

Ensaio

A theoretical model of health promotion for physical education: salutogenesis on the scene

Um modelo teórico de promoção da saúde para a educação física: a salutogênese em cena¹

Un modelo teórico de promoción de la salud para la educación física: la salutogénesis en escena



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Abstract: This essay aims to present and reflect upon salutogenesis as a theoretical model for health promotion in Physical Education (PE). The concept of salutogenesis was created by the sociologist Aaron Antonovsky and focuses on the origins of health rather than the origins of diseases defined as pathogenesis. The salutogenesis theoretical model is centered around the concept of a sense of coherence. In this essay, we present the salutogenesis model and explore its application in the context of PE, sports, and leisure. The focus shifts from the risk factors and sickness to concentrate on the potential of life and the collective construction of more satisfactory and dignified living conditions. Thus, salutogenesis is seen as useful for expanding actions and research related to health promotion in PE.

Keywords: Health Promotion; Sense of Coherence; Body Practices; Health Research Agenda.

Resumo: Este ensaio tem como objetivo apresentar e refletir sobre a salutogênese como modelo teórico de promoção da saúde para

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a Educação Física (EF). Criada pelo sociólogo Aaron Antonovsky, a salutogênese busca as origens da saúde em contraponto com a patogênese, que foca nas origens das doenças. Apresentamos o modelo teórico, cujo coração reside no conceito de senso de coerência, e o adaptamos para o contexto da EF, do esporte e do lazer. O foco deixa de ser os fatores de risco e o adoecimento para se concentrar na potência de vida e na construção coletiva por condições de vida mais satisfatórias e dignas. Assim, a salutogênese é vista como profícua para ampliar as ações e pesquisas relacionadas à promoção da saúde na EF.

Palavras-chave: Promoção da Saúde. Senso de Coerência. Práticas Corporais. Agenda de Pesquisa em Saúde.

Resumen: Este ensayo presenta y reflexiona sobre la salutogénesis como modelo teórico de promoción de la salud para la Educación Física (EF). Creada por el sociólogo Aaron Antonovsky, la salutogénesis busca los orígenes de la salud, oponiéndose a la patogénesis (centrada en los orígenes de las enfermedades). Presentamos el modelo teórico, cuyo núcleo reside en el concepto de sentido de coherencia, y lo adaptamos al contexto de la EF, el deporte y el ocio. La atención ya no se centra en los factores de riesgo y la enfermedad, sino en el poder de la vida y la construcción colectiva de condiciones de vida más satisfactorias y dignas. Así pues, la salutogénesis se considera una forma fructífera de ampliar las acciones y la investigación relacionadas con la promoción de la salud en la EF.

Palabras-clave: Promoción de la Salud. Sentido de Coherencia. Prácticas Corporales. Agenda de Investigación en Salud.

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1 Introduction

Historically, Physical Education (PE) has had a close relationship with health. In Brazil, doctors endorsed the practice of Physical Education in the school environment. This shaped an understanding rooted in biomedical knowledge and guided by a pathogenic paradigm (focused on the origins of diseases) established in the Natural and Biological Sciences. It involved exercising the biological body, with an emphasis on physical fitness, to prevent/eliminate diseases that would incapacitate a person from working (Paiva, 2003).

Reflecting on health in PE requires engaging in an epistemological activity (Fensterseifer, 2006). Although PE is not a science, it has an interest in it (Bracht, 2014). Observing the structure of scientific revolutions, Thomas Kuhn (1998) indicates that “normal science” is produced based on research experiences and establishes the foundations for the subsequent development of a field. The practice of normal science creates an “internal mechanism that ensures the relaxation of constraints that limit research whenever the paradigm from which they derive ceases to function effectively” (Kuhn, 1998, p. 45). This phenomenon occurs when the scientific community stops questioning the existing paradigm.

