PROMOTING COPING: SALUTOGENESIS AMONG PEOPLE WITH MENTAL HEALTH PROBLEMS

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This article aims to illustrate how Antonovsky’s salutogenic theory and its central concept of sense of coherence can be operationalized into salutogenic therapy principles and an intervention program for promoting a sense of coherence, coping, and mental health among people with mental health problems. The intervention is based on the following five basic components or therapy principles: (1) the health continuum model; (2) the story of the person; (3) health-promoting (salutary) factors; (4) the understanding of tension and strain as potentially health promoting, and (5) active adaptation. The program is a talk therapy group intervention and consists of 16 group meetings and homework. The intervention may serve as a guide to mental health nursing practice when coping is the main target.

In thinking about recovery, it has been claimed that traditional therapy has given too much attention to the feelings connected with earlier adverse life events and to diagnosis and medication, and too little to the future potential associated with a person’s resources and coping (Bengtsson-Tops & Hansson, 2001; Judd, Frankish, & Moulton, 2001; Schofield, 1999). The user perspective underlines this view (Ahern & Fisher, 2001; Powell, Holloway, Lee, & Sitzia, 2004; Watkins, 2001).

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Various new concepts and philosophies have emerged in the search for a complement to traditional therapy, including positive psychology (Aspinwall & Staudinger, 2003; Snyder & Lopez, 2002), empowerment (Ahern & Fisher, 2001; Kendall, 1998; Schofield, 1999), resilience (Lindstrøm, 2001), and salutogenesis (Antonovsky, 1987, 1996).

Three healing factors have been identified as important in the recovery process (Anthony, Cohen, & Farkas, 1994; Strauss, 1996). These factors are that participants (1) perceive themselves as something other than just a diagnosis and a disease, (2) explore themselves with respect to their whole person and (3) take control over their own lives. Data from 40 years of research provide strong empirical support for the benefits of privileging the role of participants in the process of change. As a result, treatment should be organized around participants’ resources, perceptions, experiences and ideas (Aspinwall & Staudinger, 2003; Duncan & Miller, 2000; Hubble, Duncan, & Miller, 1999).

The theory of salutogenesis gives a generic understanding of how sense of coherence (SOC, the central concept in salutogenesis) and coping may be created, and focuses on pathways that lead to successful coping and health. The Sense of Coherence Questionnaire (Antonovsky, 1987) has been used in many intervention studies in mental health to measure outcomes (Blomberg, Lazar, & Sandell, 2001; Kørlin & Wrangsjø, 2002; Lundqvist, 1995; Sack, Kunsebech & Lamprecht, 1997; Weissbecker, Salmon, Studts, Floyd, Deder & Sephton, 2002). However, to the best of our knowledge, salutogenic therapy principles have not previously been described in the literature.

There is some literature on the various aspects of the application of salutogenesis. For example, one study has tried to adapt the core concept of SOC as a theoretical basis of already established psychological education in schizophrenia (Landsverk & Kane, 1998). Another study has used elements of the salutogenic thinking in creating empowering dialogues in general practice (Malterud & Hollnagel, 1999). Bengel, Strittmatter, and Willmann (1999) emphasize that developing salutogenic therapy principles and intervention programs is of great importance for the future development of salutogenesis in the recovery framework. Researchers have concluded that the most immediate research now should be to implement the theory into practice, such as in mental health promotion (Erikson & Lindstrom, 2005; Lindstrøm & Erikson, 2005).

Theory is a frame of reference that is crucial in research and in evaluating programs. An intervention is not ready to be evaluated unless the theoretical basis of the intervention has been developed and carried out. Judicious use of a theoretical framework can illuminate areas that might not otherwise be visible (Taylor, 2004). Therefore, the purpose of this
article is to illustrate how the theory of salutogenesis can be operationalized into salutogenic therapy principles and an intervention program for promoting SOC and coping among people with mental health problems. This intervention has been evaluated in a randomized controlled trial study, showing positive effects on SOC (Langeland, Riise, Hanestad, Nortvedt, Kristoffersen, & Wahl, 2006). The intervention may serve as a guide to mental health nursing practice when coping is the main target.

