Dear Colleagues,

As you see from the letterhead, I am now officially retired. Our garden reflects this, as those of you who plan to visit Jerusalem will have the chance to see. It is just as much fun to go on with research. In this regard, I was pleased by the continued interest in the Newsletter: There were 121 responses to my request to confirm the wish to receive it. (#7 is also being sent to the 38 colleagues who were not heard from, since, in the process of returning from Berkeley and moving my papers from Beersheva, things may have been misplaced). But if your name is on the list below and I do not hear from you shortly, I will take it that you have gone on to other work.

Please confirm your desire to be kept on the mailing list (and bring me up to date on your work): Bartell, Brevik, Broda, Clanton, Clark, Cunningham, Dahlgren, Echols, Eide, Eckblad, Forlaw, Green, Greer, Iversen, Johnsen, Kark, Kelley, Kempen, Keshet, Klevens, Kraus, Kupeian, Little, Natan, Nilsson, Oliveri, Papsidero, Radmacher, Reinsch, Sheridan, Smits, Stein, Stenberg, Thelin, Viney, Westman, Williams, Willoughby

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As reported in Newsletter #6, I was invited to give the opening address at the 12th International Conference sponsored by Social Science & Medicine at Peebles, Scotland in September 1992. My paper was entitled "Complexity, Conflict, Chaos, Coherence, Coercion and Civility". I sought to set the SOC model in a sociohistorical context and used an information-processing system approach. In brief, I put it that in response to inevitable social conflict, one possible response is chaos; another is coherence. Coherence, in turn, may emerge from various types of social systems, two of which were analyzed: coercive and civil systems. -The paper will appear in SS&M, accompanied by three sets of comments, each in its own way quite critical, and by my reply. My critics are Drs. Mburu from Dar Es Salaam, Tanzania, Siegrist from Dusseldorf, Germany and Waitzkin from San Diego, U.S.A. I think you will find it both useful and fun reading.

Publications on the SOC
Anson, Olra, Paran, Esther, Neumann, Lily and Chernichovsky, DOV (1993) Gender differences in health perceptions and their predictors. Social Science & Medicine, 36, 419-427. (Dept.of the Sociology ox Health, Faculty of Health Sciences, Ben-Gurion Univ.of the Negev, Beersheva, Israel)


Dahlin, Lisa and Cederblad, Marianne (1993) Salutogenesis - protective factors for individuals brought up in a high-risk environment with regard to the risk for a psychiatric or social disorder, Nordisk Psykiatrisk Tidskrift (Swedish), 47, 53-60. (Inst. Child Psychiatry, Box 633, 220 06 Lund,Sweden)


Langius, ANN and Bjorvell, Hjords (1992) Coping ability and functional status in a Swedish population sample. Scandinavian Journal of Caring Sciences. 6(1), 1-9.(Nursing Research Unit, Norrbacka 3 tr, Karolinska Hospital, S-104 01, Stockholm, Sweden)

Lewis, Sharon L., Campbell,Marilyn A., Becktell, Phoebe J. , Cooper, Christa L. , Bonner,Peter N. and Hunt,William C. (1992) Work stress, burnout, and sense of coherence among dialysis nurses. ANNA - American Nephology Nurses Association Journal, 19(6), 545-554. (Dr.Becktell, College of Nursing, Univ.of Hew Mexico, Albuquerque, NM 37131-1060, USA)


Nyamathi, Adeline (1992) Comparative study of factors relating to HIV risk level of black homeless women. Journal of Acquired Immune Deficiency Syndromes, 5, 222-228. (School of Nursing, UCLA, 10333 LeConte Av., Los Angeles CA 90024-1702, USA)


Underhill, Sandra L. (1992) Coronary Heart Disease and Cardiac Arrest Survival: Sense of Coherence as a Predictor of Quality of Life. Unpublished doctoral dissertation, School of Nursing, Oregon Health Sciences University. (Dept.of Physiologic Nursing, SM-28, Univ.of Washington, Seattle WA 98195,USA)