Paiva (2003) observes how health adopts a biomedical contour in PE: 1) the term “*physica* education” is borrowed by doctors to “educate” bodily practices; 2) hygienist thinking emerged which, more than a biologization, promoted the schooling of PE; 3) the concern with the breadth of human development shifted to a mono- and/or multidisciplinary focus on physical exercise, leading to the biologization of PE at the turn of the 20th century; 4) a new scientific legitimacy in the medical shifted from integral *physica* education to *gymnastica*; re-signifying it as methodical, systematized body exercises aimed at improving physical fitness.

This historical construction seems to corroborate what Loch (2012) refers to as the area of “Physical Activity (PA) and Health”. Based on Kuhn (1998), Loch identifies two paradigms in Brazilian

PE: 1) the paradigm centered on physical fitness and exercise (focusing on clinical and biological aspects); and 2) the paradigm centered on PA (focusing on human behavior). Normal science is produced within these paradigms, through phenomena and theories, creating a relaxation mechanism since the “normal scientist is not prepared to be critical of the paradigm in which they work, but rather to solve puzzles relevant to their paradigm” (Loch, 2012, p. 49).

In the context of Brazilian scientific production, postgraduate PE appears to be experiencing (or has already experienced?) a fatal attraction to biodynamics (Manoel; Carvalho, 2011). The dominant paradigm expresses epidemiological and biomedical knowledge of biodynamics (whether in clinical or behavioral models), which can influence political-epistemological guidelines, including health promotion. It is not uncommon to see the indiscriminate use of the term “health promotion” in classroom activities at universities, internships, or academic events to describe activities primarily linked to disease prevention (Buss, 2009).

At the core of the paradigm lies a pathogenic model focused on the deficits and risk factors. Hegemonically, this model provides the foundation for research in the field of PE, mainly in the areas of PA and health. In this framework, health is perceived as the absence of illness and guides behaviors aimed at changing from a sedentary lifestyle to reduce/ eliminate the risks. Authors have pointed out the limitations of his model; acknowledging that health is complex and contingent upon the sociocultural context developed historically (Bagrichevsky; Estevão; Palma, 2007; Bagrichevsky *et al.*, 2006; Bagrichevsky; Palma; Estevão, 2003). Nevertheless, it continues to dominate the field (likely due to its status as a normal science).

However, we are currently witnessing processes that challenge the dominant paradigm, driven in part by insights from the fields of Human and Social Sciences, as well as Public Health (Carvalho; Carvalho, 2018; Wachs; Almeida; Brandão, 2016; Fraga; Wachs, 2007). Among these challenges is the theory of salutogenesis, which

delves into the origins of health² and offers a viable epistemological alternative as a theory of health promotion (Antonovsky, 1996). Therefore, we raise the following question for reflection: How can salutogenesis contribute to challenging the dominant paradigm and opening up new avenues for investigation in the field of PE? This essay aims to present and reflect on salutogenesis as a theoretical model for health promotion in PE.

Initially, 1) we introduce the concept of health promotion and explore its alignment with salutogenic theory. 2) Next, we present salutogenesis to 3) establish its relevance to PE as a theoretical framework for health promotion. 4) We then outline key points for research in PE and salutogenesis, and 5) proceed to our concluding remarks.

2 Health promotion

Given the idiosyncrasies of their epistemological foundations, it is necessary to differentiate health promotion from disease prevention. Czeresnia (2009) notes that the implementation of health promotion projects encounters difficulties due to inconsistencies and contradictions in distinguishing promotion strategies from prevention practices. Buss (2009) emphasizes that the dividing line between the two is more discernible from a theoretical-conceptual perspective and less in practical work contexts.

Preventive actions aim to detect and reduce risk factors to prevent the emergence and transmission of diseases within populations. Projects are structured based on scientific information that (re)produces normative recommendations for habit changes. The goal of preventive therapeutic practice is the absence of diseases. In contrast, health promotion seeks to enhance health and subjective well-being through individual and collective actions. This includes strategies aimed at transforming living and working conditions (which are at the core of health problems) to make them dignified. A broader notion of health is necessary to establish satisfactory living and health conditions (Czeresnia, 2009; Buss, 2009).

