

健康生成モデルを用いた治療的カウンセリングの可能性 —首尾一貫感覚の文献的検討と臨床心理学への展望—

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Potential for therapeutic counseling using salutogenic model —A review of the literature of ‘sense of coherence’ and a perspective on clinical psychology—

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Abstract

The concept of salutogenesis is a theory of health promotion proposed by the American-Israeli medical sociologist Aaron Antonovsky. Traditionally, the medical concept has been a pathogenic model based on diagnosing the cause of disease in humans, and it is thought that treating and preventing the causes is directly connected to mind/body health. However, Antonovsky pointed out that there were women who survived Nazi concentration camps during World War II and remained healthy after they were released from the camps. Based on this observation and in contrast to the pathogenic model of health, Antonovsky proposed the salutogenic model, or sense of coherence.

The salutogenic model is a new concept that not only focuses on risk factors that cause disease but also looks at factors influencing well-being and health. Using this model, clinical psychologists should not only take notice of the cause of illnesses, but should also focus on factors that support human health and well-being for patients who have problems relating to daily life and participating in society. In this report we demonstrate the possibility of using counseling techniques based on the salutogenic model, and we refer to a number of similar reports in the scientific

literature.

KeyWords

A review of the literature · Sense of coherence · Clinical psychology

Background

The concept of salutogenesis (sense of coherence or SOC) was proposed by the American-Israeli medical sociologist Aaron Antonovsky¹⁾. Its point of view is the promotion of health rather than a focus on pathology. Antonovsky found that 29% of women who survived concentration camps in World War II had positive emotional health, compared to a control group.²⁾ Antonovsky derived the SOC concept following extensive interviews with female Israeli Holocaust³⁾ survivors who had remained healthy despite being kept in concentration camps during the second World War.

More than 20 years have passed since Antonovsky (1979,1987)⁴⁾ introduced his salutogenic theory, also known as ‘sense of coherence’ (SOC), as a way to view the world, claiming that the way people view their life has a positive influence on their health.

Sixty years after the Holocaust, Antonovsky’s papers⁴⁾ shed light on the salutogenic theory in the

context of holistic health promotion.

In contrast to the pathogenic model of disease, Antonovsky proposed a new concept of health, the salutogenic model,⁵⁾ which is an approach focusing on factors that support human health and well-being, rather than on factors that cause disease. The concept of SOC lies at the core of the salutogenic model.⁶⁾ According to Antonovsky's formulation,⁴⁾ SOC consists of the following three components (1) comprehensibility—that the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable;(2) manageability—that the resources are available to meet the demands posed by these stimuli, and (3) meaningfulness—that such demands are challenges worthy of investment and engagement. SOC⁷⁾ is a theoretical construct that provides a central explanation for the role of stress in human functioning.

Antonovsky (1979,1987)⁴⁾ also postulated that individuals mobilize their 'generalized resistance resources' (GRRs) in order to manage stress and overcome the pathogenic effects of everyday environmental influences and demands. In addition to SOC, these resources include sense of individual identity (ego), intelligence/knowledge, social ties, sense of control, material assets, cultural stability, stable values and beliefs, genetic predispositions. Antonovsky (1979,1987)⁴⁾ defined SOC as "a global orientation that expresses the extent to which one has a pervasive, enduring, 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 meet the demands posed by these stimuli, and (3) these demands are challenges, worthy of investment and engagement".

The two significant concepts, GRRs and SOC, are at the center of the salutogenic health promotion process.

The hypothesis of salutogenic theory⁸⁾ is summarized as follows. (1) The concept of health promotion can incorporate the idea of the "health / disease continuum" . (2) The elements of SOC and GRRs are included in health promotion assessments, and many public health practices are therefore already focused on improving SOC. (3) Individuals with cognitive impairment or emotional difficulties may experience many problems maintaining their SOC and GRRs. (4) People with cognitive health consciousness or emotional difficulties with meaningfulness (two components of SOC) might be influenced by the state of their human relationships or their social environment.

Is a SOC scale useful for assessing patients?

Antonovsky⁹⁾ conceived of health as a dynamic "steady state", a sliding or movable point on the health/disease continuum. Armed with strong anthropological training, Antonovsky⁴⁾ deployed both quantitative and qualitative data analyses to create the SOC scale to operationalize his theory of salutogenesis.

The SOC scale¹⁰⁾ has three components and corresponding subscales: Comprehensibility, the extent to which an individual can make sense of adversity; Manageability, the extent to which an individual perceives that resources are at her or his disposal to meet the challenges of inordinate demands; and Meaningfulness, the extent to which an individual feels that it is worthwhile to engage with the challenges faced.