SOC WORKSHOP IN THE WESTERN UNITED STATES

Following the fruitful meetings of colleagues in the SOC network in Boston, Madison and St. Louis, another U.S. gathering was held in Berkeley on 22 January, hosted by Dr. George A. Kaplan, director of the Health Population Laboratory (and my sabbatical host). The previous afternoon the HPL and the
The workshop was chaired by Dr. Lawrence Fisher (Dept. of Family and Community Medicine, Univ. of California, San Francisco, Box 0900, San Francisco CA 94143). Larry, his colleague Don Ransom and I had met in 1983, when they were starting "The California Family Health Project". I strongly recommend looking at their seven-paper product of this study, appearing in Family Process, starting in vol.31, Sept. 1992, p. 231, and at part II in particular, which links their concept Family World View to the SOC and health.

Dr. Kaplan's opening remarks focused on four questions: Is a strong SOC primarily a health-promoting or a low risk factor, or both? What is the relationship between SOC and psychological wellbeing? Are there patterned group (class, gender, etc.) SOC differences? What does "health" mean in the key SOC phrase "movement toward health"?

Dr. Susan R.Gortner (Dept. of Family Health Care Nursing, Univ. of California, San Francisco, San Francisco CA 94143) reported on her study of the activity level of post-cardiac surgery patients focused on a training intervention to enhance the strength of self-efficacy re: physical activity, with very pleasing results.

Dr. Sandra L.Underhill (Dept, of Physiologic nursing, SM-28, Univ, of Washington, Seattle WA 98195) reported on her dissertation, a study of the quality of life of persons who survived a cardiac arrest. Though cautiously noting that her study of 149 respondents was cross-sectional, she concluded that the stronger the SOC, the more adequately can one perform the work involved in "the chronic illness trajectory" and achieve a satisfying quality of life.

Nick Smith, a graduate student at UC Berkeley in public health, is working at the Human Population Laboratory (2151 Berkeley Way, Berkeley CA 94704) on the Berkeley-Finland collaborative study, the Kuopio Ischemic Heart Disease Risk Factor Study, co-directed by George Kaplan. His preliminary report, based on 83 deaths in a sample of 2296 males, highlighted the all-cause mortality relative risk of those in the low SOC quintile (i.e., not a gradient). SOC and depression, though related, each contributed independently to mortality.

Dr . Elisabeth Ryland (Dept. of Management, California State Univ., 5500 University Pway., San Bernardino CA 92407-2397) has published on SOC, gender and work stressors among academics. Here she spoke of her study on "stepchildren", foreign, largely Far Eastern, U.S.A. students in the States. Is their weaker SOC, particular of women (no gender difference among Americans), Elisabeth asked, a function of the particular situation, or is the SOC an inappropriate concept for non-Westerners?

Lorinda S. Hartwell (Regional Health Education, Permanent Medical Group, 1950 Franklin St., Oakland CA 94612-2998) discussed her dissertation plans at the UC Berkeley School of Public Health. She will conduct a secondary analysis of data on Kaiser health plan members who have retired , focusing primarily on women, self-reported health and the SOC. Plans also call for qualitative interviews with persons at three levels of the SOC.

Dr. Robert J.Fetsch (Dept.of Human Development and Family Studies, Colorado State University, Fort Collins CO 80523) spoke of his use of the SOC in the framework of his work in preventive educational programs conducted with farmers and ranchers. Can, he asked, the very administration of the SOC scale and use of its results in discussion, serve in a therapeutic mariner in such settings? Bob's work, together with that of Deo Strumpfer's and Marie Yissing's studies, both in South Africa, and Anders Thelin's in Sweden, are the only SOC studies in rural populations of which I know.

