

Preface

The idea to publish a text collection book on mental health with special regard to salutogenesis developed whilst we, the editors, were editing a Special Issue for the International Review of Psychiatry (IRP) on the topic 'Promoting mental health and salutogenesis in transcultural organisational and work contexts' (2011). After we had sent out our Call for Papers we were taken by surprise at the feedback we received from authors who were elaborating theoretical and empirical research papers on mental health and salutogenesis.

Despite the high quality of the submitted papers, we could not include all of the articles. At the same time we recognized that the authors explored new directions and theoretical approaches through empirical data analysis and the creation of new theoretical models. Therefore, we decided to publish this text collection book.

The need to create a book which reflects mental health and salutogenesis from different disciplinary backgrounds became obvious. Whilst recognizing this need, we aimed at bringing the international researchers' community together, providing an insight into different theoretical approaches, a selection of the recent empirical data and findings in this field. At the same time, we concentrated on emphasising the state-of-the art of salutogenesis across disciplinary perspectives by overcoming cultural and national boundaries.

This book at hand contains articles which reflect salutogenesis from various disciplinary perspectives and provide thereby an overview on salutogenesis across various contexts. We believe, it is an important and useful book for lecturers, researchers and students in health, medical and social sciences. However, it is also a practical book for practitioners to gain insights into research and theoretical background information on mental health and particularly salutogenesis.

The purpose of this book is to enhance the recent discourse on salutogenesis and mental health by presenting articles from experts versed in various disciplines and reflect new ideas in cross-cultural and international context. We would like to stress the richness and importance of interdisciplinary and intercultural dialogues across international scientists to develop theoretical knowledge of salutogenesis and its practical application.

We thank all the authors of this book for their contributions and the publisher for their support in editing and publishing procedures.

Claude-Hélène Mayer and Christina Krause

Editorial

Claude-Hélène Mayer and Christina Krause

Since nearly four decades, mental health with special regard to salutogenesis and sense of coherence (SOC) has been studied interdisciplinarily. It has been researched in various social, organizational, cultural and scientific contexts, related to various theoretical aspects and based on different methodological approaches. Salutogenesis and SOC have been introduced as a salutogenic, culture-general and universal life-orientation and queried within various samples and contexts.

With regard to the global and environmental challenges the individual's need to maintain mental health despite all of these complex challenges is growing. It becomes evident that the need to promote salutogenesis and to develop the SOC is on the raise. Focusing on health issues, such as the increase in stress-related symptoms across cultures, ill-health and the decrease in mental health endorses politicians, scientists and practitioners to include salutogenesis into their worldview (Mayer, 2011). Indeed, there is an urgent need to exchange ideas as well as research results on salutogenesis in different societal contexts and across cultures to contribute to maintaining and promoting salutogenesis in individuals and groups.

In the following sections we will brief our readers on salutogenesis and SOC as well as a short overview on articles in this book will be provided.

Health

During the past century the paradigm of health and its underlying definitions and concepts have shifted across different contexts and cultures. This shift became obvious with the new definition of health by the World Health Organization as '*a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*' (WHO, 1948). Other organisations, such as the International Labour Organization (ILO, 2003) have changed and adapted their definitions and concepts of health and well-being accordingly (Stellman, 1998).

Since these shifts, health has often been viewed as including both physical and psychological dimensions. However, the definition of health has still been criticized for accentuating physical health aspects (Sieberhagen, Rothmann and Pienaar, 2009) by highlighting issues, such as prevention and treatment of diseases or, vaccination options.

Mental health, including the prevention and management of stress or depression, has been less considered than physical health. However, mental

health is an essential dimension of health which plays an important role in health and well-being. Mental health is more than the absence of mental disorders. It is determined by socio-economic and environmental factors and it is linked to behaviour.

Mental health has been defined by the World Health organisation as follows (WHO, 2007):

‘Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

In this positive sense, mental health is the foundation for well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures. Promotion involves actions that create living conditions and environments to support mental health and allow people to adopt and maintain healthy lifestyles. This includes a range of actions that increase the chances of more people experiencing better mental health.’

Health is ‘an integrated method of functioning that is oriented towards maximising the potential of the individual’ (Botha & Brand, 2009, p. 1).

Mental health promotion covers a variety of strategies, all aimed at having a positive impact on mental health. Within this context, mental health is often connected to concepts of lifestyles, including a focus on risk factors and social factors, such as nutrition, culture, education, economics, ecologies and health ‘behaviour’ (Franzkowiak & Wenzel, 1982). Other authors emphasise that mental health depends to a certain degree on both the ability to manage risk and social factors, as well as on the personal lifestyle (Abel, Bucher, Duetz, Niemann & Walter, 2002).

Various authors agree that health and health promotion includes the whole person: it encompasses the emotional, intellectual, spiritual, occupational, social and physical dimensions of the individual (Davies & Heacock, 2003).

Introducing the Main Health Paradigms

It is evident that various scientific approaches exist for health research and that these relate to various paradigms. The bio-medical, the salutogenic and the fortigenic paradigms are three main paradigms in health sciences and health research (Strümpfer, 1995).

The *bio-medical paradigm* is related to the concept of pathogenesis which is focused on the origins of illness and disease (e.g., Wells & Ashizawa, 2006). In many cases the terms disease, disorder, morbidity and illness are used interchangeably (McWhinney, 1987). A disease or medical condition is often defined as an abnormal condition of an organism that impairs bodily functions.

