

## Six assertions about the salutogenic approach and health promotion

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### Abstract

**Background:** The concept of health is a continuously changing issue, with ever richer and more comprehensive meanings and definitions. In recent decades, we have witnessed a strong evolution of the scientific paradigms and cultural frameworks that influence health patterns. In particular, in 1986 the Charter of Ottawa gave further dimensions to the concept of health and pushed the concept of health promotion to the forefront. In this context, the salutogenic approach, proposed by A. Antonovsky, represents a theoretical contribution which stimulates discussion about meanings and implications.

**Aim and Methods:** The present paper aims to provide a conceptual framework for the interpretation of health patterns and to broaden the theoretical interpretation of the salutogenic approach. In order to do this, a literature review was carried out, taking into account several disciplines and perspectives, including sociology and anthropology. The data collection for this paper was undertaken through two parallel literature reviews and systematisation of the information gathered.

**Results:** The following health patterns were identified: the disease treatment pattern, the health care pattern, the disease prevention pattern and the health promotion pattern. These approaches allow one to better analyse and understand the added values of the salutogenic approach.

**Conclusions:** The present discussion contributes to the debate surrounding the salutogenesis theory and its applicability to the healthcare setting by proposing six assertions about the salutogenic approach to health promotion.

*Key words: health patterns, salutogenic approach, human potential, health promotion*

### Introduction

The salutogenic approach, proposed by Antonovsky [1] is a valuable and stimulating concept of healthcare. In particular, it has the potential to contribute to the conceptual and operational implications of health promotion. This paper aims to analyse the salutogenic approach in relation to health promotion and to draw implications for researchers, health professionals and healthcare organisations. The analysis carried out aims to answer the following questions:

- 1) Taking into account the features of and differences between health patterns, what do we understand by salutogenesis?
- 2) What are the resources 'activated' by the salutogenic processes?
- 3) What are the implications of salutogenic processes for individuals and communities?
- 4) Under which circumstances do the salutogenic processes take place?
- 5) What is the role of the health system in terms

of salutogenesis?

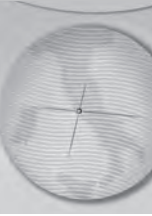
- 6) What is the role of health promotion in terms of salutogenesis?

Answering these questions can widen the present definition of salutogenesis in general terms and, in so doing, this article aims to give a wider range of possible meanings and implications to salutogenesis.

In order to answer these questions and to transform them from hypothesis to assertions, we first need to clarify the context of development and the specific features of the salutogenic approach through the analysis of existing health patterns.

### Methods

The data collection for this paper was undertaken through two parallel literature reviews and systematisation of the information gathered. The first literature review aimed to analyse the evolution of the main health patterns in order to clarify the path that has led to the salutogenic



approach. The second literature review aimed to find an interdisciplinary base on which to interpret the salutogenic approach, in order to provide a clearer theoretical framework and to answer the questions raised in the Introduction.

From the first literature review, it was possible to identify and compare the main features of the different health patterns, including the theoretical frame, health paradigm and the roles of the patient and health professionals. The second literature review allowed us to answer questions regarding salutogenesis identified in the Introduction and to find some general reference points, guidelines and implications.

Both reviews are linked together and were conducted by means of online libraries and scientific databases.

The majority of publications came from the human and social sciences like sociology, public health, anthropology, history, and philosophy. In fact, many human and social scientists have studied the relationship between culture, society and health from the 1960's to current times. These authors have described health patterns from different points of view, starting from the biomedical paradigm. In this way, they have been able to theorise and disseminate an enriched and more complex interpretation of health, arguing for the necessity of going beyond the bio-medical paradigm [2-13].

We chose these authors because we think their theories can help our studies and practices. In fact, their research has moved the analytical axis away from the health care system towards the human potential for individual health and of health in the society. In this way, they have developed not only a cultural dimension of health and disease, but they have also argued for the centrality of patients, as central actors in the health promotion scenario.

## Results

The findings of the analysis of the identified health patterns are reported below.

### *The disease treatment pattern*

According to the disease treatment pattern, health is a state characterised by the absence of disease and it is conditional on the presence of a pathologic state or disability, which once resolved automatically triggers the state of health. This pattern is thus based on a dichotomous view of disease/health. The limitations of this pattern, based on the bio-medical paradigm, are by now commonly understood. The excessive focus on disease leads to overspecialisation

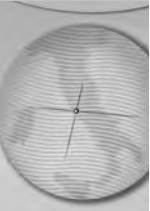
and to an overuse of technology in Medicine, that shifts focus away from the interactive and collaborative relationship with the patient. Moreover, the patient is a subject that receives cure and treatment from the medical staff, ever more specialised and focused on the pathology of individual organs and on intervention techniques.

