

Health can be learned

– creating adult training courses for a healthy life

KA204-2019-011



Content

Prologue and summary of the article:
Introduction to the notion of the DOUBLE HUG

PART 1

Mental health and salutogenesis

- 05: Introductory comments on the term 'mental health'
- 06: A disturbing development in mental health
- 07: Ways of thinking risk and possibilities in the health system
- 08: Salutogenesis – on the causes of mental health
- 11: Stress from a salutogenic perspective
- 13: Eustress and distress – positive and negative stress
- 13: Salutogenesis – a unified model

PART 2

The DOUBLE HUG

- a basis for working towards mental health and wellbeing

- 17: The DOUBLE HUG – a basis for working towards mental health and wellbeing
- 19: A closer look at concepts: Competences – Relations – Acceptance – Coping
- 21: Mutual links between physical health HUG and mental health HUG
- 22: A brief summary
- 23: Salutogenesis as an umbrella term
- 24: The Hill of Health: Lifelines strung between volitions and conditions
- 26: Future initiatives for improved mental wellness
- 28: Epilogue
- 29: References

Prologue and summary of the article: Introduction to the notion of *The DOUBLE HUG*

This article is based on a book written by health innovator Peter Thybo, *The DOUBLE HUG – an interdisciplinary basis for working towards mental wellness, physical health and wellbeing* (Hans Reitzels Forlag, 2016)

Text and illustrations are used to present a model for wellness and wellbeing known as *The DOUBLE HUG*. The model has been developed in a Danish context by Peter Thybo and further develops Aaron Antonovsky's (1923-1994) ideas about salutogenesis. Salutogenesis is an evidence-based area of health science theory, which conducts research into what creates mental health and strengthens us as people. *The DOUBLE HUG* has a clear focus on *protective factors* and on opportunities for promoting mental health rather than on familiar and traditional risk factors.

'KRAM' is a well-known health term in Denmark and the Nordic countries. In Danish, 'KRAM' means to embrace or hug and so signifies human caring. 'KRAM' is also used as an acronym for important areas of lifestyle, Kost (Food) – Rygning (Smoking) – Alkohol (Alcohol) – Motion (Exercise). These factors all have major significance for physical health and for whether there is a risk of developing an illness. At the same time, problems with mental health are regarded as being sharply on the increase in many countries all round the world and are highlighted by WHO as the world's largest future health issue. Peter Thybo has, therefore, added to this KRAM a further set of KRAM factors, which play a major role in mental health, namely Kompetencer (Skills) – Relationer (Relations) – Accept (Acceptance) – Mestring (Coping).

Through *The DOUBLE HUG*, a health professional is able to focus on a series of important factors linked to both physical and mental health – and despite the difference between physical and mental health, the model also demonstrates very close links between the two.

The DOUBLE HUG is based on a dynamic, holistic perception of health grounded in interdisciplinary science. The model is presented from a dual perspective focusing on prevention and mental health promotion:

Prevention initiatives are linked to physical health and deal with preventing the development of illness, especially those caused by lifestyle, by following official recommendations in relation to food, smoking, alcohol and exercise. These preventive initiatives are based on the natural sciences.

Mental health promotion initiatives are tied to mental wellness and are about promoting mastery and empowerment through coping strategies and learning processes – ideally in communities of togetherness. Mental health initiatives have their basis in the humanities, focusing particularly on areas associated with learning, such as learning theory, pedagogy, education, relational didactics, but also involving areas like hermeneutics, psychology and philosophy, since an important part of mental health promotion is about understanding others, their reactions, their circumstances and their scope for action.

The DOUBLE HUG is used as an interdisciplinary basis for working towards better wellbeing in a number of Danish local authorities and institutions (e.g. state schools, residential and activity centres, geriatric care centres, centres for substance abuse, psychiatry, the prison service, hospices) as well as in education, health and safety, business and culture and leisure organisations. The book about *The DOUBLE HUG* is required reading on a number of training courses in Denmark.

Health can be learnt – and there are several ways in which these learning processes can be supported. This article introduces proposals as to how professionals could benefit by working to promote mental wellness – not least through collaboration between professions and sectors.

The EU project “Health can be learnt – developing adult training courses for healthy living”

This article creates a theoretical basis for the project for methodological development “*Health can be learnt – creation the adults training courses for healthy life*”. The project is supported by funding from EUs Erasmus+ programme. The aim is to develop new methods for promoting mental health, coping strategies and empowerment for the following selection of vulnerable groups:

1. Young people with lower levels of education and those with physical, mental and learning disabilities or poor mental health
2. People with reduced activity and mobility due to disability
3. The long-term unemployed
4. People who are inactive, primarily among the elderly
5. Those affected by stress and lack of well-being

The owner of the project is Dansk Oplysnings Forbund (The Danish Association for Public Information), and the participant countries are Denmark, England, Portugal and Lithuania.

