindström, 1998). The combination of salutogenesis and quality of life catches the core components of the principles of health promotion where salutogenesis is the process leading to quality of life (Lindström, 1994).

OTHER APPROACHES WITH SALUTOGENIC FRAMEWORKS

The search for coherence of systems and disciplines can also be explained in terms of the theory and practice of interdisciplinarity. This has evolved as a theoretical framework over the last century. Klein describes interdisciplinary work (Klein, 1990) as being a way of:

- answering complex questions;
- addressing broad issues;
- exploring disciplinary and professional relations;
- solving problems that are beyond one discipline; and
- achieving unity of knowledge on a limited or grand scale.

Interdisciplinarity has a history over the past century involving most social sciences and especially educational sciences supported by many scientists, intellectuals and organizations (such as OECD, UNESCO). It has been particularly apparent in the critical movements such as structuralism and deconstruction (Levi–Strauss, Foucault, Kuhn among others). The strength of it is the integrative approach. This can be placed into the narrative of the development of health on a societal scale.

If one looks at the process itself the principles and theory of empowerment is useful (Rappaport, 1987; Freire, 1996). Freire used empowerment as a way of learning focusing on populations who have difficulties to acquire learning in its ordinary institutions. His aim was to reduce inequity through this learning process thus mobilizing the uneducated. Empowerment is about giving people control and mastery over their lives similar to the enabling process in health promotion. It is about the development of abilities and coping skills and endowing people with the ability to work for active critical

conscious-raising. It is also a democratic concept looking at the structure of power and a process of professional activity and a relinquishment of the professionals' power.

There are some additional theoretical aspects that can be useful in this context of finding coherence for systems. They have served as inspiration but are not further explored here. These are the concept of habitus (Bourdieu, 1993), who relates to a common consciousness, Bronfenbrenner's ecological development model combining microsystems with macrosystems (Bronfenbrenner, 1979), the vertical and horizontal social capital and some ecological welfare models (Swedner, 1983) and quality of life models (Raphael, 2002).

THE FUTURE

In his last year of life Antonovsky stated that the concept of salutogenesis had been accepted widely and it already was used without mentioning his name. This made him proud as the concept had found its own life. However, his sudden and unexpected death left the research area without its natural leader. Over the years studies inspired by salutogenesis have been carried out all over the globe. Today there have been studies in at least 32 countries (Eriksson and Lindström, 2005). However, there has not been any real attempt to analyse and evaluate this research field since 1992. This clearly would be an important task. At the moment a systematic review on the salutogenic research 1992–2003 is undertaken and published by the authors (Eriksson and Lindström, 2005; Lindström and Eriksson, 2005a; Lindström and Eriksson, 2005b).

Further there are today other concepts which have adopted the salutogenic thinking, such as resilience (Werner and Smith, 1982) and hardiness (Kobasa, 1982) within psychology and several coping and stress management theories. Beyond theories mentioned by Antonovsky like sense of permanence (Boyce), the social climate (Moos) and the family's construction of reality (Reiss) (Antonovsky, 1987) there are additional concepts such as flow (Csíkszentmihályi and Csíkszentmihályi, 1998), learned resourcefulness (Rosenbaum, 1990) and life control (Söderqvist and Bäckman, 1988), which all contain elements of a salutogenic thinking and focus on resources. Therefore, one could perhaps talk about a broad salutogenic framework where SOC is just one aspect.

The beginning of this paper described Public Health as a Project of Modernity and demonstrated some of the consequences of Modernism for Mankind in general, using the actions of some public health professionals as an example of the extreme. Some of the learning and wisdom mankind drew from the victims of the Holocaust gave birth to the salutogenic framework and a different view on how health is generated. Somewhat later the Health Promotion movement created its new paradigm in Public Health. It had a more humanistic approach partly adopting salutogenesis in its thinking to meet the challenges of the Post-Modern world.

However, Public Health of the early 21st century is once again at a cross-road. There is a strong undercurrent of neo-conservatism where the efforts again focus on short-term solutions to combat disease. Such interventions are of course necessary because of the many pressing problems, including some new disease panoramas. However, there is also a need to look for long-term sustainable strategies and to build capacity for healthy public policies. As evidence is collected and analysed, the salutogenic framework could be a guiding principle in such interventions. Finally, a recent review by the Institute of Medicine in USA (Beaglehole, 2003) on what is needed for the education of health professionals for the 21st century made a central point of the necessity to find a coherent health concept, the salutogenic model would perhaps serve such a purpose.

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