Antonovsky's empirical findings from extensive observational research—interview narratives which served to design the questionnaire/scale by which quantitative measurements could be done—allowed for the prediction of at least eight personality types depending on individual SOC subscale scores and the dynamic interrelationships among them.¹¹⁾¹²⁾

In Japan there have been certain cross-sectional

studies of SOC by Togari, T. et al.¹³⁾ Togari, T et al. (2007)¹³⁾ reported that where an individual's level of SOC increases, that person is more easily able to cope with stressors and to stay healthy.

For example, high comprehensibility and low manageability and meaningfulness scores would predict an 'inherently unstable' pattern, while high scores on all three subscales or low scores on all three would predict 'stable' pattern, respectively viewing the world as highly coherent or incoherent .

Does SOC play an important role in therapeutic counseling?

The therapeutic approach to disorders has primarily focused on the treatment of disabilities induced by disease. Disability is defined as the problem of body function and structure, activity and participation, according to the 2001st International Classification of Functioning, Disability and Health (ICF)¹⁴⁾. Under this ICF definition, SOC¹⁵⁾ is described as a necessary complement to pathogenesis (etiology of disease). Even in the case of people who have suffered from cardio-vascular disorders¹⁶⁾¹⁷⁾, people who are motivated to return to health are reported to be enthusiastic participants in rehabilitation and to engage in more activities aimed at achieving recovery.

Clinical psychologists should not only focus causes of disease but should also take into consideration at least two other preexisting constructs, hardiness and self-efficacy. SOC can be used to explain why people in stressful situations stay well and are even able to improve their health. In general, the therapeutic counseling goal is that the patients are able to perform the activities of daily their life and to participate in society.

Observable phenomena of psychosocial transformations in the aftermath of crises present new avenues of research in the social and biomedical sciences alike, with particular relevance to international humanitarian policy and practice.

Positive and negative aftermaths, 'recovery' and 'chronic trauma' respectively, are essentially two sides of the same coin.¹⁸⁾

What is it in individuals and/or their social environment that determines which side of the coin is facing up when adversity strikes? What do psychologists, psychiatrists, and other behavioral and social scientists have to say about this question?

Clinical psychologists review patients' situation from the perspective of tracing the origins of the concepts of 'resilience' and 'hardiness', and these two concepts have been incorporated into the SOC construct. Overlaps in theory, evidence, and interpretation across boundaries of academic disciplines and/or subdisciplines are examined for the purpose of identifying useful methods with which to study positive aspects and consequences of crisis experiences. There is a need for interdisciplinary empirical study with a view to balancing biased notions of psychological trauma and pathology.¹⁹⁾

In addition, other approaches²⁰⁾ with salutogenic elements for the explanation of health are considered. A potential direction for clinical psychology in the early 21st century should be proposed as a result of this research.

In our view, therapeutic counseling using salutogenesis is a very useful concept for improving the sense of health for patients who complain of psychosomatic disabilities, and this approach should therefore be employed by clinical psychologists to promote healthy activities.

Disaster-induced 'psychological transition'- A new model

It has been suggested that in the wake of crises such as civil war and natural disasters, mass trauma may not necessarily be a given.²¹⁾ Rather, a number of different pathways are possible in the course of the 'psychosocial transition' from crisis to either a positive or negative aftermath, recognizing that the

possibility of remaining unscathed also exists. The type, timing, and level of social support available and/or accessible to affected individuals and groups may determine outcomes.²¹⁾ Research evidence (both qualitative and quantitative) suggests that mental health challenges, including depression, may not be as widespread among victim survivors as they are often assumed to be, even when the hazards of war and civil unrest are compounded by displacement.²²⁾ However, studies that examine resilience and recovery and/or growth and transformation following crisis experiences are few and far between. This paper attempts to summarize what is known so far and what remains unknown about the different paths to “light at the end of the tunnel”.²³⁾ A number of interrelated constructs such as fortitude strength,²⁵⁾ hardiness,²⁶⁾ post-trauma growth,²⁷⁾ recovery,²⁸⁾ resilience,²⁹⁾ self-efficacy,³⁰⁾ and SOC⁴⁾ feature prominently in the literature in social psychology and biosocial and medical sociology. Monica et al (2007)³¹⁾ presents an outline of these constructs and their proponent (s), disciplinary origins, methods/tools, and associated theses.

These constructs represent well-known theories developed over the past three to four decades to advance predictions of individual and collective attributes that protect victims/survivors from the negative effects of adverse events and experiences. Arguably, the most influential of these theories has been the SOC construct, judging by its wide adoption and use in an ever-increasing number of studies, including cross-cultural and international applications.

What is the role of the salutogenic model in promoting mental health?