THEORETICAL FRAMEWORK

The Theory of Salutogenesis: Basic Assumptions

The theory of salutogenesis as proposed by Antonovsky (1987) represents a broader perspective on health than traditional pathogenic orientation. Antonovsky does not view health as a dichotomous variable but as a health continuum, striving to explain what makes a person move towards the healthy end of the continuum and thus increase his or her SOC and promote coping. The focus is on the story of the person rather than the diagnosis. The person is understood as an open system in active interaction with the environment (both external and internal conditions). Tension and strain are viewed as potentially health-promoting rather than illness-creating. The environment is the source of both stressors and resistance resources. The theory emphasizes the use of potential and existing resistance resources and not only focuses on minimizing risk factors, but also emphasizes active adaptation as the ideal in treatment (Antonovsky, 1987). Mental health nurses are not explicitly discussed in the theory of salutogenesis but may be implied as an element of the resistance resources in the external environment (Sullivan, 1989).

Core Concepts: Sense of Coherence and General Resistance Resources

Sense of Coherence

In the light of his research, Antonovsky claims that a person who copes well has a high SOC. He defines SOC with three subdimensions. These subdimensions are a global orientation that expresses (1) comprehensibility, or the extent to which one has a pervasive, enduring, but dynamic feeling of confidence that the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable, and explicable; (2) manageability, or the extent to which resources are available to one to meet the demands posed by these stimuli; and
(3) meaning, the extent to which these demands are challenges, worthy of investment and engagement (Antonovsky, 1987). The third subdimension, meaning, refers to the extent to which a participant feels that his or her life makes sense emotionally. Antonovsky emphasizes that this component is the most important part of the SOC concept. When participants perceive at least some of life’s problems and demands as worthy of commitment and engagement, they have a greater sense of meaningfulness, and typically a greater sense of the other two components (comprehensibility and manageability) as well.

The theory emphasizes four spheres in human life in which people must invest if they do not want to lose resources and meaning over time: inner feelings; immediate personal relations; major activity; and existential issues (Antonovsky, 1987). This means that it is important to be able to form a view of life (ideological, religious, or political), to know people one perceives are supportive (the function of social support), to have mental stability, and to be involved in rewarding everyday activities (work, sports, education, etc.) (Lindstrøm, 2001).

**General Resistance Resources**

The theory also has identified general resistance resources (GRR) that are crucial in the development of the SOC. GRR can be defined as any characteristic of the person, group, or environment that can facilitate effective tension management. The GRR are:

1. Physical and biochemical; Antonovsky refers to the possible link between the GRR and the successful coping with tension as immunopotentiating mechanisms.
2. Material; goods such as food, clothing, and accommodation.
4. Valuative; attitudinal, such as coping strategies characterized by rationality, flexibility, and foresight, including active action and the effective management of emotions.
5. Interpersonal-relational; people who have close ties to others resolve tension more easily than those who lack that quality in their relationships. The certainty about the availability of social support is often sufficient for this to be an effective component of GRR. Social support is a crucial coping resource.
6. Macro sociocultural aspects; an individual’s culture that gives him or her a place in the world and is health-promoting and where the GRR are available at different levels (Antonovsky, 1979).
People who have access to and the ability to utilize the GRR, in themselves or in their environment, will manage tension and perceive experiences that stimulate the development of a high SOC. SOC thus has ramifications at both the individual and collective level.

**Supporting Theories**

Based on the theory of salutogenesis, the following theories are used as support in the operationalization process. One theory of social support (Weiss, 1974) supports the operationalization of social support, which Antonovsky regards as a vital coping resource. Both researchers underline the importance of the quality of social support. Rogers’ experience of person-centered therapy (Rogers, 1957) corroborates the fact that attitudes of unconditional positive regard, accurate empathy and genuineness perceived by participants in their helpers are necessary for therapeutic progress. Bandura’s (1991) self-efficacy theory points to various ways of strengthening, in the group process, Antonovsky’s other vital coping resource, self-identity, by using the five unique capacities through which he claims a person learns: self-regulation, symbolizing, vicarious learning, forethought and self-reflection (Antonovsky, 1991). Narrative therapy (Anderson & Goolishian, 1988, 1992; White, 1991) provides tools to encourage participants’ awareness of their coping histories and thus to increase their consciousness of their internal and external resources. Interventions drawn from solution-focused therapies can be effective when the aim is to increase participants’ insight into their coping ability (de Shazer, 1991; Watkins, 2001). Thus, these approaches support, supply and emphasize the interpretation and operationalization of the theory of salutogenesis.