² Health is not a static and immutable norm. Quennerstedt (2019) asks: why so many diseases, but only one health? We agree with him when he says we should talk about health (in the plural).

Since the Ottawa Charter, published in 1986 November, health promotion has been the subject of development and reflection. People's empowerment and community participation are key to health promotion and require intersectoral action. Then, the notion of health is a daily construction in which people learn, work, have fun, and love, in other words, health is a process related to life projects. Beyond changing individual lifestyles, the focus is on the social struggle for more satisfactory and dignified living conditions (Brasil, 2002).

Eriksson and Lindström (2008) say that salutogenesis is linked to the ideas of health promotion contained in the Ottawa Charter since it takes health as a resource for a more productive and enjoyable life. A few years after the Charter's publication, at a World Health Organization seminar in 1992, Antonovsky (1996) presented the salutogenic model that influenced the development of health promotion. An agreement was reached that the focus of health promotion should be on healthy elements rather than risk factors and disease prevention (Eriksson; Lindström, 2008).

Antonovsky (1996) published the content of this presentation to highlight that salutogenesis is a more viable paradigm for health promotion. Thomas Kuhn (1998) points out that paradigmatic axioms are affected when uncomfortable data accumulates. Two weaknesses were observed in the health promotion dominant paradigm: 1) the dichotomy between health and illness; and 2) the total focus on risk factors. The theory of salutogenesis, seeking to overcome the dominant paradigm, understands that health is a *continuum* where people can move towards the healthier side from health resources.

Buss (2009, p. 41) expresses the feelings of those who seek something beyond the dominant paradigm:

Among the many challenges facing those who show an interest or have professional experience in the field of health promotion is improving the concept, methods, and practices of this area, which has been evaluated in a

promising way by all those who, dissatisfied with current care models, are looking for more effective alternatives to extend life with quality and thus contribute to the full realization of the health potential of individuals and communities around the world.

Antonovsky (1996) offers a suitable alternative for enhancing the concepts, methods, and practices of health promotion. The author convinced of the need for a multidisciplinary and intersectoral response highlights the need to develop programs guided by the theory of salutogenesis, including those developed by specialists from other fields (Antonovsky, 1996).

We understand that the field of PE stands to gain from getting closer to the theory of salutogenesis as a health promotion model. But first, we need to introduce the theory.

3 Salutogenesis theory

The salutogenesis theory was established by the sociologist Aaron Antonovsky (1923-1994) from the Medical Sociology field. Salutogenesis means the search for the origins of health (from the Latin: *salus* = salvation, removal of danger, conservation of life, well-being; from the Greek: *genesis* = origin).

In a study, the sociologist observed that women who had been through concentration camps had more illnesses than those who had not, indicating that this experience was a major stressor in their lives. However, he noticed that, among those who had been through concentration camps, some said they felt well and were in good health. This experience made him consider speaking about health and not about illness; and that health and illness are dichotomic states, but are related in a *continuum* where people move toward one side and another. He realized a “health mystery” manifested in the question: Why, despite being afflicted by stressors, do people manage to have health or recover from illness? (Antonovsky, 1979; 1987; 1996).

The answer lies in the explanation of the sense of coherence (SOC) model. The SOC is a global orientation in which the person sees life as having an understandable, manageable, and meaningful structure. Thus, three pillars make up the SOC: 1) Comprehensibility is the individual's cognitive ability to understand the phenomena that structure life. 2) Manageability is the individual's ability to manage life in a malleable way by identifying and activating existing health resources. 3) Meaningfulness is the individual's emotional capacity to attribute meaning to life to move forward (Antonovsky, 1979; 1987; 1996).