The key objective of the creation of the World Health Organization (WHO) was the protection of the right to public health services.³²⁾ In WHO’s constitution, a new declaration of health was introduced, stating

that ‘health is not only the absence of disease and infirmity but a state of complete well-being in a physical, mental and social meaning’. This was an idealistic target much in concordance with the optimism of the time. However, one advantage of this approach³³⁾ was the shift of focus from a strict medical orientation towards health to the subjective well-being of the population with a physical, mental and social perspective. In 1987, a fourth dimension, the idea of spiritual well-being, was introduced.

Although the concept of health had been widened, there was still a dichotomy between health and disease. In the eyes of the critics, this declaration by WHO was a dynamic expression of absolute health. And the shift from the biomedical paradigm towards social and psychological perspectives was important. The new concept³⁴⁻³⁶⁾ had an impact on public health such that practitioners, scientists and philosophers could, to a much broader extent, generate theories and strategies from fields of science other than medicine. Much later, even more dynamic health theories were introduced focusing on health promotion and health as a resource for everyday life; in other words, post-modern public health and the creation of the Ottawa Charter (see below).³⁷⁾

Paradigm shift from detecting risk factors of disease to salutogenesis model

One of the innovations in the field of public health at the end of the 20th century was the Health Promotion Movement. Its focus was on the mobilization and development of population health resources, with the goal of enabling people to live a good life. The principles of health promotion were enshrined in the Ottawa Charter (WHO, 1986)³⁷⁾ providing the ‘genetic code’ of the movement.

At the heart of this new process is respect for human rights; seeing people as active participants in the provision of healthcare. Clinical psychologists are engaged in a mutually empowering process. The

role of the clinical psychologist is to support and to provide options that enable children³⁸⁾ to make sound choices, to indicate key determinants of health, and empower adolescents to make use of them.³⁹⁾ Health promotion stimulated public health and brought new enthusiasm into the practice.

In spite of the early, broad discussions with different theoretical frameworks that were incorporated in health promotion, some clinical psychologists were too eager to act, resulting in a situation where practice did not closely reflect theory.

There has also been a lack of methods to evaluate the process. Today the honeymoon period of health promotion is long over and evidence of its effectiveness is being demanded. The movement has responded to this call, as seen in the research methods developed for its evaluation and the recently accumulated global evidence of its effectiveness. However there is still a need to reconsider its theoretical foundation.

Returning to salutogenesis, this theoretical framework could again be considered as a basis for health promotion by clinical psychologists. The salutogenic perspective has three aspects⁴⁰⁾. 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 serve as the overall mechanism or capacity for this process, the SOC.

Antonovsky⁴⁾ indicated that SOC was a universal mechanism that could be applicable to any culture. Empirical research has demonstrated that this is the case. Further it seems to be a property that develops over the course of one's life, in other words SOC can be learned. It has a strong correlation to perceived health, mental well-being, and quality of life.⁴¹⁾ SOC has been compared to and proved useful and relevant in learning processes. The combination of salutogenesis and quality of life encompasses the core components of the principles of health promotion

where salutogenesis is the process leading to quality of life.⁴¹⁾

There are currently a number of other concepts within psychology which have adopted salutogenic thinking, such as resilience hardiness²⁶⁾, and several coping and stress management theories. Beyond theories mentioned by Antonovsky, like sense of permanence, the social climate, and the family's construction of reality, there are additional concepts such as flow, learned resourcefulness and life control, all of which contain elements of a salutogenic approach and focus on resources. Consequently it is possible to talk about a broad salutogenic framework where SOC is simply one aspect.

Conclusion

The concept of SOC is different from the traditional concept of disease. That is to say, according to SOC, disease does not arise exclusively from various risk factors. Rather, disease arises more often when a person fails to maintain the natural factors responsible for a healthy physical state.

Recommendation moving forwards to developing clinical psychology

In today's stressful society, the importance of stress management – how to deal with physical and psychological stress – is growing. In particular, various medical, sociological and psychological fields are paying a great deal of attention to the so called “zest for living”, the physical and intellectual ability for coping with stress which humans have long been said to possess⁴²⁾

People experience various kinds of stressful situations during the course of their life. SOC is a strategy through which individual perception and internal response to those stressful events enables one to discover meaning in the stress, beyond the specific stress factors that one might encounter in life.

In the early 21st century, clinical psychology is once

again at a crossroads. There is a strong undercurrent of neo-conservatism which focuses on short-term solutions to combat disease. Such interventions are of course necessary because of a range of pressing problems, including new disease panoramas.

Finally, it is necessary to find a coherent health concept for the education of clinical psychologists for the 21st century. The salutogenic model would perhaps serve such a purpose. There will also be a need to look for long-term sustainable strategies and to build the capacity for healthy public policies. As evidence is collected and analyzed, the salutogenic framework could become a guiding principle in health promotion carried out by clinical psychologists who are implementing social intervention.

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