Keywords

Mental health, risk factors, protective factors, wellness, pathogenesis, salutogenesis, Aaron Antonovsky, sense of coherence, stress, eustress, distress, coping, psychological robustness, body-mind connections, psycho-neuro immunology, KRAM factors, the DOUBLE HUG (model), empowerment, existential mental health, actor/structure relation, Hill of Health (model), ABC for mental health, communities of togetherness, partnerships, social critique.

PART 1

Mental health and Salutogenesis Introductory remarks on the term ‘mental health’

Let us start by trying to find a concise wording of the term ‘mental health’ based on the WHO definition:

“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Taken at greater depth, the term mental health has two dimensions: an experiential dimension and a functional dimension (fig. 1). Set against these two dimensions, mental health is regarded as a positive term, which encompasses more than the absence of mental illness. At the same time, mental health is seen as a dynamic state that co-exists with any illness one might have. This means, for example, that it is possible to have good mental health even if one is ill. In the same way that it is possible to be in good physical health despite poor mental health. It is, therefore, important to promote mental health in both physically ill and the physically well.

Furthermore, mental health can be seen at an individual level, where individuals manage to take control over their own lives and life circumstances and to practise self-determination. Or, at the collective level, where local communities or groups act together to achieve greater influence or control over their own life circumstances. Local authorities and regions have the opportunity to promote both levels (Sundhedsstyrelsen, 2018; Thybo, 2011; Epløv & Lauridsen, 2008).

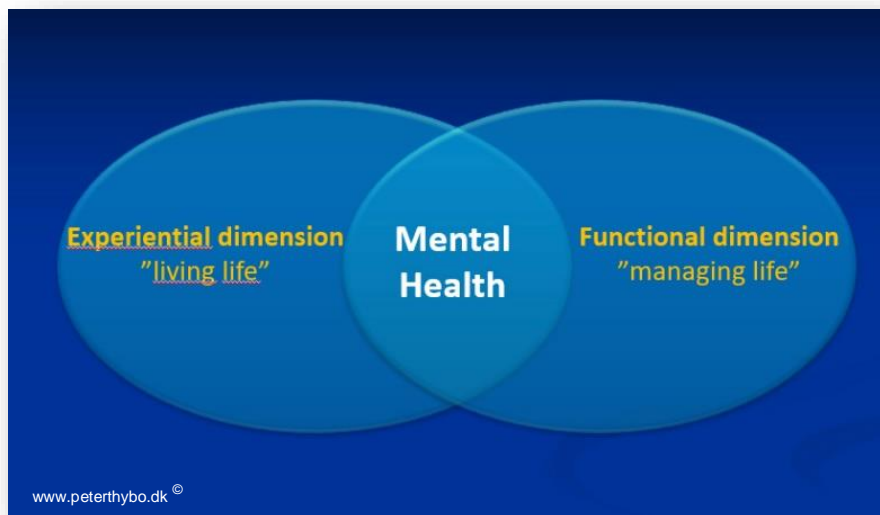


Fig. 1. Mental health involves two overlapping dimensions:

- The experiential dimension is linked to the individual’s sense of wellbeing, of being generally happy, interested and fundamentally content with life, which is experienced as meaningful and coherent – even if it poses challenges.
- The functional dimension is linked to the individual being able to cope with everyday requirements, such as doing the shopping, cooking, going to work or to school, partaking in social relations and communities and managing the various demands that everyday life can present.

A disturbing development in mental health

In large portions of the world, we can see a disturbing development in mental health. Let us consider a few brief examples from Denmark, where the Danish population, in parallel to many other countries, increasingly suffers from stress, anxiety and depression in particular.

- Over the past half century, the number of illnesses in the psychiatric diagnostic system has increased threefold (Brinkmann, 2010).
- Since the turn of the century, the number of Danes being treated for symptoms of mental ill-health has risen by almost 50% (Brinkmann, 2010)
- Denmark is one of the countries in the world with the highest consumption of anti-depressive medicines. About 50% more are prescribed here than the average for OECD countries (Brinkmann, 2014)
- 20% of all 11-15-year-olds have three or more signs indicating lack of wellbeing in their daily lives. The figure has doubled since 1991 (Sundhedsstyrelsen, 2011).
- There has been a strong increase in the number of people handing in prescriptions for ADHD, from 2,901 in 2002 to 35,554 in 2011. This is an increase of 1,125% or more than tenfold in ten years (Statens Serum Institut, 2012)
- One in five people of working age has psychological problems – and OECD assesses that problems of mental health cost the Danish economy almost 45 billion DKK a year or 3.4% of GNP in lost production, expense to the health service and social expenditure (OECD, 2013).
- The year 2012 saw twice as many people having medical treatment for symptoms of anxiety and depression as in 2002 (Statistik fra Lægemiddelstyrelsen, 2012).
- The number of patients being treated in psychiatric services rose by 40% between 2000 and 2008 (Dansk Sundhedsinstitut, 2011).
- One in ten Danes takes anti-depressants. For those aged 80+ the figure is one in four (Statens Serum Institut, 2012).

This development has caused WHO to single out stress and psychological symptoms as becoming the greatest health issue in the world by 2030. As can be seen in the fact box, the rising curve of people feeling that 'life is a pain' has resulted in a new and very visible wave of illness, which also brings with it greater demands on professional skills to communicate and collaborate not only with citizens (patients) but also with each other across professions and sectors.