Our lunch break was in twos and threes, in keeping with a major goal of these meetings: To get to know others and their work on a more serious level than is usually the case at professional meetings. And, I would add, to consider what, at a theoretical level, men who have had a cardiac arrest have in common with ranchers who have faced drought for several years running.
Dr. Phoebe J. Becktell (College of Nursing, Univ. of New Mexico, Albuquerque, NM 87131-1060.) opened the afternoon session. She spoke of the findings of a study of 233 dialysis nurses in 15 states (see published paper). The higher the stressor score, she and her colleagues found, the more powerful the SOC is in preventing burnout. Such a gradient suggests a buffering rather than a direct effect. In the discussion, a most important danger was noted: that burnout, much as in many studies of alienation, be understood as a property of the individual rather than as rooted in structural conditions and posing a collective problem.

Tia Rich (School of Social Welfare, UC Berkeley, Berkeley CA 94720) presented the plans for her doctoral dissertation, focusing on burnout and impaired health, to be conducted among a large sample of university employees of all levels. Stressors are understood in terms of a demands-resources model whose perception is hypothesised to be shaped by the SOC.

Drs. Barbara M. Artinian and Phyllis Esslinger (Barlow Respiratory Hospital, 2000 Stadium Way, Los Angeles CA 90026-2696) discussed their educational and research programs based on an "Intersystem Model" (see Barbara's 1991 paper). The SOC theoretical model and its three components are used as a guide for the nurse to assess patient need. SOC is seen as the equivalent to health and to adaptation, while disease is in a different dimension — a position which led to considerable disagreement.

Andrea Steiner (Rand/UCLA Center for Health Policy Study, 1700 Main St., PO Box 2138, Santa Monica CA 90406-2133) spoke on her part of a much larger longitudinal prevention-oriented intervention study of 414 community-based residents aged 75+. Her focus, using a separate sample (n=50, retested) was on the properties of the SOC and measures of social support, reintegration to normal living, and depression, and their utility in studies of the elderly.

My own concluding remarks, after expressing gratitude to George Kaplan for hosting and Larry Fisher for chairing the workshop, and pleasure at seeing the real people who hitherto had been names, and at being challenged and stimulated by ideas and findings, emphasized that there is no SOC bible, that we move ahead by questions, research and publication. My own plans, I reported, are to concentrate on studying the historical-structural factors that shape the SOC, and cultural differences in its understanding.

In addition to the colleagues who presented, we also had the pleasure of having two visitors from Down Under take part: Dr. Sheryl Zika from Massey University, New Zealand, who has published on the SOC, and John Lynch, an Australian graduate student at Berkeley Public Health, who is working on the HFL-Kuopio study.

Comments

From Andrea Steiner (Rand Corp., 1700 Main St., Santa Monica CA 90407-2138):

The "Unfairly" Item (#9) in the SOC Scale

In January, I participated in one or the meetings Aaron organised during his stay in the U.S. (the Berkeley, California one). At dinner the first night, we touched upon a question that led to several more: was the item "Do you have the feeling that you are being treated unfairly?" completely "right"? In particular, I was concerned about instances where a respondent might answer in the positive, not because he (let's say "he") was neurotic but because he belonged to a demographic sub-group that routinely made him a victim: would acknowledging that, with an affect of both acceptance and dignity, signify a diminished sense of coherence?

In discussion, we arrived at three observations: (1) From a methodological perspective, it was not an issue, because a person with an otherwise strong sense of coherence would emerge with a high score despite a single low item. (2) From Aaron's perspective, it matters not whether a person is psychologically or sociologically (sociopolitically?) weakened: the SOC is affected. The person living in a society that discriminates against him would have a stronger SOC in a society that did not. (At this point, I am pretty well persuaded that this is a sensible counter-factual, but continue to be fascinated at the notion that a single item can cover so much ground. Also, who is really the stronger, salutogenically — the person who
acknowledges discrimination or the person who denies it? This aspect of the question remains unresolved for me.) (3) Finally, in some contexts, questions such as this one — but the scale is filled with others — may be useful jumping-off points, or stimuli, for discussion. "Why do you feel this way?" and so on. The questionnaire holds a lot of promise as a tool of qualitative research.