**IMPLEMENTATION OF THEORETICAL PERSPECTIVES**

**Aim of the Intervention**

Antonovsky’s (1987) theory has been operationalized in an intervention program for people with mental health problems. The main aim of the intervention is to increase participants’ awareness of their potential, their internal and external resources, and their ability to use them, and thus to increase their SOC, coping, and level of mental health. The intervention is developed for people with various, relatively stable, mental health problems who are able to have a dialogue and live in the community but need support from the health system. The concept of mental health problems used here typically encompasses
mental suffering, mental illness, mental disorders, and psychosocial problems.

**Talk Therapy Groups**

The intervention is a talk therapy group, with mental health nurses as group leaders. In talk therapy groups, a central ideal is that conversations are characterized by being a therapeutic dialogue (Egan, 2002). The groups are characterized by mutual, egalitarian relationships, where the tenor of conversations between the group leaders and the participants is similar to those between the participants themselves (Antonovsky, 1990; Gilligan & Price, 1993; Rogers, 1980). The reason for choosing a group as the method is the beneficial effect of symbolic interactionism (Blumer, 1969). Yalom (1975) claims that there are 11 interdependent therapeutic group aims: to give hope, encourage universalization, share information, engender altruism, try new approaches, develop social competence, promote vicarious learning, promote learning between people, encourage group solidarity, achieve catharsis, and encourage existential viewpoints.

**The Role of the Group Leader**

The group leader is an expert in creating a conversational and interactive climate that will promote desirable change in the participants. By acknowledging her or his inability to know the participants’ “truth,” the leader conveys unconditional positive regard by respecting that the participants are experts on themselves and their unique situations and experiences, including their pain, suffering, and concerns (Powell, Holloway, Lee, & Sitzia, 2004; Rogers, 1957). In a salutogenic perspective, the group leader functions more as a dialogue partner, balancing between listening empathetically to participants’ difficulties and taking into account their strengths and resources (Hubble, Duncan, & Miller, 1999).

**THE MENTAL HEALTH-PROMOTION PROCESS: SALUTOGENIC THERAPY PRINCIPLES**

Basic assumptions in salutogenic theory, including the core concepts and supporting theories, may be operationalized into salutogenic therapy principles as illustrated in Table 1.

The five basic components or therapy principles in this intervention are as follows: (1) the health continuum model; (2) the story of the person; (3) health-promoting (salutary) factors; (4) the understanding
## TABLE 1. A Mental Health Promotion Process in Talk Therapy Groups Based on the Theory of Salutogenesis

<table>
<thead>
<tr>
<th>Salutogenesis: Basic assumptions including the core concepts of sense of coherence, general resistance resources, and supporting theories</th>
<th>Salutogenic therapy principles in the group process in the context of everyday life</th>
<th>Desired outcome: Improving sense of coherence, coping, and mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health as a continuum</td>
<td>Focusing on moving towards the health pole</td>
<td>Increasing tolerance for various feelings</td>
</tr>
<tr>
<td>Solution-focused therapy</td>
<td>Universalizing mental health problems</td>
<td></td>
</tr>
<tr>
<td>General resistance resources</td>
<td>Introducing the metaphor of the stream of life</td>
<td>Improving adaptive coping</td>
</tr>
<tr>
<td>2. The story of the participant</td>
<td>Encouraging the perception of diagnosis as a narrow description of reality</td>
<td>Experiencing herself or himself primarily as a person</td>
</tr>
<tr>
<td>Narrative therapy</td>
<td>Listening to the participant’s experience in an open, accepting manner</td>
<td>Structuring life experiences that reinforce the sense of coherence</td>
</tr>
<tr>
<td>Person-centered therapy</td>
<td>Listening to the participant’s narrative identity; shedding light on his or her coping ability</td>
<td>Increasing the perception of coping in the narrative identity</td>
</tr>
<tr>
<td>3. Health-promoting (salutary) factors</td>
<td>Extending coping resources</td>
<td>Improving self-identity</td>
</tr>
<tr>
<td>Solution-focused therapy</td>
<td>Paying attention to what is currently functioning well in participants’ lives</td>
<td>Increasing perception of the quality of social support such as attachment, social integration, opportunity for nurturing, reassurance of worth, reliable alliance and guidance</td>
</tr>
<tr>
<td>General resistance resources</td>
<td>Asking questions to increase awareness of coping resources</td>
<td></td>
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<tr>
<td>The provisions of social relationships</td>
<td>Generally promoting resistance resources, especially: social support and self-identity, focusing on action and choice by participants</td>
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</tr>
<tr>
<td>4. Stress and strain as potentially promoting health</td>
<td>Discussing appropriate challenges</td>
<td>Increasing acceptance of one’s own potential and coping ability</td>
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<td></td>
<td>Universalizing the feeling of tension</td>
<td>Experiencing one’s own resources</td>
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TABLE 1. A Mental Health Promotion Process in Talk Therapy Groups Based on the Theory of Salutogenesis (Continued)