### *The health care pattern*

The bio-psycho-social paradigm allows some important integrations to the biomedical paradigm concerning the concept of health, defined by the WHO as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [14]. A 'spiritual' component was also later included in the WHO Health Promotion Glossary too [15]. This pattern affirms a new 'holistic' vision of health, undoubtedly connected to the 'balance' between the physiological, emotional, psychological, spiritual and relational components of health and a global dimension in which the person is seen as an individual having both needs as well as rights. Medicine merges with other disciplines that contribute to a holistic perspective of the individual.

The holistic approach to the patient implies the recognition of and the respect for the values and decisional autonomy of the person in relation to his/her health, which results in an increase in the patient's decision-making power. From merely a host of a disease, the patient becomes a user of a particular service, with the possibility of choosing and deciding about different health treatments. The holistic approach emphasizes the uniqueness of each patient, the mutuality of the doctor-patient relationship, the individual's responsibility for his/her own health care and the society's responsibility for health promotion [16]. The limitations associated with this health care pattern are as follows:

- the concept of health as a 'state' of well-being refers to a static balance of the organism which is not fully open to the challenges of the wider context and where the dynamics of disease/health are not considered in order to create a healthy life project [17];
- whilst some disciplines (of bio-medical and psychological background) have a recognised function in health, others (those socially connected), have some difficulty in acquiring full recognition within the health care context;
- despite the open declaration of health in positive terms, it still remains strongly associated with the concept of pathology and with the health/disease dichotomy.



### ***The disease prevention pattern***

The main feature of this pattern is the conception of health as an individual and collective 'good' that must be preserved. The Public Health System that derives from this pattern is oriented towards protecting health through sanitary, social and environmental measures in the long-term. However, the concept of health falls back to a condition of well-being as a homeostatic action but without outburst [18].

This pattern adds a specific value to the holistic approach by adding an ecological dimension to health: health is determined by personal factors (i.e. physical, psychological, social and spiritual components) as well as the environmental context [19].

The strategies and the actions inherent to this pattern are correlated to the protection of a health status derived from illness itself and from the management of risk factors, including environmental ones. The theoretical and operational limitation of this pattern is that it remains centred on actions focused on maintaining the health status quo reached, rather than developing it further, as proposed by the health promotion pattern.

### ***The health promotion pattern***

It is the health promotion pattern that allows the broadest horizons when conceptualising about and acting for health. The Ottawa Charter states that health promotion is the process of enabling people to "reach a state of complete physical, mental and social well-being (and that) an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment (to *the fullest human potential*)". Very importantly, it acknowledges people as the main health resource, it accepts people as the essential voice and it acknowledges that "health is seen as a resource for everyday life, not the objective of living". It also proposes the concepts of *health determinants* ("political, economic, social, cultural, environmental, behavioural and biological factors"), *empowerment for health* (supporting "people to exercise more control over their own health and over their environments, and to make choices conducive to health"); and the importance of all life settings [20].

In 1992, the Bogotá Charter laid out the meanings, features and commitments for health promotion in Latin America and it added a number of very significant principles to those of the Ottawa Charter. This was achieved principally by emphasising a connection between health and

development and the importance of social equity and solidarity *in order to overcome* "adversity, obstacles and crisis" [21].

More recently, in 2005 the Bangkok Charter reiterated the principles of the Ottawa Charter and their connection to the 'critical human right' that is the "enjoyment of the highest attainable standard of health"[22].

The importance of this pattern is related to the characteristics of its theoretical frame: health goes beyond the dichotomy vision of health-disease (as in the disease treatment pattern); the holistic vision comprehending the physical, psychological and social components of health (as in the health care pattern); and the homeostatic vision of health as a 'good' to be preserved (as in the health promotion pattern). Indeed, the health promotion pattern forwards a dynamic vision of health, which results from a two-way concept of reasoning, understood as a complex unit between two entities that are at the same time competing and complementing each other, that are antagonistic and at the same time converging; and that repulse and attract each other [23]. Accordingly, the pathogenic and salutogenic factors constitute opposing forces that interact continuously [24].