It is further on associated with specific symptoms and signs which might be caused externally or internally (Dorland's, 2010).

The bio-medical paradigm usually excludes room within its *'framework for the social, psychological, and behavioural dimensions of illness'* (Engel, 2002, p. 50). It demands that behavioural aberrations are explained on the basis of disordered somatic (biochemical or neurophysiological) processes: Individuals *'are healthy unless they become sick'* (Johanson et al., 2007, p.103). Health research has in the past often been directed towards pathology, highlighting the abnormality (pathogenic) (Strümpfer, 1990), as well as unhappiness, dissatisfaction, distress and illness (Nelson & Simmons, 2003). However, it is thought that this model does no longer offer an adequate base for health research and promotion.

The *salutogenic paradigm* (Antonovsky, 1979) centered on the question of what keeps people healthy and outlined that, despite being besieged by multiple stressors in everyday living and undergoing severe traumatic experiences, certain individuals cope quite well with and remain both mentally and physically healthy. Antonovsky (1979) coined the term *'salutogenesis'* (Latin/Greek mixtum compositum, meaning *'the development of health'*) to describe this new and revolutionary way of thinking which emphasises the origins of health instead of focusing on the causes of sickness or disease.

The *fortigenic paradigm* is based on the paradigm of salutogenesis. It capitalizes on strength, responding to the question *'Where does strength come from?'* This paradigm is similar to salutogenesis in that it identifies which persons can withstand life's pressures and achieve well-being and why they are able to do so (Strümpfer, 1995). The pioneer of fortitude, Strümpfer (1995), argues that the salutogenetic paradigm should be broadened to include sources of strength – *'fortigenesis'* (Latin *'the origin of strengths'*) – to manage stress and stay well.

Strümpfer (2006) highlights the positive effects of emotions on health referring to humour, optimism and gratitude, as well as dopamine, genetics, the behavioural approach system and natural killer cells. A person with fortitude is one who copes successfully with stress, experiences low levels of depression, has positive appraisals of the self and the family and has support from others. Fortitude is a construct that could explain how people manage to maintain psychological well-being (or cope with) in the face of adversity or stress.

Further Health Concepts in Positive Psychology

Salutogenesis and fortigenesis are part of the *'positive psychology movement'* (Seligman, 2002) and the concept of *'positive health'* which studies primarily ordinary positive subjective human strengths, virtues, experiences and functioning (Seligman & Csikszentmihalyi, 2000).

Further concepts that conceptually resemble the salutogenic and fortigenic constructs include self-actualization, toughness, and social support, satisfac-

tion with life, dispositional optimism, and self-efficacy (Wissing and van Eeden, 1997).

Different theoretical traditions and empirical observations inspire these constructs and their consequent operationalisation. However, it has not yet been empirically determined if these constructs refer to the same or different aspects of psychological well-being and to which extent they overlap (Wissing and van Eeden, 1997, p. 10).

In the following, the focus will primarily be on salutogenesis and its basic assumption and the state-of-the art will be presented.

Salutogenesis

Through the health paradigm shifts, health definitions and conceptions have become more complex and are viewed as a social category which is constructed through the relationship of body and psyche (Faltermaier, 1994). Antonovsky (1985, p. 274) refers to SOC mainly as 'mental health' concept without referring explicitly to physical health and revolutionized health research by posing the question: 'What keeps people healthy?' and thereby included not only physical health aspects, but also social, emotional, mental and spiritual ones. Antonovsky defines health in a human being as an active, dynamic self-regulating process (Bengel et al., 2001) which is based on the bio-psycho-social model (Engel, 1979).

Antonovsky (1987a, p. 90) describes salutogenesis in a metaphor:

'My fundamental philosophical assumption is that the river is the stream of life. None walks the shore safely. Moreover, it is clear to me that much of the river is polluted, literally and figuratively. There are forks in the river that lead to gentle streams or to dangerous rapids and whirlpools. My work has been devoted to confronting the question: "Wherever one is in the stream – whose nature is determined by historical, social-cultural, and physical environmental conditions – what shapes one's ability to swim well?"'

Salutogenesis is concerned with the dynamic relationship between health, stress and coping and rejects the traditional bio-medical-model and its dichotomy separating health and illness. Antonovsky (1979) describes the relationship of health and illness as a continuous variable, a *'health-ease versus dis-ease continuum'*. Disease is thus associated with rigidity, emotional suffering, narcissism, exploitation of others and unconscious repulsion. Contrary to disease, health is associated with conscious coping, creative adaptation and growth, happiness, reciprocal interaction and self-love (Singer & Brähler, 2007, p. 9).

The existing conceptualisation and operationalisation of health lead to differences in emphasis on factors that increase health (Schumacher & Brähler, 2002). Various authors prioritise either personal, psycho-social or socio-cultural factors as determinating health. Singer & Brähler (2007) distinguish research lit-

erature that concerns psycho-social salutogenic factors with regard to 'personal determinants' and 'contextual determinants'.

The Sense of Coherence

Personal determinants include, for example, 'sense of coherence' (Antonovsky, 1979), 'fortitude' and 'internal locus of control' (Strümpfer, 2002), 'personality hardiness' (Kobasa, 1979), 'resilience' (McCubbin et al, 1998), 'self-efficacy' (Bandura, 1977), 'optimism' (Scheier & Carver, 1987), Ben-Sira's (1985) 'potency' and 'learned resourcefulness' (Rosenbaum, 1988).¹

Contextual determinants are, for example, connected to social integration and social support (Beutel, 1990), group membership and family coherence (Sagy & Dotan, 2001), the learning and school environment (Nilsson & Lindström, 1998), as well as religion and the belief in God (Smith, 2002).