A stronger SOC is capable of empowering the person to cope with the stressors that are inevitably present in life. This coping occurs through the mobilization of health resources, which is a process that creates more consistent life experiences and allows the individual to move toward the healthier end of the health-ease/dis-ease *continuum*. Stressors are omnipresent elements that put a strain on a person and can lead to a state of stress, thus leading to illness. Health resources (called generalized resistance resources - GRRs - by Antonovsky) are physical, biological, psychological, social, economic, or cultural elements that contribute to successfully coping with stressors (Antonovsky, 1979; 1987; 1996).

Although the SOC is centered on the person, both its strengthening and access to GRRs depend on the socio-cultural context. Antonovsky (1996) highlights the need not to let health actions be co-opted by neoliberal logic. If this happens, there is a misconception that the individual is being charged to be healthier and strengthen their SOC. In this sense, it should be emphasized that consistent, balanced life experiences and participation in decision-making depend on people's position in the social and cultural structure - and not just on individual will (Antonovsky, 1979; 1987; 1996).

Antonovsky (1996) uses the metaphor of the river of life for this understanding. When we are born, we fall into the great and dangerous river of life and we are not close to the shore. Instead of just being saved (by the curative actions of medicine or disease prevention), we need to learn how to swim (produce health). The

ability to swim means the salutogenic response of strengthening the SOC, identifying and activating GRRs. However, the river can present itself in different ways that can make it easier or more difficult to swim. In other words, some people are born in calmer parts of the river with greater access to resources than others who are born in more turbulent places with few resources. The river signifies the sociocultural context, where stressors and GRRs are located. Therefore, it is in the swimmer-river relationship that the health-disease process must be observed (Antonovsky, 1979; 1987; 1996).

Once the theory and its main elements have been presented, we move on to its adaptation as a theoretical model of health promotion for PE.

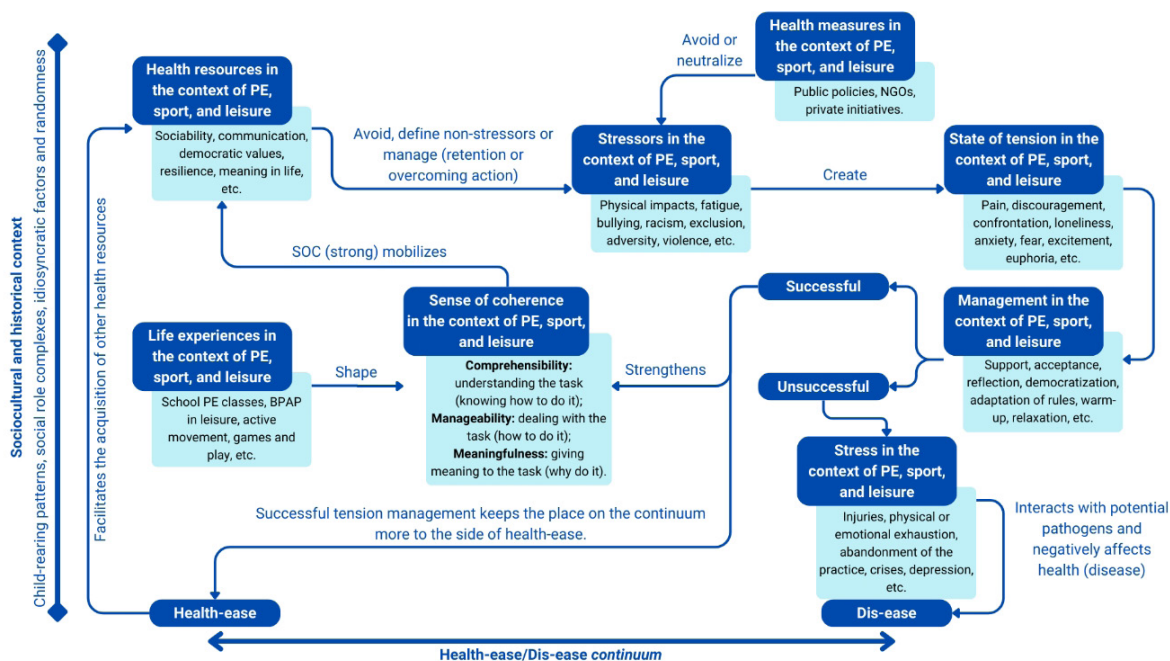
4 Salutogenesis as a theoretical model of health promotion for Physical Education

