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Introduction

This chapter presents literature on salutogenesis published in Dutch, which is quite limited since it is uncommon for salutogenesis scholars to publish in Dutch (or Flemish). Most Dutch researchers try to get their research published in English-language scientific journals. However, we did come across a number of interesting publications in Dutch. The search for these publications was carried out by Floor Dieleman as a part of her bachelor degree in Health & Society at Wageningen University.

There are at least four research groups in The Netherlands which carry out research in the area of salutogenesis.¹ The group Health and Society of Wageningen University has published a number of studies, but most of them are in English (articles, dissertations, and master's theses). However, they have also published the general ideas about salutogenesis in Dutch (Koelen et al., 2013; Vaandrager, 2013; Vaandrager & Koelen, 2011).

At the Applied University of Leiden, Eric Baars (medical doctor and epidemiologist) and Guus van der Bie (a retired GP who currently teaches doctors in the Netherlands) are active in doing salutogenic research (Baars & Van der Bie, 2009). Their research relates to the field of anthroposophic health care, health by self-regulation, and phenomenology.

¹ As is evident from the reference list in this chapter, there are other scholars in The Netherlands carrying out research from a salutogenic perspective and writing in Dutch, but most are not affiliated with the research groups mentioned here.

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At the University of Amsterdam, Francine Jellesma is known for her interest in salutogenesis and children's social and emotional development (Jellesma, Rieffe, et al., 2006, Jellesma, Terwogt, et al., 2006). Most of her work related to salutogenesis was carried out during the time she was working on her PhD dissertation at the University of Leiden (Jellesma, 2008). She has mainly published in English but also in Dutch.

The Louis Bolk Institute, an independent international knowledge institute to advance sustainable agriculture, nutrition, and health, is also a group doing research related to salutogenesis (Huber, 2010). Most of this research is about a new definition for health and the ability to adapt (Smid, 2013).

The Literature

Salutogenesis has been addressed in the Dutch language since the Healthy Cities movement in the 1990s (Cosijn, 1992), and gained renewed attention during the celebration of 50 years of health promotion in The Netherlands (Huber, 2010; Melse & Hoeymans, 2012; Paes, 2013; Saan & De Haes, 2012; Smid, 2013). A number of Dutch language publications are also related to a national Dutch conference on salutogenesis in 2013, organized by the Health and Society group at Wageningen University (Koelen et al., 2013).

The literature search for this chapter in Dutch scientific journals used the search terms *saluto, Nederland, Sense of Coherence, SOC, "levensorientatie" (life orientation), "positieve psychologie" (positive psychology), "veerkracht" (resilience), resilience, coping, general resistance resources, and GRR. In total, 189 publications were found. For inclusion in the text part of this chapter, we selected publications in which in authors not only mentioned salutogenesis but also specified salutogenesis as a starting point in their research, for example, conceptually or by measuring the sense of coherence or generalized resistance resources. This resulted in 19 publications in total (Baars, 2005;

Damen, 2008; Dijkers & Crul-Kelderhuis, 2003; Geenen et al., 2005; Giesen & De Mare, 2010; Güldner et al., 2010; Hoekman, 2009; Jellesma, Rieffe, et al., 2006, Jellesma, Terwogt, et al., 2006; Jellesma, et al., 2009, Kuiper & Bannink, 2012; Moons et al., 2006; Roemer, 2007; Smeijsters, 2006; Tjaden, 2004; Van der Ploeg, 2013; Van Heck & Van Uden, 2005; Van Werven-Bruijne, 2006; Warmenhoven et al., 2014). We also found a number of websites and popular articles referring to salutogenesis and alternative medicine which had a bit more popular character. We decided only to include the more serious type of research publications.