Basing on personal determinants, Antonovsky (1979) views salutogenesis as a major life orientation that concentrates on problem-solving. Its strength arises from adaptability and universal use (Lindström & Eriksson, 2005). According to Antonovsky (1993a), individual health is largely determined by a certain psychological factor: The individual's general attitude toward the world and his/her own life. He calls this general attitude as a sense of coherence (SOC). On the one hand, SOC influences the strength of the individual to utilise available resources toward maintaining and promoting health and well-being. On the other hand individuals experiencing comparable external conditions display different states of health through their different perspectives on life and their ability to manage it. Each individual has got the ability within him- or herself to manage stress of a certain degree. This ability depends on the individual's perception of the information transmitted by the environment (Mayer, 2011). Uncertainty is being reduced, experiences are anticipated and trust in the world is constructed. Antonovsky (1979) assumes that experiences characterised by consistency, balanced challenges and a feeling of being able to manage such experiences contribute to the feeling of coherence, as well as to the motivation to search for and construct coherence in different contexts.

Antonovsky (1979, p. 123) defines the sense of coherence 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 (1985, p. 276) complements further the sense of coherence as 'a feeling of confidence that

¹ For a detailed discussion on similarities and differences of these concepts see Bengel et al., (2001) as well as Breed, Cilliers & Visser (2006).

- (1) *the stimuli 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 these stimuli; and*
- (3) *these demands are challenges, worthy of investment and engagement."*

Individuals with a strong SOC are more resistant to the negative effects of stress and anxiety which could otherwise result in a suppressed immunity system, leaving an individual more prone to illness (Adams, Bezner, Drabbs, Zambarano & Steinhardt, 2000). A strong SOC provides a person with the fundamental confidence that a situation will be resolved (Antonovsky, 1990).

Scientific research has found that the SOC has a profound influence on health (e.g. Wydler, Kolip & Abel, 2000): The more pronounced an individual's SOC, the healthier s/he will be and the quicker s/he will regain health or remain healthy. Individuals with a strong SOC are more likely to seek treatment and information, follow professional guidance and avoid behaviour that interferes with health, such as smoking, excessive drinking, unhealthy diet or a sedentary lifestyle (Kivimäki, Elovainiob & Vahterac, 2000). A strong SOC is associated with fewer subjective body complaints, somatoform symptoms and minor health-related problems (Schumacher, Wilz, Gunzelmann & Brähler, 2000). Recent research demonstrates that the SOC determines one's perceived health, especially mental health (Lindström & Eriksson, 2006). According to Strümpfer (1990), the SOC is believed to be a construct with universal meaning, transcending gender, social class, region and culture.

Studies on the correlation of the SOC and health behaviour demonstrate that the relationship between SOC and health behaviour is ambiguous with regard to different behaviours and lifestyle (Forsberg, Björkman, Sandman & Sandlund, 2010).

The Components of Sense of Coherence

Sense of coherence is described as a general feeling of confidence that the individual's internal and external environments are predictable and that they will work out as planned (Antonovsky, 1987). It is also viewed as a cognitive and emotional appraisal style which is connected to coping and health-enhancing behaviours which results in improved adjustment in social settings (Strümpfer, Danana, Gouws & Viviers, 1998). SOC consists of three components, as presented in Figure 1.

The *sense of comprehensibility* is the cognitive component which describes the expectation and the ability of a person to process familiar and unfamiliar stimuli as ordered, consistent, structured information and not as chaotic, random, accidental or inexplicable (Antonovsky, 1987a). This component results from experiences of consistency that support the classification, categorisation

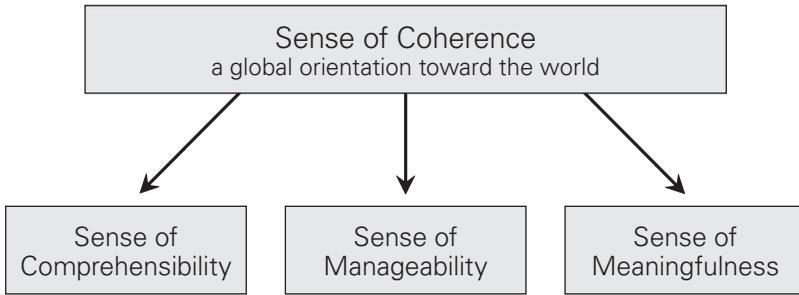


Figure 1: The components of the sense of coherence

and structuralisation of information. The person scoring high in comprehensibility expects stimuli to be predictable, ordered and explicit.

The *sense of manageability* consists of confidence and *'the extent to which one perceives that resources are at one's disposal, which is adequate to meet the demands posed by the stimuli that bombard one. This means that resources are under the person's own control or that resources are controlled by legitimate others'* (Antonovsky, 1987a, p. 17). A high 'sense of manageability' leads to the assumption that difficulties are solvable and that one's own resources, the belief that strains can be kept in balance and manageable, and that people can cope with the things happening in their lives. According to Antonovsky (1990) manageability occurs when both the individual and legitimate others, such as spouses, friends, professionals, formal authorities and spiritual figures perceive the occurring stimuli as keeping under control.