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<tbody>
<tr>
<td>5. Active adaptation</td>
<td>Promoting a climate of unconditional positive regard, empathy and genuineness</td>
<td>Increasing perception of comprehensibility, manageability and meaning; improving the sense of coherence</td>
</tr>
<tr>
<td>Person-centred therapy</td>
<td>Self-efficacy</td>
<td>Sense of coherence</td>
</tr>
<tr>
<td>Developing participants’ unique capacities: self-regulation; symbolizing; vicarious learning; forethought; and self-reflection</td>
<td>Developing crucial spheres in human existence: Inner feelings; immediate personal relations; major activity; and existential issues</td>
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</tbody>
</table>

of tension and strain as potentially health promoting; and (5) active adaptation (Antonovsky, 1987).

Health as a Continuum

**Focusing on Movement Towards the Health Pole**

In a salutogenic perspective, mental health refers to the location, at any point in the life cycle, of a person on a continuum ranging from excruciating emotional pain and total psychological debilitation at one extreme, to a full, vibrant sense of psychological well-being at the other (Antonovsky, 1985). The main focus is on the dynamic interaction between resistance resources and stressors in human life and how to move the participants to the healthy end of that continuum. This can be done, for example, by asking a rating question: “On a scale of 0 to 10, where 0 is the worst and 10 the best you have ever felt, how do you rate yourself today?” If the answer is 4, you may ask why the answer is 4 and not 2. In this way, attention is focused on the possibilities and what is functioning well in the person’s life. The next question may be: “What do you need to do to move yourself up to 5?” (Watkins, 2001).
Universalizing Mental Health Problems

People have different levels of health, but on the same continuum. This universalism is a precondition to understanding and judging another participant’s expression. Examples of topics the participants and the leaders may recognize as universal in everyday life are: existing and possible new relationships, organizing the day, receiving criticism and praise, balancing activity and rest, practicing self-care, and coping with sleeping problems. To illustrate universalism, Antonovsky uses the following metaphor, which can be presented to a group.

Introducing the Metaphor of the Stream of Life

All human beings are in a river that is the stream of life. Nobody stays on the shore. There are forks in the river that lead to gentle streams or to dangerous rapids and whirlpools. The crucial, salutogenic question is: “Wherever one is in the stream, what shapes one’s ability to swim well?” (Antonovsky, 1987). This way of looking at life may be useful in group work because the participants can easily identify with it, and thereby acknowledge and accept their own ups and downs and focus on adaptive coping (how to swim well) in everyday activity.

The Story of the Participant

Mental health nurses can help people to structure life experiences in such a way as to reinforce their SOC (Sullivan, 1989). A person’s individual story is important because only in the awareness of his or her life situation can the resources that contribute to recovery be found and fostered (Bengel, Strittmatter, & Willmann, 1999). The pathways to recovery are uniquely defined by each person for himself or herself and need to be holistic in scope because mental health problems are complex interactions of mind, body, and spirit that are unique to each individual (Ahern & Fisher, 2001). Accordingly, the focus is on participants as a whole and their own experience. Participants use their own words and describe their inner lives.

Encouraging the Perception of Diagnosis as a Narrow Description of Reality

Salutogenesis underpins the importance of acknowledging the participant primarily as a person and mobilizing his or her strengths, so that the person’s resistance resources are given the best possible conditions in the fight against illness and suffering (Malterud & Solvang, 2005). However, many participants can experience themselves only as psychiatric patients and/or a diagnosis. Identifying the whole person by
one characteristic reduces people by labeling them. Ahern and Fisher (2001) confirm this problem and call it a barrier to recovery. They state that people in a recovery process may view every expression of emotion or change in mood as a symptom of an illness in remission that can return at any time. In this context, it may be helpful to encourage the perception of diagnosis as a narrow description of reality (White, 1991, 1997). The aim is to look at various feelings as parts of being a normal human being and thus to accept the experiences as positive. This is an important part of becoming a person (Rogers, 1961). The participants are given assistance in discovering themselves as whole people. In this respect, leaders have an important task as a role model (Bandura, 1991). The expression by the therapist of feelings that are genuine and from the heart can be pivotal because the therapist may contribute to universalizing various feelings.