Development Psychology

As in many other countries, salutogenesis in The Netherlands is area of interest in developmental psychology, especially focused on children. Jellesma and colleagues developed a sense of coherence questionnaire for children (SOC-K). She found a stable negative relationship of the SOC-K with somatic complaints, social anxiety, and depression (Jellesma, Rieffe, et al., 2006, Jellesma, Terwogt, et al., 2006). In another study, she compared emotional functioning of children from three different groups: one group of children without medical complaints, a second group of children who received medical help because of functional abdominal pain or constipation, and a third group of children from a nonclinical population reporting many somatic complaints. As part of the study she used the SOC-K questionnaire. The clinical group had lower sense of coherence scores than the others (Jellesma, Rieffe, et al., 2006, Jellesma, Terwogt, et al., 2006). Jellesma and colleagues have also compared children with and without physical complaints, findings that those with complaints had lower sense of coherence scores than children without complaints (Jellesma et al., 2009).

In another Dutch psychological development study, it was found that a healthy self-imagination is characterized by feelings of competence, self-acceptance, and a strong sense of coherence (Güldner et al., 2010). Two additional Dutch studies from clinical development psychology describe a strength-based model and the importance of promoting resilience of children (Kuiper & Bannink, 2012; Van der Ploeg, 2013).

Workplace Health

Workplace health research is a second professional area in which the salutogenic perspective is evident. Van Werven-Bruijne (2006) carried out a study about the self-perceived level of recovery ability and the health of patients, and how

occupational doctors perceived the recovery ability and health of these patients. Patients who were involved in an intervention to prevent absence due to illness and who visited their occupational health doctor completed the Dutch version of the three-item sense of coherence questionnaire conceived as an indicator of recovery ability. Their doctor completed a similar questionnaire about the employee and the results were compared. No significant difference was found between the self-perceived level of recovery ability of employees and the perception of occupational doctors about recovery ability. However, employees were more satisfied about the care received if the perception of the employee and their doctor were corresponded closely (Van Werven-Bruijne, 2006).

Mental Health

To study drop-out from different types of addiction treatment, Tjaden (2004) used the SOC-13 as one of many study measures; although the differences were small, higher meaningfulness scores seemed to be a possible explanation for lower likelihood of drop-out (Tjaden, 2004).

Roemer (2007) also considered the role of meaningfulness, in an essay about support for people with an addiction. He stresses that it is important to become aware of what drives people with an addiction, and to unravel what is important for them and what are they striving for. According to the author, this requires a professional attitude which is more concerned with addicts' strengths and assets than with their problems and deficits.

From a more spiritual and religious perspective salutogenesis is described by Van Heck and Van Uden (2005) in a paper that summarizes evidence that connects religion and spirituality to health. The sense of coherence is described in this paper as a psychosocial factor that gives meaning to illness and health. The religious coping that is described in this publication refers to giving meaning to higher forces, such as God and the transcendent. The authors describe that the process of discovery, conservation, and rediscovery of *the sacred* touches the essence of religion and spirituality (Van Heck & Van Uden, 2005).

Medicine

Within the medical literature we found a few studies based on salutogenesis. One of them concerned patients with the Ehlers-Danlos syndrome (EDS), a tissue disorder (Geenen et al., 2005). The author describes the somatic, psychological, and social impacts of EDS and reported that a strong sense of coherence and social support appeared to protect against the negative impacts of EDS.

Eric Baars (2005) has published a book about anthroposophic health care often referring to salutogenesis. He writes about sense of coherence as a self-regulating structure. In anthroposophic health care much attention is paid to the interlinkages between the body, soul, and mind, as well as lifestyle, meaningfulness, and physical determinants of health and illness. The active support of the self-healing ability of human beings, an equal relation between patient and caretaker and the development of natural medicines are central elements of anthroposophic health care.

Dijkers and Crul-Kelderhuis (2003) wrote about salutogenesis in a practical medical journal, pointing out that the self-healing potential of patients might be facilitated by asking the patients about their qualities and making them aware of their own potential to deal with disease.

In the area of palliative care, Warmenhoven et al. (2014) have called for care givers to use a salutogenic approach with less emphasis on symptoms and risk factors, and more on finding resources of inner strength to enable the patient to acknowledge and accept their sadness and “die well.”

Moons et al. (2006) refer to a strong sense of coherence as a possible explanation for the observation that some adults with early onset congenital heart disease are more positive about their quality of life than expected; they suggest that patients who grew up with congenital heart disease have probably developed a stronger sense of coherence than people without heart disease, because they learned to deal with their illness, and because heart surgery can have an important existential meaning. Individuals that have had surgery often experience their cardiac surgery as a turning point in their lives. The authors found that surgery improves the physical capacity of patients and had enhanced their appreciation for the “little things” in life.