The *sense of meaningfulness* is the motivational component and describes

'the extent to which one feels that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in, are worthy of commitment and engagement, are challenges that are "welcome" rather than burdens that one would much rather do without' (Antonovsky, 1987a, p. 18).

It is considered to be the most important component, because without meaningfulness life is experienced as a burden (Bengel et al., 2001). Meaningfulness is experienced when stimuli are perceived as motivationally relevant. Thus, stimuli are welcomed as challenges worth engaging with and investing oneself in. Meaningfulness is significant to individuals actively involved in processes shaping their destiny and daily life experiences and refers to the sense of importance (Antonovsky, 1987a). Singer & Brähler (2007) point out that those individuals with a high sense of meaningfulness are more likely to positively confront life experiences such as the death of a loved one, poor work performance or dismissal from work. Although they still experience these life events as strenuous, the attribution of sense lends motivation to cope with the situation.

Sense of Coherence and its Appraisals

Antonovsky's theory is based on approaches from various disciplines, such as sociology with accent on stress research. He has particularly been influenced by the work and publications of Lazarus (1995) and Kobasa (1979), but has also referred to resilience research.

According to Antonovsky (1987a), a stimulus is defined as a stressor in the first stage of appraisal. Individuals with a strong SOC tend to react flexibly. A strong SOC enables a person to judge a particular stimulus to be neutral, when the same would cause tension in persons with a weak SOC (Primary Appraisal I).

In the second appraisal, a person with a strong SOC defines the encountered stressor as structured, or even as a welcome challenge, and has confidence that it will be managed well. A strong SOC allows a person to identify a stimulus as a stressor, while at the same time determining whether the stressor is threatening, favourable or irrelevant (Primary Appraisal II).

In the third appraisal, an individual with a strong SOC is capable of realizing the nature of a problem and is eager to encounter it. Individuals with a strong SOC experience and define problems and conflicts in a more differentiated way than individuals with a low SOC. Perception differs as well between these two groups (Amirkhan & Greaves, 2003). Individuals with a strong SOC experience emotions as less diffuse, more focused and less paralysing than individuals with a low SOC (Faltermaier, 1994). They react flexibly to threatening situations with appropriate and directed feelings that can be influenced by actions.

The fourth stage is reappraisal: the individual with a strong SOC is open to feedback and to the possibility of correction (Antonovsky, 1979).

General Resistant Resources

General Resistant Resources (GRR) play an important role within the salutogenic concept (Antonovsky, 1993b). They are described as follows: *'What the person with a strong SOC does, is to select the particular coping strategy that seems most appropriate to deal with the stressors being confronted'* (Antonovsky, 1987a, p. 138). GRRs are shaped by life experiences, consistency, managing outcomes and the balance between underload and overload.

GRRs are viewed as mainly deriving from four different sources, such as education and behaviour styles, social roles, personal characteristics, and fortune. They are integrated in the socio-cultural and historic context (Singer & Brähler, 2007, p. 12). Antonovsky (1987b, p. xiii) identifies the following GRRs:

- physical and biochemical, such as immune-suppressors and stimulators;
- artefactual material GRRs, particularly wealth, that can buy health services and afford power, status and other services;

- cognitive GRRs, particularly knowledge-intelligence, contingent on education, which includes skills and knowledge, for example about avoiding HIV or carcinogens;
- emotional GRR of ego identity;
- coping strategies, as overall plans for overcoming stressors;
- interpersonal-relational GRRs, such as social support and commitment; and
- macro-socio-cultural GRRs of ready answers provided by one's cultural and social structure which includes religion.

Other authors (e.g. Singer & Brähler, 2007, p. 11) distinguish GRRs with regard to three categories:

- Psycho-social generalised resistance resources:
Material wealth, knowledge, intelligence, experience, self-esteem, ego-identity, a rational, flexible and open-minded coping strategy, social support, engagement, contentment and confidence in actions, cooperation and control, cultural stability, magic and witchcraft, religion or philosophy, a stable set of responses, as well as a preventive health orientation;
- Genetic and constitutional generalised resistance resources, physical and biomedical stimulators;
- Socio-cultural and historic resistance resources:
Social roles, status, religion, philosophy, art and behavioural style; these resources also facilitate fortune.

The essential aspect of GRRs is not the availability of resources, but rather each individual's ability to use his/her GRRs for the intended purpose which is based on the SOC. Activating GRRs enables the person to successfully manage strain, thereby contributing to a dynamic balance and homeostasis (Antonovsky, 1990). This process serves the development of the SOC and the intention of salutogenesis, *'the self-organisation and the self-renewal of the health system of an individual'* (Mussmann, Kraft, Thalmann & Muheim, 1993, p. 9).

Critics on the Concept of Salutogenesis

The salutogenic concept of Antonovsky has been criticised comprehensively during the past decades. It has been expanded and revised by various authors. To present salutogenesis in a holistic manner, the critical aspects of the concept should not stay unmentioned:

- Antonovsky does not define the term 'health' (Gostomzyk, 2002, p. 160).
- In salutogenesis, Antonovsky distinguishes between physical and mental health, although he demands a holistic view of the individual (Becker, 1992, p. 97). However, he remains in these dichotome patterns (Bengel et al., 2001, p. 90).
- Antonovsky views 'social support' as being an important GRR. He points out that a lack of social support can lead to a decrease in SOC 'Social sup-

port' is critically discussed in the literature as too much social support can lead to a loss of independency and autonomy. Antonovsky provides no in-depth discussion on the issue of social support (Bengel et al., 2001, p. 48).