**Listening to the Participant’s Experience in an Open, Accepting Manner**

Not knowing about the diagnosis and the case history may be an advantage for group leaders. Then, it is easier to meet participants in a freer, more open, and less prejudiced manner. Rogers (1961) confirms this experience when he claims that diagnosis may be more of an obstacle than help. At the start of a group, leaders only need to know that the participants are struggling daily with mental health problems and need some kind of help and support.

**Listening to the Participant’s Narrative Identity: Shedding Light on his or her Coping Ability**

Stories are gross simplifications. To illustrate this, one may use the figure or ground metaphor; a story may be perceived as a figure that appears based on a background. When a participant’s story is problem-saturated, it may be important to ask for alternative stories, out of which another figure may appear, unique to the situation, and in which the person perceives meaning and coping (White & Epston, 1990). Then the person’s narrative identity begins to change through new stories as a result of the dialogue (Anderson & Goolishian, 1988). The salutogenic perspective focuses on how to activate, emancipate, and increase participants’ perceptions of their resources and potentials that are on the edge of their awareness (Rogers, 1961). It can be said that this process can shed some light on other parts of participants’ experiences. All experience is real, but we cannot shed light on the whole experience at the same time. Thus, one may say that this therapy is insight-oriented, because it sheds light on the person’s coping ability. The participants have little
insight into these abilities when they are standing in the shadow of the history of their dominant problem (Kolseth, 2001).

It is, however, important to stress that participants’ experiences should be acknowledged and validated before they will open up to new possibilities and directions (Gilligan & Price, 1993; Rogers, 1957). Subsequently, from an empathetic stance, the leader may encourage participants to create an identity that has coherence and meaning for them. Participants themselves must choose whether they want to integrate an alternative story as a part of their identity (Lundby, 1998).

Health-Promoting (Salutary) Factors

**Extending Coping Resources**

The salutogenic orientation leads to thinking in terms of factors that promote participants’ movement toward the healthy end of the continuum (see GRR and the health continuum model). We cannot limit the promoting of health to being low on risk factors, because health-promoting factors actively contribute directly to health (Antonovsky, 1996). This approach can be operationalized in the groups by focusing on adding resources in contrast to revealing the causes of problems. The cause(s) of the problem do not need to be found before a possibility for coping is found. An example may be a man who is suffering from voices in his head. A central question may be what other voices he can add, rather than how he can dispel the existing voices. The critical skills in controlling the voices are the man gaining a sufficient voice of his own in his social environment, and consequently feeling stronger than both the voices inside and the voices outside (Romme & Escher, 1993).

**Paying Attention to What is Currently Functioning Well in Participants’ Lives and Asking Questions to Increase the Awareness of Resources**

It is essential to pay attention to what is functioning well in participants’ lives, focusing on the good experiences in preference to the bad, and drawing out the optimistic potential from problem-saturated stories (de Shazer, 1991). The main point is to ask questions that stimulate the person to think of his or her resources or possible resources or to invite him or her to “conjure up” or wishfully think such resources into being. The persons may be helped to identify current strategies by asking solution-focused questions (Watkins, 2001). The leader may, for example, ask a participant who suffers from depression: “How do you manage to endure despite your suffering?” Another example is the woman who talks about suffering from anxiety. She may be asked what is happening
when her symptoms of anxiety decreased and whether she can describe situations where she has feelings of well-being and is not suffering from anxiety. In that way her experience of her own coping resources and well-being can be increased. The next question may be whether the participant can apply these experiences to new situations.

Another example is to ask a question that takes the problem away — the miracle question (de Shazer, 1991). The group leader may say: “Now I will come with a curious question. It’s evening and you go to bed. While you are sleeping, your suffering disappears without you knowing it. When you wake up — how will you recognize that your problems are gone? How will your environment recognize it?” A question like this allows the person to bring more of the previous unproblematic experiences into the conversation; thus, the goals developed from the miracle question are not limited to just eliminating the problem.

