

Future directions for the concept of salutogenesis

Position Paper (summary)

Developed by the IUHPE Global Working Group on Salutogenesis

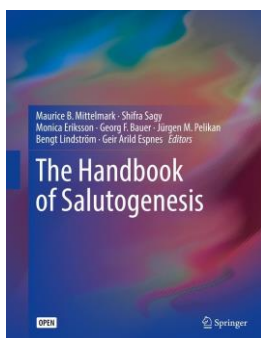


Salutogenesis as a key theory of health promotion and a new public health

More than forty years ago, Aaron Antonovsky created the concept of salutogenesis as a complementary notion to pathogenesis. Salutogenesis is about the origin (“*genesis*”) of health (Latin “*salus*”) rather than disease. In his ultimate publication (1996), Antonovsky suggested salutogenesis as a key theory of health promotion.

The meanings of Salutogenesis

The original, **full model of salutogenesis** posits that life experiences shape the sense of coherence (SOC) that helps to mobilise general resistance resources to cope with stressors and manage possible tensions. This will determine one’s movement on the health ease/dis-ease continuum – the innovative alternative to focusing on various diseases as dichotomous outcomes (ill/not ill). As reflected in the international Handbook of Salutogenesis (Mittelmark et al., 2017), the field of health promotion has broadly adopted a **salutogenic orientation** that implies the need to foster resources and capacities to promote health and wellbeing. Antonovsky considered the **three-dimensional SOC** (*i.e.* comprehensibility, manageability, meaningfulness of life) as the key to salutogenesis. This third meaning of Salutogenesis as being equated to the SOC has been broadly taken up in salutogenic research as SOC can be feasibly studied using the well-established SOC questionnaires.



Four future directions for salutogenesis

In the process of compiling the *Handbook of Salutogenesis*, the Global Working Group on Salutogenesis (GWG-Sal) identified the following four key conceptual issues to be advanced to develop the full potential of Salutogenesis for the field of health promotion and beyond.

1) Advance the overall salutogenic model of health

To become more relevant to health promotion, the salutogenic model of health needs to be completed by an additional positive health continuum and a path of positive health development linking resources to this continuum operating independently of stressors:

An additional positive health continuum: Antonovsky defined the positive end of his ease/dis-ease continuum still in a negative way, *i.e.* as the absence of pain, functional limitation, acute or chronic prognosis and health-related action implications. Meanwhile, a broader literature on positive health has emerged, highlighting the importance of developing personal potential, well-functioning, self-fulfilment, purpose in life, social attractiveness, thriving, and contributing to society. Considering these developments, and as Antonovsky was open to other ease/dis-ease continua, we recommend to complete the negatively defined ease-/disease continuum in his original salutogenic model by a positive health continuum.

A path of positive health development: In addressing his question of ‘*the origin of health*’, Antonovsky started out with the assumption of life being challenging and health being continuously threatened by ubiquitous stressors. However, beyond surviving, health promotion is about enabling people to increase control over their health. The Ottawa Charter states that health is created and lived by people within their everyday life settings *i.e.* where they learn, work, play, love.



These everyday activities can be highly stressful, but also include many resourceful encounters with oneself, others and the environment. Thus, we propose to add a path of positive health development to the salutogenic model showing how resources can directly promote positive health and thriving.

2) Advance the concept of SOC

We recommend revisiting the concept of SOC, its conceptualization, its measurement and its early development.

The concept and measurement of SOC: Antonovsky’s 29-item self-administered Orientation to Life Questionnaire has been translated into 50 languages and has been the basis for almost all research on the SOC. We propose three avenues to overcome this myopic focus: First, Antonovsky’s original analysis of his qualitative data leading to his SOC development could be replicated – would the same three SOC dimensions emerge from a current reading? Second, new qualitative data could be collected, analysed and interpreted using Antonovsky’s original framework. Third, truly alternative approaches to conceptualizing the SOC and its measurement could be taken, for example using grounded approaches on in-depth first-person life histories.

Origin of SOC and of salutogenic processes in early life: From a pathogenic point of view, it is well known that severe stress and other exposures during pregnancy and earlier life can severely impede health in the long run. Less is known about the potential positive impact of nurture and affection, *e.g.* via triggering positive epigenetic changes in the neonate. A multidisciplinary framework on the early genesis of the salutogenic process will help to design empirical research on how pregnancy, birth and the neonatal period will influence SOC and other salutogenic processes in early life.

3) Design salutogenic interventions and change processes in complex systems

Originally, salutogenesis was formulated to study health-related processes, and not to guide interventions. However, Antonovsky's (1996) last paper addressed salutogenesis as a theory to guide health promotion. To design salutogenic interventions and change processes, explicit salutogenic intervention theories are needed. They should build on and integrate key elements of salutogenesis, including strengthening resources, promoting coherent (*i.e.* comprehensible, manageable, meaningful) settings and life experiences as well as positive health outcomes. Interventions should enable communities to create shared life visions and to be part of decision making (meaningfulness); develop shared mental models about the change process and desired outcomes (comprehensibility); enable communities to identify life demands (*e.g.* stressors, challenges) and resources to deal with them (manageability) as well as directly stimulate positive health development.

4) Apply salutogenesis beyond health – including intergroup-relations

In times of increasing global migration and social and cultural diversity, understanding and improving intergroup relations could promote social health within and between groups. The concept of SOC has been applied to the collective level to study the relationship between group SOC and intergroup relations. Studies conducted in conflict zones found that perceptions of one's own group as comprehensible, manageable and meaningful reinforce group cohesion and own health, but also promote attitudes toward separation and superiority over the other group in. This suggests to more fully examine the differential benefits and potential harm of SOC on the individual, group, intergroup, organizational and systems levels. Such research may inform interventions improving intergroup relations and increasing empathy toward the others. Finally, salutogenesis should be applied to other fields beyond health such as environmental, psychological or sociological sciences and topics that can benefit from this positive concept and reversely advance salutogenesis in health promotion research and practice.

All those working with the concept of salutogenesis are called upon to consider these issues, and to join the community of salutogenesis scholars through membership in IUHPE and in the interdisciplinary Society for Theory and Research on Salutogenesis (www.stars-society.org).

**This IUHPE paper is a summary of the full article "[Future directions for the concept of salutogenesis: a position article](#)" published in Health Promotion International, 2020.*

