

WG 3 (Psychological health)

The Salutogenic Model of Health: Ease, Dis-ease and the River in Between

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Traditionally, Western medicine focuses on illness. Questions arising from the pathogenic model, which centers on origins of disease, include: What causes illness? How is illness diagnosed, treated, and prevented? Until the 1970s, the medical establishment did not address the question of what constitutes the origins of health.

During that time, a study on Holocaust survivors raised the question: "How did they manage to survive and even find satisfaction in life?" That brought medical sociologist Aaron Antonovsky to develop the salutogenic model of health, centered around the question of what helps people move toward health. According to this perspective, we are not dichotomously either suffering from or free of a specific disease; rather, we are always on an ease/dis-ease continuum. Life is not a state of balance and harmony where one occasionally falls ill; instead, the living organism continuously faces internal and external challenges. The salutogenic question of how one copes with challenges is a question of health promotion, not disease prevention—concepts that are not two sides of the same coin and therefore can coexist.

Aaron Antonovsky's answer was the core concept of his model: the sense of coherence (SOC), which is an orientation toward life comprising three components:

- (a) Comprehensibility – the ability to understand challenges and to predict, to some extent, what life will look like ahead.
- (b) Manageability – the perception that one has the resources to cope with challenges.
- (c) Meaningfulness – the feeling that there is a reason to face these challenges.

The salutogenic approach has guided numerous studies and interventions in the IDF aimed at strengthening the SOC. Alongside the need for preventive measures to reduce psychological distress, which typically target soldiers at risk—actions are needed to enhance well-being among all soldiers. This is crucial because all soldiers undergo an adaptive crisis upon enlistment. The key question is not why some soldiers develop distress, but rather how—despite the many challenges they encounter in military service—the majority of soldiers successfully navigate their service experience.

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Sense of Coherence, PTSD, and Suicidality in the IDF: How Are They Interrelated?

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Background:

The salutogenic model of health, developed by Aaron Antonovsky in the 1970s, poses the question: What helps people move toward health? This stands in contrast to the pathogenic model, which focuses on what causes illness. The core concept of the salutogenic model is Sense of Coherence (SOC), which reflects an orientation to life comprised of (a) Comprehensibility – a cognitive component referring to the extent to which a person perceives life's challenges as making sense and predictable; (b) Manageability – a behavioral component referring to an individual's perception that they have the necessary resources to cope with challenges; (c) Meaningfulness – an emotional-motivational component reflecting the extent to which a person feels that facing challenges is worthwhile. Thousands of studies worldwide have found that SOC is a strong predictor of physical and mental well-being and serves as a buffer against negative psychological conditions such as burnout, depression, PTSD, and suicidal ideation (SI). In military contexts, SOC has also been positively associated with operational performance. Consequently, various interventions have been developed to strengthen SOC among soldiers, with a particular emphasis on social cohesion, a key coping resource in military settings. In our study, we aimed to determine whether SOC is directly related to SI, or whether its effect is mediated by PTSD symptoms.

Method:

In a cross-sectional design, 140 male IDF compulsory soldiers (mean age 20.4, 53% combatants) filled out self-report questionnaires. We used the Beck Suicide Ideation Scale (SIS) to measure SI. We used the sense of coherence questionnaire (SOC-13), the PTSD Checklist (PCL-5), and the Unit Cohesion scale to measure the independent variables.

Results:

SOC had a strong negative association with PCL, a moderate negative association with SIS, and a moderate-strong association with unit cohesion. Path analysis revealed that the direct path from SOC to SIS was much stronger than the indirect path through PCL. This suggests that SOC has a more direct impact on suicidality than through its influence on PTSD symptoms.

Conclusion:

SOC has a strong and direct buffering effect on suicidality, reducing the likelihood of suicidal tendencies. This highlights the importance of interventions (such as strengthening unit cohesion) aimed at enhancing soldiers' SOC, which could contribute to mitigating suicidality.