**Generally Promoting Resistance Resources, Especially Social Support and Self-Identity, Focusing on Action and Choice by Participants**

Self-identity and social support appear as the most direct coping resources (Antonovsky, 1979). Social support is a crucial coping resource, and one key aim in talk therapy groups is to establish a good climate so that participants can develop positive connections to their natural supports. Weiss (1974) supports Antonovsky’s view on social support and has identified six social functions or “provisions” that may be obtained from relationships with others. An attempt may be made to apply these six relational provisions in the groups to facilitate health-promoting interaction and communication. The provisions are: attachment, social integration, opportunity for nurturing, reassurance of worth, reliable alliance, and guidance. The leaders may, for example, focus on whom the participants refer to as helpful in their daily life or what they do to get people to help them. A leader also may try to increase the awareness of opportunities for nurturing. Focusing on this will increase participants’ awareness of their resources and then strengthen their sense of manageability and self-identity.

Action enhances the self-identity and confirms who the participants are, according to Lundby (1998). If a participant, for example, carries out an action that represents a new, good experience for him or her, his or her self-identity will improve. Being encouraged towards constructive action is basic in the gradual process of changing self-identity. Undertaking choices is another factor that enhances self-identity and mental health. Increasing participants’ consciousness of their own possible choices can therefore be key in the groups. Choice may be defined as an active, reflected decision with respect to alternatives. Self-regulation by setting
limits may be an important issue for many participants, such as how to decline an invitation. A key topic, then, is proposing alternatives on how participants can regulate themselves, to choose among the proposals, and to take responsibility for the choices. Responsibility emancipates resources and thus creates hope for the future (intentionality).

**Tension and Strain as Potentially Health Promoting**

Implicit in the theory of salutogenesis is the view that tension and strain are potentially health-promoting. Stress factors are ubiquitous (see the metaphor about the stream of life).

**Discussing Appropriate Challenges**

The participants are challenged to adapt to a variety of stressful circumstances because exposure to stress factors (such as new people and experiences) is a necessary part of maturation (Ahern & Fisher, 2001). The theory of salutogenesis distinguishes between tension and stress. When demands exceed a person’s resources or, more precisely, a person’s ability to use his or her resources, then the tension leads to stress and the person moves towards a lower level of health. Setting appropriate challenges is of great importance in creating life experiences that promote a SOC and coping ability, because both overload and a lack of engagement or stimulation lead to stress (Antonovsky, 1987).

**Universalizing the Feeling of Tension**

This view of tension and stress as beneficial and normal is reflected in the leader’s attitude: for example, the feeling of tension participants may experience in a group, particularly in the beginning, can be generalized by the leader acknowledging and emphasizing that this is a normal feeling. Leaders also can admit that they sometimes feel tension in a group. Such admissions may contribute to universalism and may thus be a release for the participants.

**Active Adaptation**

A basic argument in the salutogenic approach is the therapist’s attitude to treatment. In the salutogenic orientation, the focus is on the person, with his or her unique history and overall problem of active adaptation to an inevitably stress-rich environment. Each person needs to be treated based on his or her position and perception in life.


Promoting a Climate of Unconditional Positive Regard, Empathy, and Genuineness

The basic, general, active attitudes of unconditional positive regard, accurate empathy, and genuineness, offered by the helper and perceived by the participants, are necessary for creating a climate that fosters therapeutic progress (Rogers, 1957). The provider of care must be highly empathetic and sensitive to the process of relating to the participants as whole people.

Developing Participants’ Unique Capacities: Self-Regulation, Symbolizing, Vicarious Learning, Forethought, and Self-Reflection

The most important element in people’s motivation to change is their expectation that their actions will produce desired results. This belief in themselves determines their initial decision to work on their problems, to expend effort, and to be persistent in the face of adversity (Bandura, 1991). The five unique capacities through which a person learns are self-regulation, symbolizing, vicarious learning, forethought, and self-reflection (Antonovsky, 1991). These potentialities may be used consciously when working with active adaptation in the groups. Antonovsky perceives the human being as an open self-regulating system. A person with a high level of health manages self-regulation. Self-reflection is an essential tool for constructing coping stories and for people helping each other through the creative process to find external and internal resources in the active adaptation to various challenging situations. Self-reflection strengthens self-identity and self-worth. The aim is to increase symbolization by grasping the knowledge that exists on the edge of the person’s awareness. Participants may learn by listening to each other and by living vicariously through each other’s experiences and that of the group leader’s. An example of the latter is when participants reflect on the ability to nurture and one of the participants says to another: “I experience that you are such a caring person.” The participant shows that she appreciates the positive feedback.