### ***Summary of results***

The information and comparison of health patterns can be summarised as follows:

- a) In order to compare the different health patterns identified, we chose to use two basic principles of the Ottawa Charter as 'coordinates' of a schematic interpretation comparing the different health patterns, namely the principles of 'empowerment for health' and 'health determinants'. The intersection of these two coordinates allows us to position the main health patterns and to better observe their evolution in achieving full human potential, which represents the final goal of health promotion. We suggest that the four health patterns that have been identified can be placed as shown in the following Figure 1 [25].

The position and area covered by each of the health patterns aims evidence both their differentiation and their conceptual evolution. The differentiation is represented by the position of the pattern with respect to the 'empowerment for health' and the 'health determinants'. Whilst the conceptual evolution of the health pattern is represented by the area covered by each pattern, it is important to note that the size of a given area

does not necessarily imply a larger importance of the single pattern, but only its overlap with another pattern that is richer in terms of values and dimensions. For example, if we look at the disease treatment pattern, the therapeutic activities maintain their importance in all other patterns, but they can be enriched by the values inherent to the patterns of health prevention, health care and health promotion, such as risk management, the acquisition of patient compliance and health literacy, respectively.

- b) Table 1 [25] presents the main features of each of the health patterns abovementioned, including their theoretical frame, paradigm, concept of health, main determinants considered, core-strategies, key-factors, priorities of activity, the main systems involved and the roles attributed to the patient, health professionals and to the other stakeholders. We chose these variables because, according to the literature reviews we undertook, they represent the key elements by patterns are described.

As seen in Table 1, health patterns co-exist in both a synchronic and a diachronic way. Regarding the synchronic dimension: health patterns co-exist in the same context with their differences and their specific features. For example, the hospitals belonging to the International Network of Health Promoting Hospitals and Health Services include in their daily work, activities related to treatment, care, prevention and health promotion [26]. Regarding the diachronic dimension, the evolution of the concept of health has added new values and dimensions to the health patterns. For example, historically, patients were simply considered the hosts of a disease, whilst in time and as patterns evolved, they became users of a specific service, they were recognised to having rights and finally, they were acknowledged as protagonists in the fulfilment of their own health [27-32].

Moreover, Table 1 also serves to underline that what most distinguishes the paradigm shift towards health promotion is the change from the pathogenic approach, which includes the bio-medical, the bio-psycho-social and the ecological

Figure 1. Scenario of the health patterns.