From Jaro Krivolahvy (Nad Cementarov 18, 14 700 Prague 4, Czech Republic):

"I have read a book written by a Hungarian psychologist working now in the USA: Mihaly Csikzentmihalyi (1990) Flow: The Psychology of Optimal Experience. New York: Harper & Row. I have read it in the German translation and found that there is a harmony in your and his concepts, Mihalyi is interested in people who have a clear life's aim - who know what they would like to do, attain and realise - out of their free will. He looks for them, interviews them and tries to see the influences that shaped their lives. Meaningfulness is for him the first factor - without knowing about your SOC work. Manageability and comprehensibility second them, their peak experiences are called "flow". They happen when the given person gets information that things are developing along the lines of their life's aims.... There is as well a method given: ESM - Experience Method Sampling, enabling him to measure the quantity of this flow-experience during the week."

I read the book and corresponded with Dr.Csikzentmihalyi, now at the University of Chicago. We indeed have much in common. I strongly recommend his work.

**Upcoming Meetings**

**Lodz**

I now look forward to the Lodz workshop for European colleagues, scheduled for 29 June-1 July 1993. For information, contact Dr. Bohdan Dudek, Institute of Occupational Medicine, 8 Teresy Str., P.O.Box 199, 90-950 Lodz, Poland.

**Southern California**

Andrea Steiner and Barbara Artinian, both of whom took part in our Berkeley meeting, have organized an "SOC-south" day in Los Angeles on Friday June 11, 1993. Though designed for those in the area, anyone in the network (i.e., not just "interested" people) is welcome. Barbara will host the meeting at the Barlow Respiratory Hospital (2000 Stadium Way, LA). All contacts should be with Andrea: "I can be written to at RAND, 1700 Main St., Santa Monica CA 90407-2138, faxed at 310-393-4818, or phoned either at 310-393-0411, x7791 or 310-576-2550,x250."

It would be interesting to do a study on how culture shapes such, gatherings, comparing the LA meeting to the one to be held in Lodz several weeks later. Perhaps a minor variable would have to be controlled: I will be in Lodz, not in LA.

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**Technical Instructions about the SOC scale**

Though known to most of you, it can't hurt to have it in print:

1. Do NOT calculate component subscores.

2. Make it clear to respondents that any answer from 1 to 7 is possible. Some have tended to check only the extremes.

3. Whether in interview or self-completion, leave the items in the second person ("When you talk to people...") as in the Appendix to Unraveling.
4. Remember that for calculating total SOC scores, so that the higher the score the stronger the SOC, 13 items have to be reversed in scoring (1=7, 2=6, etc.):
   1, 4, 5, 6, 7, 11, 13, 14, 16, 20, 23, 25, 27

5. Missing data: My recommendations are:
   a. If 5+ of 29, or 3+ of 13 items are unanswered, do not use;
   b. If 1-4 of 29, or 1-2 of 13 are unanswered, calculate mean of that person's answers and assign that mean to each missing item.

6. As a step to catch a mistake, check your sample mean against the means given in my 1993 Social Science & Medicine paper.

7. Calculate Cronbach's alpha.

8. I would appreciate receiving your earliest data on the psychometric properties of the scale, alpha, means, SD, means by gender and class, etc.

9. I see no objections to using SOC scores broken down by tertiles or quintiles as well as in correlations.

10. I am only pleased when your colleagues wish to use the scale; no permission needed. But: Make sure they know the theory, and don't just use the scale as a handy tool. And ask them to send a brief description of their study to me.

As many of you already know, I am particularly interested in responding to mss of papers for publication. Don't worry about imposing; when I become overburdened. I'll let you know.