Care for People with Disabilities

Hoekman (2009) used the salutogenic perspective to explain the importance of promoting the self-management abilities and grow potential of people with disabilities, rather than take the problem and disease-centered perspective. He advocates to remove barriers and to create healing environments (e.g., using soft colors in buildings for people with disabilities and creating warm atmospheres in meeting rooms) to enable clients to “find their balance”.

Musical and Art Therapy

Music therapists with anthropology backgrounds have used salutogenesis as an inspiration for treatment (Damen, 2008; Smeijsters, 2006). According to these authors, music is

health-promoting because it provides experiences of self-control, autonomy, meaningfulness, and personal creativity. Giesen and De Mare (2010) claim that art experience energizes children and connects thinking and doing with their own experience.

Final Observations

In the Dutch language literature, salutogenesis is mainly conceptualized in terms of the sense of coherence, and one of its elements: meaningfulness. Researchers have used different definitions of the sense of coherence, including integrative ability, self-curing ability, sense or feeling of coherence, awareness of coherence, world view, control over life, strengths, resilience, and empowerment. Remarkably, generalized resistance resources are hardly mentioned in the Dutch language literature; only three studies mentioned this aspect of salutogenesis explicitly. Most often salutogenesis was applied in a conceptual way (12 studies), but we also found seven studies with empirical research, all of which took a quantitative approach to measuring the sense of coherence.

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References

- Baars, E. W. (2005). *De bijdrage van de antroposofische eerstelijnszorg aan de vermindering van de 'Burden of disease' in Nederland: Een explorerende pilotstudy*. Driebergen: Louis Bolk Instituut.
- Baars, E. W., & Van der Bie, G. H. (2009). *Praktijkonderzoek in de Antroposofische Gezondheidszorg*. Leiden: Hogeschool Leiden.
- Cosijn, J. (1992). *Het gezonde steden project : Achtergronden en praktijk*. Assen: Van Gorcum.
- Damen, O. (2008). Antroposofische muziektherapie. Uitgangspunten voor een gezondheidsbevorderende werkwijze. In E. W. Baars (Ed.), *Praktijkonderzoek in de antroposofische gezondheidszorg 2008* (pp. 59–72). Leiden: Hogeschool Leiden.
- Dijkers, F., & Crul-Kelderhuis, J. (2003). De andere kant van het spectrum. *Medisch Contact*, 46.
- Geenen, R., Baakman, W. B. E., Boluijt, H., Veenhuizen, M. C., Cornelissens, L. J. M., & Jacobs, J. W. G. (2005). De last van lenigheid. Kwaliteit van het leven bij patiënten met Ehlers-Danlos syndroom. *Gedrag en Gezondheid*, 33(4), 156–164.
- Giesen, T., & De Mare, M. (2010). *Salutogenese door sociaal kunstzinnige groepsbehandeling*. Relief lente. Retrieved from <http://www.hsleiden.nl/aems/lectoratag/ArtikelKICK.pdf>.