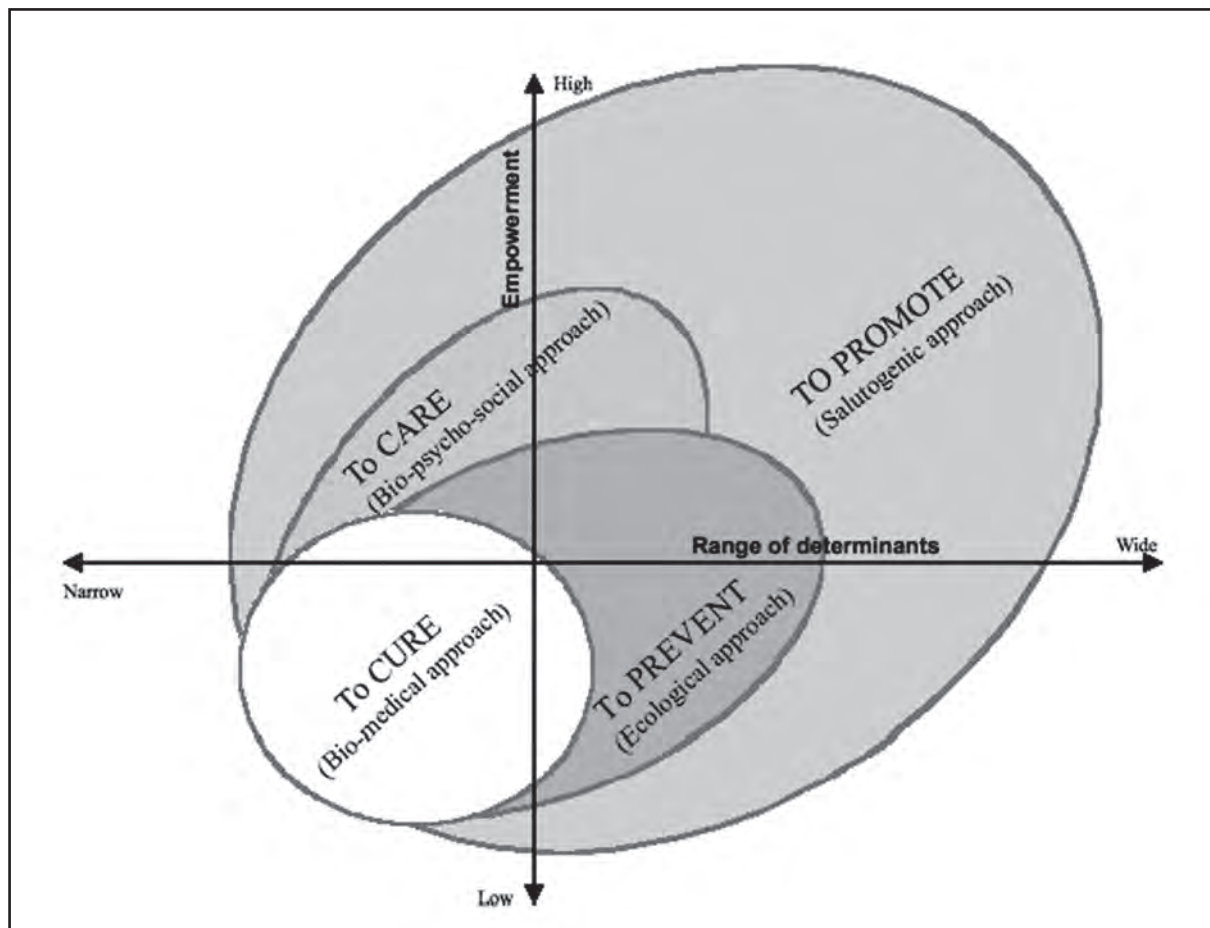




Table 1. Main features of the health patterns.

Pattern	Disease treatment	Health care	Health Prevention	Health Promotion
<b>Theoretical frame</b>	Dichotomic	Holistic	Homeostatic	Homeoretic
<b>Paradigm</b>	Bio-medical	Bio-psycho-social	Ecological	Salutogenic
<b>Concept of health</b>	Absence of disease	State of physical, psychological and social well-being	Individual and collective good	Personal and social construct oriented to the fulfillment of the human potential
<b>Main health determinants considered</b>	Genetical, Biological, Organical, Physiological	Psychological, Socio-economical and organisational	Hygienic, legal, environmental	Internal and external assets
<b>Core strategy</b>	To cure	To care	To prevent	To promote
<b>Key factor</b>	Patient's obedience	Patient's compliance	Citizen's awareness	Person's autonomy
<b>Priority activity</b>	Medicine focused on disease	Person-centred assistance	Risk management	Empowerment for health (individual and collective)
<b>Main systems involved</b>	Hospital, Clinic	Social and health services	Public Health	Governance systems
<b>Role of the patient</b>	Carrier of pathology	Customer of a service	Holder of the right to health	Protagonist in the health pathway
<b>Role of the health professionals</b>	Authoritary or patronising	Authoritative, at the service of the customer	Guardian of public health	Health promoter
<b>Role of other stakeholders (family, caregivers, associations)</b>	Psychological and affectionate support	Collaboration and negotiation of the quality of services	Calling attention to risks and damage	Co-construction of the individual and collective health pathways

paradigms towards the salutogenic approach.

## Discussion

We propose to discuss two particular aspects of salutogenesis:

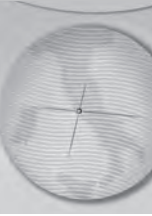
### a) What do we understand by salutogenesis?

The neo-logistic construct of salutogenesis is derived from the Latin *salus* meaning 'health', and the Greek *genesis* meaning 'origins' [33] and so literally salutogenesis means the "origins of health". In fact, the salutogenic approach, as proposed by Antonovsky is a theory about understanding the movement of all people in the direction of greater health, wherever they may be along the health/disease 'continuum line' of life. The sociologist defined the 'health/disease continuum' concept to surpass the dichotomy between health/disease typical of the biomedical pattern. He developed the concept of Sense of Coherence (SOC) to clear up the possible movements between and towards different health or disease status. The SOC is the human capacity to elaborate the complexity and discord of everyday

life and to transform negative experiences in health's factors. Antonovsky defined the human capacities above mentioned as Generic Resistance Resources (GRRs) and through them he elaborated a scale to measure individuals' SOC [1].

