Salutogenic Coaching
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What is Salutogenesis?


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**My own coaching practice -**

“It was at this point that I began to see the work of my colleagues in stress research as being characterized by a pathogenic orientation. They were asking: ‘What makes people have a heart attack? Develop cancer? And so on?’ I had earlier moved to the question ‘What makes people sick?’ But now I took a decisive further step. It was not only a matter of standing the question on its head and asking ‘What makes people healthy?’ I proposed asking, rather, “What moves people toward the health end of the health ease-dis/ease continuum?” — Antonovsky 1985
How can we develop a pervasive, enduring though dynamic, feeling of confidence that one’s environment is predictable and that things will work out as well as can reasonably be expected?

Resilience and Wellbeing Model

SoC
• Comprehension
• Management
• Meaning
**Sense of Coherence – Antonovsky**

- **Comprehension** – how resilient are you, what is the status of your wellbeing, what is the bigger picture in terms of this, what can you predict happening in the future?

- **Management** – What resources do you have to improve and sustain your resilience and wellbeing, how aware are you of load/overload?

- **Meaning** – why do you care about your resilience and wellbeing, what value is there in this, how or who could it help in the future?

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The interrelatedness of Salutogenesis and the Resilience and Wellbeing model.

Wellbeing descriptors in 4 area of thoughts, emotions, behaviours and physical self.

Resilience developed and direction of travel to best self is facilitated through three components of a SoC
1. Comprehension
2. Management
3. Meaning
and utilisation of GRR’s

What are the origins of my health?
Generalised Resistance Resources

Are all of the resources available to you that act as buffers to a stressful environment, help you to cope and flourish after a stressful experience.

Knowing your self*

How would you describe your 1 = ‘best self?’
Thoughts, emotions, behaviours, physical.

How would you describe your 7 = ‘periphery?’
Thoughts, emotions, behaviours, physical.
What number are you?

Think about a time when you felt stressed – can you share that? Can you describe your thoughts, emotions, behaviours and how your body felt at that time? What would your number have been at that time?

- What else was happening? If it was work was anybody else affected? Did you have a part to play in this? Was this part of a bigger picture of something else happening?
- What did you do about this? – Power of Return & GRRs
- What have you learned from this that will help you and/or others? Has the experience helped you to orient your focus towards your ‘best self’?
Salutogenesis - Antonovsky

Each of us, is at a given point in time, somewhere along a healthy/disease continuum. We are all, always, in the dangerous river of life. The twin question is: How dangerous is our river? How well can we swim?

“...it does not guarantee problem solution of the complex circularities of people’s lives, but at the very least it leads to a more profound understanding and knowledge, a prerequisite for moving toward the healthy end of the continuum.”
Leaders without the grr of peers @fear

- Thus, any phenomenon can be characterized by the degree to which it creates these three important life experiences: consistency, load balance, and participation in decision-making. These are the life experiences conducive to SOC, and every individual can be placed on a continuum for each of these life experiences. If an experience is toward the fortunate end of these continua it indicates the existence and use of GRRs, if it is toward the unfortunate end it indicates the lack of GRRs and thus a GRD.
• beneficial in specific circumstances of tension (Antonovsky, 1979, p. 99):

• “They (SRRs) are many and are often useful in particular situations of tension. A certain drug, telephone lifelines of suicide-prevention agencies or an understanding look in the eyes of an audience to whom one is lecturing can be of great help in coping with particular stressors. But these are all too often matters of chance or luck, as well as being helpful only in particular situations.”

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**Working yourself to death for the greater good and bullies**

• He warned against the danger of assuming that “the morally good is salutary” (ibid, p. 11). The morally good might be quite the opposite of salutary, as in the sacrifice of one’s own health for the good of others. Moreover, the salutary might be morally repugnant, as in the case of persons who harm others, with the help of their strong SOC.

• Antonovsky’s own words (1987, preface xvii):

• “If I have been motivated by one purpose to write this volume, it is to reinforce those who are already at work—to spark ideas in the minds of those colleagues who share with me the enchantment with the mystery of health

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• “Mental health, as I conceive it, refers to the location, at any point in the life cycle, of a person on a continuum which ranges from excruciating emotional pain and total psychological malfunctioning at one extreme to a full, vibrant sense of psychological wellbeing at the other.”
• Antonovsky describes the movement on the continuum toward better mental health as shifting, and continues:
• “...from the use of unconscious psychological defense mechanisms toward the use of conscious coping mechanisms...from the rigidity of defensive structures to the capacity for constant and creative inner readjustment and growth...from a waste of emotional energy toward its productive use...from emotional suffering toward joy...from narcissism toward giving of oneself...from exploitation of others toward reciprocal interaction.”