Salutogenesis is used as a guiding theory in studies in the field of PE (Quennerstedt, 2019; Kirk, 2018), including in Brazil (Ferreira; Kirk; Drigo, 2022; Oliveira; Mezzaroba, 2021; Oliveira, 2004). However, few studies reflect on it as a theoretical epistemological foundation in the field³. In this sense, essays can contribute to its dissemination as a theory of health promotion in PE. Therefore, we adapted the theoretical model of salutogenesis for PE (Figure 1). Klein and Vogt (2019) did something similar for school PE. The adapted model is presented below.

Some examples of life experiences that take place in the context of PE, sport, and leisure are school PE classes, body practices and physical activities (BPPA) in leisure time, active commuting, games, and play. This indicates that the field of human body movement (HBM) in its various contexts is capable of generating creative experiences for people's lives since BPPA are considered vectors of human development, in other words, when people can freely choose and access them (PNUD, 2017).

³ A scoping review on the uses of salutogenesis in physical education, produced in an undergraduate research program in a partnership of academics/supervisors from the Federal University of Amazonas and the Federal University of Sergipe, found few essay-type studies.

Figure 1- Theoretical model of salutogenesis adapted to PE⁴.



Source: Adapted from Antonovsky (1979)

These experiences shape the SOC in the context of PE, sport, and leisure. Here lies the heart of the model, whose main objective is to strengthen the SOC through experiences in the field of HBM that are consistent, balanced between underload/overload, and promote participation in socially valued decision-making. In this sense, other objectives emerge in the construction of health-relevant competencies related to the pillars of SOC: comprehensibility, manageability, and meaningfulness (Klein; Vogt, 2019; Antonovsky, 1996).

In addition to being goal-oriented, the SOC pillars provide indications for methodological development in the production of positive experiences in the fields of PE, sport, and leisure (Oliveira, 2023a). Klein and Vogt (2019) highlight elements for building classes and actions according to each of the pillars:

1. Comprehensibility: understanding the task (what to do?);
2. Manageability: dealing with the task to carry it out (how to do it?);
3. Meaningfulness: giving meaning to the task (why do it?).

⁴ Permission to use the original image for adaptation was obtained from the copyright holder, Dr. Avishai Antonovsky.

In the context of learning, realizing, and enjoying the BPPA, we can consider each of the pillars of the SOC in the formulation of actions that will contribute to health promotion.

When we talk about comprehensibility, we are highlighting the cognitive aspects of development (Antonovsky, 1987; 1996). Participation in HBM activities requires an understanding of its historical organization, the intrinsic and extrinsic logic of the movement/game, technical and tactical systems, and the effects on and meanings for the person and the community (physically, psychologically, socially, and culturally), etc. We also see the need to create possibilities for participation in which people are encouraged to organize and verbalize about the practice developed (Klein; Vogt, 2019).

Concerning manageability, we observed the operational-behavioral plane (Antonovsky, 1987; 1996), which refers to the ways and means of dealing with the resources available for managing stressors. The development of skills to solve tasks that enable play and HBM is necessary from this perspective. Therefore, it is important to understand that there are multiple ways of dealing with the task, which requires people to be encouraged to build their own unique ways of doing things, rather than simply repeating stereotyped techniques/movements (Klein; Vogt, 2019).

Among the three pillars, the pillar of meaningfulness is the main one as it highlights the motivational-emotional factor (Antonovsky, 1996; 1987). Being motivated to carry out an activity is essential for “taking the first step”, but this requires the activity to be meaningful (Klein; Vogt, 2019). In the field of HBM, seeing/attributing meaning to carrying out a practice requires the agency of psychological, social, and cultural elements. Therefore, the (critical-reflective) construction of values attributed to experiences is a predominant factor in creating a lasting bond with the HBM field (Brodtmann, 2006).