- Antonovsky highlights a direct correlation between SOC and physical health. He does not discuss or promote the connection between SOC and mental health, although he has proven the connection between mental health and experiences in concentration camps (Bengel et al., 2001, p. 43). Follow-up studies have strengthened the theory regarding the impact of SOC on psychological, rather than on physical health (Rothschild, 2000). At the same time, the SOC scale particularly measures mental health factors (Gostomzyk, 2002, p.160).
- The SOC questionnaire has been criticised for its structure (Lutz, Herbst, Iffland & Schneider, 1998, p. 175) as well as for its claim to transcultural validity. It has only been applied and evaluated in selected countries and cultures (Siegrist, 1997, p. 101).
- The theoretical foundation of salutogenesis (Berndt, 2002, p. 173) and also its 'cognitive orientation' has been criticised (Badura, 1992, p. 48). The concept is viewed as highly contradictable and, therefore, an unreliable predictor of health-relevant behaviour.

These are selected critical aspects with regard to salutogenesis. This editorial cannot provide an in-depth discussion on salutogenesis and its critics; however, it introduces the reader to the main concept of salutogenesis and a sense of coherence.

In the following, the articles published in this text collection book will be shortly presented to provide an overview on the book's contents.

Introduction of Articles Presented in this Book

This text collection book provides the reader with an in-depth insight into recent theoretical debates and discussions on mental health and salutogenesis from an interdisciplinary perspective. It presents current empiric research findings in the field of salutogenesis and mental health and aims at providing various, international as well as interdisciplinary perspectives, understanding and approaches to the topic of salutogenic mental health and its promotion.

In the following, this book presents eight articles from authors who argue from different disciplinary perspectives, including organizational management studies, educational psychology, education, social sciences, medical sciences, and medical sociology, psychology and (salutogenic) health sciences. Examples, research results and findings from different countries and socio-cultural backgrounds are provided to guide the reader with a broad insight into the recent discourse.

Claude-Hélène Mayer contributes an article on 'Sense of coherence and the ability to manage conflicts in organisations'. In the focus of this article is the question of how managers promote and maintain health and well-being in the workplace. The sense of coherence in salutogenesis has been found an important resource to manage stress and to cope with challenging situations. The author explores the interrelationship of sense of coherence and the ability to perceive and manage conflicts within a particular organisational context. Findings show that different perceptions exist in perception, narration and coping with conflicts in the workplace with regard to high and low sense of coherence scores of managers.

The EC Consensus Paper 'Mental Health in Youth and Education' states mutual support between education and mental health promotion in young children and competences for lifelong learning. In the article 'Promoting Mental Health in Young Children: A Salutogenetic Approach' **Christina Krause and Marina Fidelman** explore the practical steps that teachers can take to improve the well-being of children and try to establish how and when these attempts boost a well-being growth. They discuss the potential impact that such efforts might have on individual parents and their children as well as on the teachers' well-being. The salutogenetic approach is coming out embodied in the proposed educational model; its value emerges in providing appropriate, flexible and practical innovations to support educators and families to cope with the challenges of raising children. A setting approach consisting of three programs is presented to address all actors involved in the educational system.

The authors **David B. Feldman, Oranit B. Davison and Malka Margalit** contribute to the topic of 'Promoting hope, SOC and self-efficacy through a focused intervention for first-year college students: The salutogenic paradigm'. They emphasize that many students experience elevated psychological distress during their first year at college. In their study the authors focus on exploring the promotion of the sense of coherence, self-efficacy and hope (in terms of hope theory) for enhancing students' academic adjustment. The results revealed the time effect for the three measures, as well as the interactions of time and hope levels. The SOC and the self-efficacy were significantly related to the hope levels after a month and to the average grades. The implications of this study will be discussed for promoting salutogenic systems and hopeful individuals; and suggesting future interventional research.

Gerald Hüther and Ingrid Flaig emphasize in their article 'The Re-Activation of Self-Healing Powers from a Neurobiological Perspective' that from a biological perspective all healing is self-healing. Medical interventions can only support this process, but not cause it. A person's self-healing capacities are easily obstructed acutely by stress and anxiety, and chronically by believe and mind-sets in the frontal cortex, which block the way to the self-healing powers anchored in the brain stem. The authors assume that it takes a combination of cognitive and emotional interventions to change the mind-sets. Medical interventions will only be sustainably successful when a doctor succeeds in creating a supportive relationship with her/his patient, which allows the patient

to strengthen his or her sense of coherence. Being familiar with cultural differences and/or similarities and knowing how to address them in a way that creates trust is essential for the success of this process. Changes are needed to create structures and provide trainings in western medical systems.

Highly important insights on 'Sense of coherence, emotional stress and coping strategies of hard of hearing people' are presented by **Manfred Hintermair and Kathrin Wälder**. The authors point out that in an environment that is mostly geared to the spoken word, people who are hard of hearing are mainly limited by the fact that, in their daily dealings with others, they are unable to understand the spoken language in the same way as people who hear well, and are therefore in danger of experiencing less successful communicative situations which can lead to psychosocial stress. Hard of hearing people are particularly challenged to cope with stress due to hearing difficulties. The authors provide in their article a number of autobiographical accounts by people with hearing loss and shed light on the psychosocial situation of the hard of hearing and show that increased emotional stress can be expected when there is hearing loss.