Others authors have analysed the individual capacities to confront life's difficulties as for example Eriksson and Lindström that defined salutogenesis as a "stress resource orientated concept, which focuses on resources, and maintains and improves the movement towards health. It proposes an answer to why people, despite stressful situations and hardships, stay well. The theory can be applied at an individual, group, or societal level" [34]. These two authors have also contributed to the debate of the salutogenic approach in relation to health promotion.

What is common to these studies is that the human or individual capacities to fulfil life goals relates to the psychological and socio-cultural processes that take place in the individual and social context, independently from the



activities of the health care systems. We do not deny that the health care systems have an impact on the salutogenic processes, but they do not represent an indispensable condition to the development of these processes, which nevertheless take place, in different forms, in individuals and in the community, under either less or more challenging conditions. In this sense, the health care system represents one component of reference for individuals and for the community in the salutogenic process [25].

With this paper we aimed to provide a contribution to the salutogenesis concept and its continuing evolution.

- b) What are the relationships and implications between the salutogenesis concept and health promotion activities?

Taking into account the spectrum of the health patterns above mentioned, we believe that the salutogenic approach does not substitute any other health pattern, but should be seen as theoretically supporting the health promotion pattern [35].

As suggested by Ilona Kickbusch, health promotion strategies should be “based on the best knowledge of how health is created and how social and behavioural change is best effected”. In particular, she claims that health promotion must prioritise investments in health by responding to the following questions: “What is health? Which investment creates the largest health gain? How does this investment help reduce health inequities and ensure human rights? How does this investment contribute to human development?” [36].

Also, Antony Morgan and Erio Ziglio have focused on the importance of identifying and understanding how health is developed by people. They have constructed the Asset Model on which to base political choices and to further enhance the health resources of individuals and the community, as well as to contribute to a more equal and sustainable socio-economic development [37].

Many other health professionals and researchers are committed to moving away from the pathology-centred approaches towards health promotion and to focus instead on people's salutary elements, their life settings and the eco-socio-economic determinants of health. This means that we may very well already have the knowledge and the means to change the culture and practices of health promotion and to significantly move in the direction of what the Ottawa Charter proposed to achieve. What

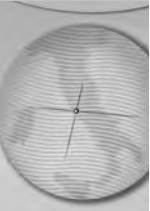
we may be missing is *an organic framework that understands the processes of generation of health in people and the community and that gives meaning to all the interventions that are carried out with the purpose of contributing to human development, human potential, people's well-being, etc.* From our perspective, the salutogenic approach is the most suitable for health promotion, an activity aimed at increasing the personal or collective control over the health determinants and the fulfilment of the human potential. Indeed, we argue that there cannot be any health promotion activities and policies without reference to the salutogenic approach. The importance of this pattern is well expressed in the following statement by Mittelmark: “The most important challenge now is to implement the salutogenic approach on all societal levels in all policies” [38].

From our point of view, we think that Mittelmark's position underlines the need to deepen the relationship between the salutogenic approach and health promotion activities. In this sense, we formulated six assertions to submit to the debate.

## Conclusions

The analysis of the reviewed literature allowed us to better comprehend the evolution of health patterns and helped us answer the questions formulated at the beginning of this paper:

1. Salutogenesis is the process that generates a greater, more persistent and sustainable health towards *the fulfilment of the human potential*.
2. The salutogenic processes are triggered by *internal and external resources* of people and the community, through both individual and collaborative actions.
3. The use of internal and external resources in triggering the salutogenic processes implies both *subjective (individual) and objective (social) commitments and responsibilities*.
4. The salutogenic processes can take place *in whichever human and social condition*, whether in a state of well-being or illness, whether happiness or adversity.
5. Salutogenic processes take place in individuals, in communities and in society at large, *independently from the health care system*, though these processes may be promoted and favoured by health promotion activities.
6. A health promotion framework should consider not only the health needs of people that are recognised and addressed by the health care systems, but *also the resources, processes and*



*outcomes that are autonomously generated by individuals or communities* in order to gain a greater, more persistent and sustainable health and in order to achieve the fulfilment of the human potential.

Our findings have been drawn from an interdisciplinary dialogue between different disciplines that study the same scientific object: health. We believe that the proposed six assertions, as formulated, could represent an organic framework to be developed through

new research programmes and health promotion activities. In fact, through the analysis of the relationship between culture, society and health we hope to be able to understand the salutogenic processes that take place in people and in communities. The proposed six assertions aim to contribute to a working definition of the salutogenesis concept and, in particular, the practical implication of the salutogenic approach for health promotion activities.

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