In conclusion, the original theoretical model indicates that people with a strengthened SOC will be better able to mobilize GRRs (Antonovsky, 1979). We understand that this will also occur

in the context of PE, sport, and leisure. Here, we are talking about resources such as sociability, communication, democratic values, resilience, meaning in life, etc. These resources contribute to managing the state of tension produced by stressors (violence, bullying, exclusion, etc.). Below are three examples:

Example 1:

In a collective sports game developed in the context of leisure, people can democratize access for everyone by adapting its rules, thus welcoming people who would not participate if the official rules of the stereotypical sport were adopted.

Example 2:

Understanding the benefits and performing warm-up and relaxation actions before and after a body practice can contribute to a more positive experience, avoiding some possible injuries.

Example 3:

People in a vulnerable community, supported by actions that raise their awareness and empower them, begin to seek/fight for more satisfactory and dignified living conditions, including access to BPPA in/with their territory of life.

When people are successful in managing the state of tension, the SOC is strengthened, which allows them to stay on the healthier side of the continuum and access new GRRs. However, when this management is unsuccessful, it opens up the potential for a state of stress to set in, thus producing processes of illness, which take them to the more negative side of the continuum (Antonovsky, 1987; 1979). Because of the two possibilities, we understand that people need to accumulate positive experiences in PE, sports, and leisure to strengthen the SOC and access/mobilize GRRs (Oliveira, 2004). In institutionalized actions with BPPA, such as school PE, it is possible to create (positive) stressors that will be the target of coping strategies so that the SOC is strengthened and the person can move along the *continuum* towards the healthier pole (Klein; Vogt, 2019).

McCuaig, Quennerstedt, and Macdonald (2013) indicate that it is necessary to promote knowledge, understanding, and skills for people to manage GRRs, enabling health and well-being to

live a good life. In this sense, the management of physiological, psychological, social, cultural, environmental, and economic resources can help people act as agents of change in society so that everyone has access to the right to healthier living conditions (McCuaig; Quennerstedt; Macdonald, 2013).

Work in PE, sports, and leisure centered on recognizing, exploring, and activating GRRs has a strengths-based approach. Thus, instead of focusing on diseases, risk factors, and strategies to reduce them, the action would explore life experiences and GRRs that support, inspire, and promote a creative and healthy life (McCuaig; Quennerstedt; Macdonald, 2013). In other words, it would be about finding in BPPA a GRR for life rather than seeing it as risk reduction/absence of disease, it would be about what makes us more potent in life rather than what makes us less ill.

In light of the above, it should be noted that “producing health” in the field of PE, sport, and leisure is not an individual task. As Antonovsky (1996) has already warned, reducing salutogenic action to the modern neoliberal agenda (which privatizes life) is a mistake, as the process takes on a strictly moral connotation in which the individual is obliged to have “more health” (Quennerstedt, 2019). Therefore, we need to understand that many people, including those in Brazil, are unable to access BPPA due to the social inequities present (Knuth; Antunes, 2021; PNUD, 2017). In this sense, we understand that health measures in the context of PE, sport, and leisure are necessary to democratize access to an inalienable right that is health through the field of HBM.

In Brazil, we highlight the public policies that promote access to BPPA within the Unified Health System (SUS), such as the National Health Promotion Policy (Brasil, 2010). In this sense, we can cite the Health Academy Program as one of the health promotion strategies whose action lies in the implementation of public spaces that offer BPPA to the population (Brasil, 2018). Not only that, in addition to providing access to BPPA, people need more satisfactory and dignified living conditions (access to housing, employment, security, education, urban mobility, etc.) so that

they have the option of choosing a more creative and healthy life (Knuth; Antunes, 2021; PNUD, 2017).