Barbara Buch explores in her article the topic of 'Shamanism as Applied Salutogenesis?' She refers to the extensive literature on shamanism and responds to the question if shamanic practices use salutogenic principles. In her text she compares selected elements of Shamanism with Antonovsky's concept. The study results show that shamanistic interventions aim at healing and are able to promote individual SOC, its components and health. Therefore, the author comes to the conclusion that shamanism represents an applied salutogenic methodology.

Ottomar Bahrs addresses in his article 'The Argument on Pills – a Medical Sociological Examination of the Usage and Effectiveness of Drugs in the context of Salutogenesis' the issue of the prescription of drugs in general medical practice. He focuses on the often undiscussed dimension of communication. In this article the author analyses three transcripts of videotaped consultations and demonstrates how closely the structure of relationships and the prescription of drugs are intermingled. The prescription process is viewed as a symbolic interaction within the healing relationship of the doctor and the patient, reconfirming the social roles. The author concludes that the concrete analysis of doctor-patient discussions contributes towards the promotion of more rational drug treatment and constitutes a sensible addition to the concept of the pharmaceutical therapy circle, especially when the participants discuss videotapes of their individual consultations in quality circles.

By emphasising 'A salutogenic perspective on mental health across the life time. Cultural aspects on the Sense of Coherence', the authors **Monica Eriksson, Shifra Sagy and Bengt Lindström** focus on mental health in a life course perspective as well as on cultural aspects on the SOC. The conclusions drawn in their article are based on an extensive systematic research synthesis of papers on salutogenesis covering the time-span 1992-2003 and published in 2007, completed with an ongoing work of additional papers up to 2010. The results

show that a strong SOC is related to good perceived mental health and well-being independent of age and that the SOC questionnaire has been used worldwide and in different languages – not only in Western countries. However, the authors question the proposed universal property of the SOC. They state that the SOC seems to be influenced by culture and that further research is needed to understand how the SOC operates in different cultural contexts.

Theodor D. Petzold presents ‘The Basics of Systemic Coherence Regulation’ and asks the question ‘How can human beings progress toward health?’ He argues that in no matter what kind of situation a person is, he or she can always develop his- or herself towards a more comprehensive subjective health. In his article, the author explains the model of communicative coherence regulation and provides new ideas how individuals can stimulate salutogenetic self-regulation through a multidimension, dynamic and systemic approach towards health.

The articles presented in this book bring about new thoughts and ideas to selected aspects of mental health, salutogenesis and sense of coherence.

In the future, further interdisciplinary and intercultural debates, discourses and research studies are needed to promote and maintain salutogenesis across disciplines and cultures and to implement salutogenetic societies beyond scientific interest.

References

- Abel, T., Bucher, S., Duetz, M. S., Niemann, S. & Walter, E. (2002). Gesundheitsrelevante Lebensstile und soziale Differenzierung: Zur Weiterentwicklung eines empirischen Konzepts in der Public Health Forschung. In: U. Flick (Ed.), *Innovation through New Public Health* (pp. 113-136). Göttingen: Hogrefe.
- Adams, T. B., Bezner, J. R., Drabbs, M. E., Zambarano, R.J. & Steinhardt, M. A. (2000). Conceptualization and measurement of the spiritual and psychological dimensions of wellness in a college population. *Journal of American College Health*, 48, 165-173.
- Amirkhan, J. H. & Greaves, H. (2003). Sense of coherence and stress: The mechanics of a healthy disposition. *Psychology and Health*, 18 (1), 31-62.
- Antonovsky, A. (1979). *Health, stress and coping*. San Francisco: Jossey-Bass.
- Antonovsky, A. (1985). The life circle, mental health and the sense of coherence. *Israel Journal of Psychiatry and Related Sciences*, 22, 273-280.
- Antonovsky, A. (1987a). The salutogenic perspective: Toward a new view of health and illness. *Advances. The Journal of Mind-Body Health*, 4, 47-55.
- Antonovsky, A. (1987b). *Unraveling the mystery of health*. San Francisco: Jossey-Bass.
- Antonovsky, A. (1990). A somewhat personal odyssey in studying the stress process. *Stress medicine*, 6, 71-80.
- Antonovsky, A. (1993a). Complexity, conflict, chaos, coherence, coercion and civility. *Social Science Medicine*, 37, 969-981.
- Antonovsky, A. (1993b). Gesundheitsforschung versus Krankheitsforschung. In: A. Franke & M. Broda (Eds.), *Psychosomatische Gesundheit. Versuch einer Abkehr vom Pathogenese-Konzept* (pp. 3-14). Tübingen: dgvt.
- Badura, B. (1992). Gesundheitsförderung und Prävention aus soziologischer Sicht. In: P. Paulus (Ed.), *Prävention und Gesundheitsförderung. Perspektiven für die psychosoziale Praxis* (pp. 43-51). Köln: GwG-Verlag.

- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review*, 84, 191-215.
- Becker, P. (1992). Die Bedeutung integrativer Modelle von Gesundheit und Krankheit für die Prävention und Gesundheitsförderung – Anforderungen an allgemeine Modelle von Gesundheit und Krankheit. In: P. Paulus (Ed.), *Prävention und Gesundheitsförderung. Perspektiven für die psychosoziale Praxis* (pp. 91-107). Köln: GwG-Verlag.
- Bengel, J., Strittmatter, R. & Willmann, H. (2001). *Was erhält Menschen gesund? Antonovskys Modell der Salutogenese – Diskussionsstand und Stellenwert*. (Forschung und Praxis der Gesundheitsförderung, Band 6). Köln: Bundeszentrale für gesundheitliche Aufklärung.
- Ben-Sira, Z. (1985). Potency: A stress-buffering link in the coping-stress-disease relationship. *Social Science and Medicine*, 21, 397-406.
- Botha, P. A. & Brand, H. (2009). Development of a holistic wellness model for managers in tertiary institutions. *South African Journal of Human Resource Management*, 7 (1). Available from: <http://sajhrm.co.za/index.php/sajhrm/article/view/208/196> (accessed: 21 March 2012)
- Breed, M., Cilliers, F. & Visser, D. (2006). The factor structure of six salutogenic constructs. *South African Journal of Industrial Psychology*, 32 (1), 74-87.
- Davies, J., Davies, R. & Heacock, S. (2003). A wellness program for faculty. *Educational Leadership*, 5, 68-70.
- Diener, E. & Lucas, R.E. (2000). Subjective emotional well-being. In: M. Levis & J. M. Haviland (Eds.), *Handbook of emotions* (2nd ed.) (pp. 325-337). New York: Guilford Press.
- Dorland's Medical Dictionary [Online] (2010). Available from: www.dorlands.com/wsearch.jsp (accessed: 21 March 2012)
- Edlin, G., Golanty, E. & McCormack-Brown, K. M. (1998). *Health and wellness*. Sudbury, MA: Jones and Bartlett.
- Engel, G. L. (1979). Die Notwendigkeit eines neuen medizinischen Modells: Eine Herausforderung der Biomedizin. In: H. Keupp (Ed.), *Normalität und Abweichung. Fortsetzung einer notwendigen Kontroverse* (pp. 63-86). München: Urban & Schwarzenberg.
- Engel, G. L. (2002). The need for a new medical model: A challenge for biomedicine. In: D. Marks (Ed.), *The health psychology reader* (pp. 50-65). London: Sage.
- Faltermaier, T. (1994). *Gesundheitsbewusstsein und Gesundheitshandeln. Über den Umgang mit Gesundheit im Alltag*. Weinheim: Psychologie Verlags Union.
- Forsberg, K. A., Björkman, T., Sandman, P. O. & Sandlund, M. (2010). Influence of a lifestyle intervention among persons with a psychiatric disability: A cluster randomised controlled trial on symptoms, quality of life and sense of coherence. *Journal of Clinical Nursing*, 19 (11-12), 1519-1528.
- Franzkowiak, P. & Wenzel, E. (1982). Risikoverhalten und Gesundheitsförderung. *Internationales Journal für Gesundheitserziehung*, 1, 33-40.
- Freidl, C. (2004). *Wellnessboom. Erholung oder zu viel des Guten? Soziologische Studie*. Saarbrücken: VDM-Verlag.
- Gostomzyk, J. G. (2002). Gesundheitswesen. *Bundesverband des Ärzte des Öffentlichen Gesundheitswesens*, 64 (4), 183-184.
- Johanson, U., Ahonen, G. & Roslender, R. (2007). *Work, health and management control*. Stockholm: Thomson Fakta.
- Kivimäki, M., Elovainio, M. & Vahtera, J. (2000). Workplace bullying and sickness absence in hospital staff. *Occupational and Environmental Medicine*, 57, 656-660.
- Kobasa, S. C. (1979). Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37, 1-11.
- Lazarus, R. S. (1995). Stress and Stressbewältigung – ein Paradigma. In: S.-H. Filipp, ed. 1999. *Kritische Lebensereignisse* (pp. 198-232). Weinheim: Psychologie Verlags-Union.
- Lindström, B. & Eriksson, M. (2005). Salutogenesis. *Journal of Epidemiology and Community Health*, 59 (6), 440-442.