Developing Crucial Spheres in Human Existence: Inner Feelings, Immediate Personal Relations, Major Activities, and Existential Issues

An important part of personal development and recovery is that participants themselves take control of their own development (Anthony, Cohen, & Farkas, 1994). That is why it may be a main objective in the groups to try to increase participants’ awareness of and investment in crucial topics (inner feelings, immediate personal relations, major
activities, and existential issues) in their daily living and then hope to increase their SOC and coping skills (Antonovsky, 1987).

THE STRUCTURE OF THE PROGRAM

The program consists of 16 group meetings and homework. The meetings focus on and aim to create SOC and coping. The first part is relatively non-directive because the participants should get the opportunity to discuss challenges that are important for them here and now in the context of everyday activity (Rogers, 1957). In the last part, homework is the main content. Table 2 shows the structure of the program. The homework is based on the crucial spheres in human existence, and the participants are invited to write a reflective note about the given topic. Table 3 shows examples of the content of the homework. The homework may function as an inner voice like a continuation of the group and thus increase the impact of the group.

The first meeting is an introductory session in which the focus for the intervention and structure are presented and the participants and group leaders are introduced to one another. The last meeting is a summary session in which the intervention is evaluated as a whole. No firm guidelines indicate how many sessions such a group program should comprise. The most important criteria is, however, that there are enough sessions to stimulate the cognitive and emotional processes of positive change among the participants that may continue for long afterwards.

Table 3 illustrates an example of topics and goals for 16 sessions. It is based on the structure of the groups showed in Table 2 and should be understood in the context of the theoretical framework and the mental

TABLE 2. Structure of Every Session

1. A here-and-now round: Each participant is given an opportunity to explain how he or she feels and with what he or she is engaged in daily life.
2. Decide on the basis of the round (above) whether themes have emerged on which to reflect and explore thoroughly.
3. Conversation about a chosen topic, situation or experience.
4. 15-minute break.
5. Conversation about the topic based on a reflection note the participants prepare for homework (second and subsequent sessions).
6. Assign homework for the next session. The participants are encouraged to write a reflection note about a given task (all sessions except the last).
7. Each participant is given the opportunity to discuss their experience with the group.
<table>
<thead>
<tr>
<th>Session</th>
<th>Content part 1: Examples of themes that may emerge at the here-and-now round</th>
<th>Goals</th>
<th>Content part 2: Homework</th>
<th>Goals</th>
</tr>
</thead>
</table>
| 1       | Presentation  
Information and conversation about structure and focus | Becoming acquainted with the others and familiar with the intervention as a whole | Explaining and discussing the homework and assigning the first homework | Seeing the point and aim of the homework and thus creating motivation |
| 2       | How to cope with such feelings as boredom, loneliness, and sadness | Accepting and taking into account various natural feelings  
Being aware of what happens when these feelings decrease and other feelings occur | What are you doing in everyday life with which you feel comfortable?  
What do you need to actualize your wishes or needs? | Increasing awareness of activities that create good experiences and being aware of needs to actualize more of this |
| 3       | Discuss opportunities for getting paid work | Experiencing how others may give guidance that may be useful | Describe an event from the last week in which you felt satisfied with yourself | Paying attention to inner feelings of satisfaction and coping |
| 4       | Coping stories: A participant tells a story about how she has coped with being afraid of the dark | Paying attention to coping stories and investigate whether these may be utilized in other situations | Think of people whom you nurture during the week | Being aware of the ability to contribute in personal relations |
| 5       | How to cope with feelings perceived as symptoms, such as anxiety or voices in the head  
What happens when the symptoms decrease? | Considering the value of taking control of one’s own situation and strengthening the feeling that there is a way out of difficulty | If you were given the possibility to choose freely, what would you want to do? | Being aware of needs and wishes |
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Text</th>
<th>Text</th>
<th>Text</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>How to cope with an important meeting with the Social Security office</td>
<td>Strengthening the ability to plan and manage a challenge</td>
<td>What would you answer if someone asked you what you are doing in your everyday life?</td>
<td>Being aware of the activities of daily living and being prepared for a imagined situation in a relationship</td>
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<tr>
<td>7</td>
<td>Good relationships: A participant tells about good relationships with his or her grandchildren</td>
<td>Being aware of how social relations may affect the quality of life and coping</td>
<td>Describe what you experience on a good day</td>
<td>Paying attention to good inner feelings and being conscious of what creates these feelings</td>
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<td>8</td>
<td>How to receive praise from a participant in the group</td>
<td>Daring to open up and perceive positive feedback and thus feel reassurance of worth</td>
<td>Think of something or someone who means a lot to you: What do you appreciate about this contact?</td>
<td>Being aware of strengths and coping resources in existing personal relationships</td>
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<tr>
<td>9</td>
<td>Choice: Being aware of options for coping with a difficult situation in a mother–daughter relationship</td>
<td>Considering the value of being active and taking responsibility for one’s choices</td>
<td>What is important for you in your life?</td>
<td>Increasing the ability to choose to do things that are meaningful</td>
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<tr>
<td>10</td>
<td>How to set limits towards a friend in a polite but determined manner</td>
<td>Being conscious of the possibility for self-regulation</td>
<td>How do you take care of your needs for activity and rest?</td>
<td>Considering the value of taking control of one’s own needs and inner feelings</td>
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*(Continued on next page)*
### An Example of an Intervention Program (Continued)