- Güldner, M. G., Stegge, H., Smits, M. S., & Thomaes, S. C. (2010). De kwetsbaarheid van narcistische zelfwaardering bij kinderen. *Kind en adolescent, 30*(1), 4–15.
- Hoekman, J. (2009). Individuïerichte zorg en ondersteuning binnen de sociaaltherapie in relatie tot ontwikkelingen in de gehandicaptenzorg. In E. W. Baars & G. H. Van der Bie (Eds.), *Praktijkonderzoek in de Antroposofische Gezondheidszorg 2009* (pp. 57–72). Leiden: Hogeschool Leiden.
- Huber, M. (2010). *Invitational conference 'Is health a state or an ability? Towards a dynamic concept of health'*. Retrieved from http://www.zonmw.nl/fileadmin/documenten/Parels/Report_Dutch_Health_Council_and_ZonMw_2010.pdf.
- Jellesma, F. C. (2008). *Somatic complaints in childhood: How they are related to children's emotional and social functioning*. Leiden: University of Leiden.
- Jellesma, F. C., Rieffe, C., Terwogt, M., Bosch, J. D., Kneepkens, C. M. F., & Kindermann, A. (2006). Emotioneel functioneren van kinderen met lichamelijke klachten. *Tijdschrift voor Gezondheidswetenschappen, 84*(3), 139–144.
- Jellesma, F. C., Rieffe, C., Terwogt, M. M., & Westenberg, P. M. (2009). Lichamelijke klachten bij kinderen. *Kind & Adolescent, 30*(1), 24–35.
- Jellesma, F. C., Terwogt, M. M., & Rieffe, C. (2006). De Nederlandse Sense of Coherence vragenlijst voor kinderen. *Gedrag en Gezondheid, 34*(1), 12–17.
- Koelen, M., Wagemakers, A., Verkooijen, K. T., Vaandrager, L., Bouwman, L. I., Wentink, C. Q., et al. (2013). Passie voor gezondheid! *Tijdschrift voor Gezondheidswetenschappen, 91*(3), 129–130.
- Kuiper, E., & Bannink, M. F. (2012). Veerkracht. *Kind & Adolescent in de Praktijk, 11*(3), 134–139.
- Melse, J., & Hoeymans, N. (2012). Over anders denken, schrijven en doen in de Volksgezondheid. *Tijdschrift voor Gezondheidswetenschappen, 90*(3), 142–145.
- Moons, P., Van Deyk, K., Marquet, K., De Bleser, L., Raes, E., Budts, W., et al. (2006). Kwaliteit van leven bij volwassenen met een aangeboren hartaandoening: Beter dan verwacht?! *Gedrag en Gezondheid, 34*(4), 144–152.
- Paes, M. (2013). 50 jaar GVO en Gezondheidsbevordering: deel 1. *Tijdschrift voor Gezondheidswetenschappen, 91*(1), 68–73.
- Roemer, J. (2007). De betekenis van 'resilience' voor de begeleiding van verslaafden. *Verslaving, 3*(3), 107–113.
- Saan, H., & De Haes, W. (2012). 50 jaar GVO en Gezondheidsbevordering: Deel 2. *Tijdschrift voor Gezondheidswetenschappen, 90*(1), 61–68.
- Smeijsters, H. (2006). Verklaringsmodellen. In H. Smeijsters (Ed.), *Handboek muziektherapie: Evidence based practice voor de behandeling van psychische stoornissen, problemen en beperkingen* (pp. 90–114). Houten: Bohn Stafleu van Loghum.
- Smid, H. (2013). Mogelijkheden van een nieuwe definitie van gezondheid. *Tijdschrift voor Gezondheidswetenschappen, 91*(3), 79–83.
- Tjaden, B. R. (2004). *De invloed van etniciteit, waarden en normen en behandelvisie op de klinische behandeling van verslaafden*. Amsterdam: Universiteit van Amsterdam Faculteit Geneeskunde.
- Vaandrager, L. (2013). Een salutogene visie op gezondheid. *Tijdschrift voor Gezondheidswetenschappen, 91*(3), 136.
- Vaandrager, L., & Koelen, M. (2011). Van pathogenese naar salutogenese. *Tijdschrift voor Gezondheidswetenschappen, 89*(7), 350–351.
- Van der Ploeg, J. (2013). Veerkracht, hét medicijn tegen stress? In J. Van der Ploeg (Ed.), *Stress bij kinderen*. Houten: Bon Stafleu van Loghum.
- Van Heck, G. L., & Van Uden, M. H. F. (2005). Religie, spiritualiteit en coping met gezondheidsgerelateerde stress. *Psychologie en Gezondheid, 33*(3), 94–100.
- Van Werven-Bruijne, F. A. (2006). Herstelmogelijkheden en gezondheidsstatus. *Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde, 14*(10), 519–523.
- Warmenhoven, F., Vermandere, M., Lucassen, P., Vissers, K., Aertgeerts, B., & De Lepeleire, J. (2014). Somberheid in de palliatieve fase. *Huisarts en wetenschap, 57*(5), 236–238.