- Lindström, B. & Eriksson, M. (2006). Contextualizing salutogenesis and Antonovsky in public health development. *Health Promotion International*, 21 (3), 238-244.
- Lutz, R., Herbst, M., Iffland, P. & Schneider, P. (1998). Möglichkeiten der Operationalisierung des Kohärenzgefühls von Antonovsky und deren theoretische Implikationen. In: J. Margraf, J. Siegrist & S. Neumer (Eds), *Gesundheits- oder Krankheits-theorie? Saluto- versus pathogenetische Ansätze im Gesundheitswesen* (pp. 171-185). Berlin: Springer.
- Mayer, C.-H. (2011). *The meaning of sense of coherence in transcultural management*. Münster: Waxmann.
- McCubbin, H. I., Thompson, E. A., Thompson, A. I. & Fromer, J. E. (1998). *Stress, coping and health in families. Sense of coherence and resiliency*. Thousand Oaks, CA: Sage.
- McWhinney, I. R. (1987). Health and disease: Problems of definition. *Canadian Medical Association Journal*, 136 (8), 815.
- Mussmann, C., Kraft, U., Thalmann, K. & Muheim, M. (1993). *Die Gesundheit gesunder Personen. Eine qualitative Studie*. Bericht Nr. 2. Zürich: Technische Hochschule, Institut für Arbeitspsychologie.
- Nelson, D. L. & Simmons, B. L. (2003). Health psychology and work stress: A more positive approach. In: J. C. Quick & L. E. Tetrick (Eds.), *Handbook of occupational health psychology* (pp. 193–203). Washington, DC: American Psychological Association.
- Nilsson, L. & Lindström, B. (1998). Learning as a health promoting process – the salutogenic interpretation of the Swedish curricula in state education. *Journal of Health Promotion* [Online]. Available from: <http://rhpeo.net/ijhp-articles/1998/14/index.htm> (accessed: 21 March 2012).
- Pretorius, T. B. (1998). *Fortitude and stress-resistance: Development and validation of the Fortitude Questionnaire (FORQ)*. Bellville: University of the Western Cape.
- Rosenbaum, M. (1988). Learned resourcefulness, stress and self-regulation. In: S. Fisher & J. Reason (Eds.), *Handbook of life-stress, cognition and health* (pp. 483-496). Chichester: Wiley.
- Rothschild, K. A. (2000). *Salutogenesis and Back Pain: Sense of Coherence as an influential factor for recovery*. [Online]. Available from: <http://www.webster.ac.at/psychology/mag-krista-ann-rothschild> (accessed: 21 March 2012).
- Sagy, S. & Dotan, N. (2001). Coping resources of maltreated children in the family: A salutogenic approach. *Child abuse and neglect*, 25 (11), 1463-1480.
- Sapp, A. (2004). *Promoting wellness in employees* [Online]. Available from: <http://www.bsu/web/amsapp/employeewellness.htm> (accessed: 21 March 2012).
- Scheier, M. F. & Carver, C. S. (1987). Dispositional optimism and physical well being: The influence of generalized outcome expectancies on health. *Journal of Personality*, 55, 169-210.
- Schumacher, J. & Brähler, E. (2002). Psychologische Aspekte akuter und chronischer Schmerzen. In: E. Brähler & B. Strauß (Eds.), *Handlungsfelder in der Psychosozialen Medizin* (pp. 187-207). Göttingen: Hogrefe.
- Schumacher, J., Wilz, G., Gunzelmann, T. & Brähler, E. (2000). Die Sense of Coherence Scale von Antonovsky. Teststatistische Überprüfung in einer Bevölkerungsstichprobe und Konstruktion einer Kurzskala. *Psychotherapie, Psychosomatik, Medizinische Psychologie*, 50 (12), 472-482.
- Seligman, M. E. P. (2002). Positive psychology, positive prevention and positive therapy. In: C. R. Snyder & S. J. Lopez. (Eds.), *Handbook of positive Psychology* (pp. 410-421). New York: Oxford University.
- Seligman, M. E. P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55, 5-14.
- Sieberhagen, C., Rothmann, S. & Pienaar, J. (2009). Employee health and wellness in South Africa: The role of legislation and management standards. *South African Journal of Hu-*

- man Resource Management, 7 (1). Available from: <http://sajhrm.co.za/index.php/sajhrm/article/view/208/196> (accessed: 21 March 2012).
- Siegrist, J. (1997). Selbstregulation, Emotion und Gesundheit – Versuch einer sozialwissenschaftlichen Grundlegung. In: F. Lamprecht & R. Johnen (Eds.), *Salutogenese: ein neues Konzept in der Psychosomatik?* (pp. 99-10). Frankfurt am Main: VAS – Verlag für akademische Schriften.
- Singer, S. & Brähler, E. (2007). *Die „Sense of Coherence Scale“. Testhandbuch zur deutschen Version*. Göttingen: Vandenhoeck & Ruprecht.
- Smith, D. F. (2002). Functional salutogenic mechanisms of the brain. *Perspectives in Biology and Medicine*, 45 (3), 319-328.
- Stellman, J. M. (Ed.). (1998). *Encyclopaedia of Occupational Health and Safety* (4th ed.). Geneva: International Labour Office.
- Strümpfer, D. J. W. (1990). Salutogenesis: A new paradigm. *South African Journal of Psychology*, 20, 45-52.
- Strümpfer, D. J. W. (1995). The origins of health and strength: From 'salutogenesis' to 'fortigenesis'. *South African Journal of Psychology*, 25, 81-89.
- Strümpfer, D. J. W. (2002a). Psychofortology: Review of a new paradigm marching on. *Psychofortology* (in press). Available from: <http://general.rau.ac.za/psych> (accessed 21 March 2012).
- Strümpfer, D. J. W. (2006). Positive emotions, positive emotionality and their contribution to fortigenic living: A review. *South African Journal of Psychology*, 36 (1), 144-167.
- Strümpfer, D. J. W., Danana, N., Gouws, J. F. & Viviers, M.R. (1998). Personality dispositions and job satisfaction. *South African Journal of Psychology*, 28, 92-100.
- Wells, R. D. & Ashizawa, T. (2006). *Genetic instabilities & neurological diseases* (2nd ed.). London: Elsevier.
- Wissing, M. P. & Van Eeden, C. (1997). *Psychological well-being: A fortigenic conceptualization and empirical clarification*. Paper presented at the 3rd Annual Congress of the Psychological Society of South Africa, Durban, South Africa.
- World Health Organization (WHO) (1948). *Preamble to the Constitution of the World Health Organization*. Adapted by the International Health Conference, New York, June 1946, signed on 22 July 1946 by the representatives of 61 States and entered into force on 7 April 1948 (official records of the World Health Organization, no. 2, p. 100).
- World Health Organization (WHO) (2007). *Mental health: Strengthening mental health promotion* [Online]. Available from: <http://www.who.int/mediacentre/factsheets/fs220/en/> (accessed: 21 March 2012).
- Wydler, H., Kolip, P. & Abel, T. (2000). *Salutogenese und Kohärenzgefühl. Grundlagen, Empirie und Praxis eines gesundheitswissenschaftlichen Konzepts*. Weinheim: Juventa.