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<thead>
<tr>
<th>Session</th>
<th>Content part 1: Examples of themes that may emerge at the here-and-now round</th>
<th>Goals</th>
<th>Content part 2: Homework</th>
<th>Goals</th>
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</thead>
<tbody>
<tr>
<td>11</td>
<td>How to cope with sleeping problems</td>
<td>Experiencing that other participants may share their own experiences with the same problem</td>
<td>Take yourself on a fantasy trip and ask yourself what you want to do or experience in your everyday life or at least once in your life</td>
<td>Being aware of one’s own dreams and reflecting upon whether some can be fulfilled</td>
</tr>
<tr>
<td>12</td>
<td>How to cope with a family event, such as a wedding</td>
<td>Being aware of the ability to plan in relation to imagined situations</td>
<td>What characterizes people who have or have had a positive influence in your life?</td>
<td>Being aware of strengths and coping resources in personal relationships and discussing the possibility of creating relationships with these qualities</td>
</tr>
<tr>
<td>13</td>
<td>How to cope with going to the library</td>
<td>Experiencing taking one’s own needs seriously and that active action may increase the sense of coping</td>
<td>How would you go about pleasing another person?</td>
<td>Being conscious of activities that encourage good personal relationships</td>
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<tr>
<td>14</td>
<td>How to organize the day</td>
<td>Reflecting on sources of strength in the activities of daily living</td>
<td>What positive characteristics of yourself do you experience after participating in the group?</td>
<td>Reflecting on and allowing oneself to pay attention to personal strengths and good inner feelings</td>
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<tr>
<td>15</td>
<td>Good experiences: A participant wants to tell about a good experience, such as a trip</td>
<td>Perceiving the importance of paying attention to good feelings</td>
<td>Describe ways in which you could proceed without the group</td>
<td>Reflecting on where to go without the group</td>
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<td>16</td>
<td>Sum up and reflect on all the meetings</td>
<td>Being aware of whether the participant wants to keep contact with someone in the group</td>
<td>Of what importance has the group been for you?</td>
<td>Being aware of good experiences from the group and thus increasing the possibility that these may be used in new situations</td>
</tr>
</tbody>
</table>
health-promotion process including the salutogenic therapy principles and the desired outcome (Table 1).

CONCLUSION

The increasing number of people who live with mental health problems for many years in the community brings into focus the need for recovery within a coping and mental health promotion perspective. The value of the salutogenic theory is that it emphasizes promoting coping and health. This article shows one way of using salutogenic therapy principles in an intervention program for promoting SOC and coping. The theoretical framework, the salutogenic therapy principles, and the program outlined here may guide mental health nurses to ask questions differently and interpret individuals’ experiences with reference to their health potential. The theory also could be used to develop other interventions to promote a stronger SOC, coping, and mental health.

REFERENCES


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