In other words, we have to consider people's river of life in terms of its relationship with BPPA. Quennerstedt (2019) and Antonovsky (1996) highlight some actions concerning the river of life: 1) strengthening the ability to swim; 2) identifying the part of the river the person is in; 3) placing people in a different part of the river; 4) teaching people to swim to a calmer part of the river; 5) teaching them to change from one part of the river to another; or 6) changing the river completely. These actions highlight the swimmer-river relationship, which is crossed by personal characteristics, social relations, political and economic conditions, etc. For example, a public income transfer policy can boost actions 2 and 3. Health education actions can activate actions 4 and 5. We understand that the same process occurs concerning BPPA in the field of PE, sport, and leisure, i.e. when conditions are created for proper access to socio-cultural and economic subsidies, it is possible to teach people to critically identify social problems to collectively fight for changes to unequal practices in society.

Thus, we can argue that the theory of salutogenesis offers an alternative approach to thinking about the relationship between PE and health. It also makes it possible to overcome the instrumental relationship between PA and health in its restricted/biological aspects. It is therefore necessary for issues of gender, body, ethnicity, and social class to be considered in the production of health actions and research in the fields of PE, sport, and leisure. In this way, it will be possible to transform the relationship between PE and health based on elements such as learning, empowerment, self-understanding, and joy in movement as potential BPPA resources for health. In this sense, it is important to emphasize that it is not the BPPA themselves that are considered to promote health, but the experiences and learning in/with the HBM made possible by contact with the BPPA (Quennerstedt, 2008). In short, we agree with Ferreira, Kirk, and Drigo (2022, p. 1) when they say that the work of PE in the field of health promotion: "It is not just exercise".

5 Some notes for research into PE and salutogenesis

Salutogenesis also provides a model for research in PE at the interface with health promotion. In quantitative research, SOC can be measured through life orientation questionnaires, versions of 29 or 13 questions⁵ (Antonovsky, 1987). However, it is not enough to use them to have a salutogenic study. It is necessary to base the whole theory on them, so as not to fragment the research into a simple “measurement of swimming” (Eriksson; Lindström, 2008). It is important to use approaches that highlight the complexity of life and the social determinants of health.

In qualitative research, it is possible to observe sociocultural elements and the movement of people in the river of life, as well as the use of GRRs (McCuaig; Quennerstedt, 2016). Eriksson and Lindström (2005) highlight the importance of developing qualitative methods in health research. Qualitative designs can bring together different methods and forms and need to be aligned with the contexts being investigated.

Some examples of research can be cited: Ferreira, Kirk, and Drigo (2022) analyzed, within the scope of SUS, the work of PE professionals with adults and older people beyond disease prevention; Oliveira (2023b), indicated a possibility of research with children in social vulnerability from the river of life; Ericson, Quennerstedt and Geidne (2021) and Ericson *et al.* (2017) sought to understand the health resources that older people consider significant when participating in BPPA.

It should be emphasized that these are just a few points and that research experiences based on salutogenesis deserve to be shared with the field of PE, sport, and leisure to increase evidence and consolidate the use of the theory.

6 Final Considerations

In this essay, we present and reflect on salutogenesis as a theoretical model for health promotion. It is clear that this is a

⁵ The questionnaires can be accessed at: <https://www.stars-society.org/>.

fruitful theory that opens up epistemological possibilities in the field of PE since it pressures the pathogenic paradigm (centered on disease and risk factors) to converge with the salutogenic paradigm (focused on the production of health as a power of life). In addition, it has a powerful theoretical model, the heart of which is the SOC, and which can contribute to the development of actions and research in the context of PE, sport, and leisure.

This is not to say that salutogenesis is the only possible theory (or the “truest”). However, its dissemination in the field can produce a “salutogenic wave”, dialoguing with other perspectives that pressure the pathogenic paradigm. By dialoguing with health promotion, salutogenesis stresses and supplants models centered on disease prevention that do not meet its basic precepts. We see with enthusiasm the possibilities that are unfolding and that put salutogenesis on the scene. We therefore invite the academic and professional community of PE, sport, and leisure to reflect together on the potential and challenges posed by salutogenesis.

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