Four major waves of illness over the past century

Various epochs in the modern western world have had their particular challenges in the area of health. At the beginning of the 20th century, it was infectious diseases. Later, increased industrialisation brought a range of lifestyle illnesses along with it. Later still, as life expectancy increased, there was a sharp increase in the number of people with age-related and chronic illnesses.

In the 1980s, a new wave of illnesses arose, characterised by psychosomatic and stress-related symptoms. These illnesses develop in relation to issues about, for example, society, working together and living together. This latest wave of illnesses involving reduced mental health has grown constantly, and the reasons for it are complex and composite (Thybo, 2019).

These four waves of illness have presented different demands and expectations on the core tasks, roles and identities of health professionals. Today's challenges in mental health require a considerably broader holistic view of wellness and wellbeing and improved abilities in communicating and collaborating across the boundaries separating professional areas – and not least with patients.

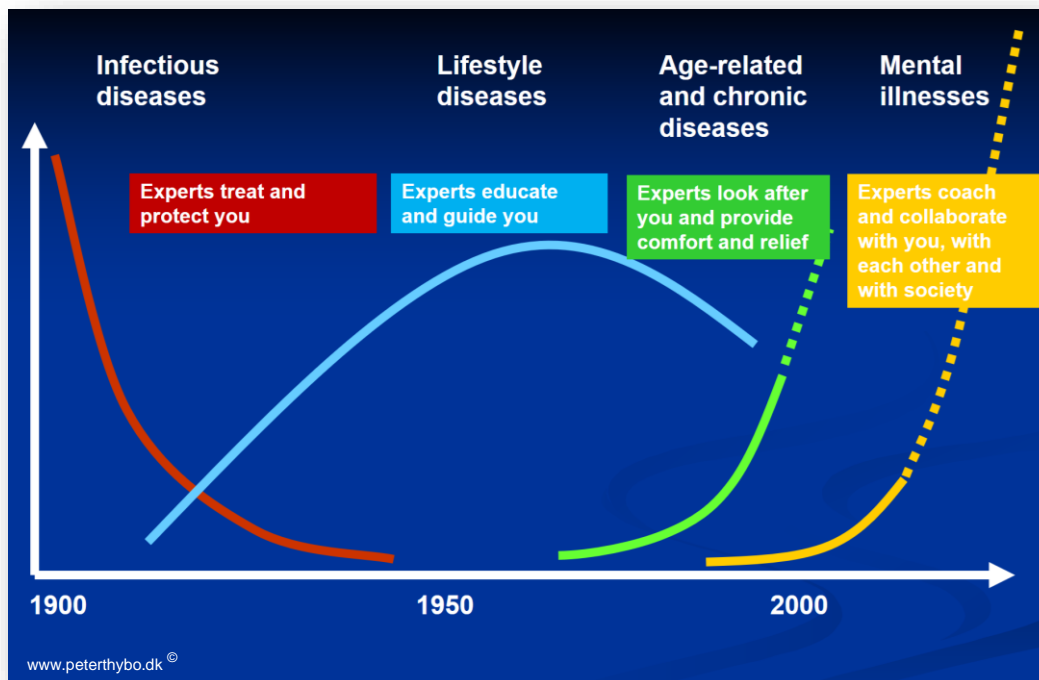


Fig. 2. Four waves of disease during the 20th century have dictated different core tasks for health professionals, who have developed different strategies for health education, which have at the same time changed the role and identity of professional health workers (see Hjort, 1983; Thybo 2016).

Ways of thinking about risk and possibilities in the health system

There are well-known factors that we know have a negative influence on mental health, such as:

- Insecurity in relations with parents or carers
- Lack of care
- Stressful events in the close family
- Lack of wellbeing and learning in day-care/school
- Bullying and discrimination
- Failure to complete schooling
- Unemployment
- Stressful work environment
- Low social capital in housing area and social isolation

These risk factors are at the same time central factors in social inequality in health. Initiatives to promote mental wellness are, therefore, also about reducing social inequality in health.

It is, however, not enough to focus solely on risk factors and how these can be *reduced*. Holistic initiatives also need to look at the protective factors that can *maintain, restore* and *promote* mental health. It is important to point out that one strategy here does not exclude the other. Quite the contrary, for, whether they focus on risk or prevention, these initiatives will easily be able to supplement each other so their combined effect increases. Having said this, it also needs to be said that in the health system there is a scientific tradition of conceiving and understanding health dating back hundreds of years, which is based on *pathogenesis*, or in other words on what causes illness (Porter, 2000; Nerheim, 1995). The reasoning, educational

approach, communication and initiatives of the health system reflect this tradition and almost automatically focus on the risk factors mentioned above. When we talk about promoting mental health we need, however, a different approach oriented more towards resources. This position can be found in *salutogenesis*, which I will present in the next section.

Salutogenesis – on the causes underlying mental health

“... and then I hope that you are all hale and healthy”.

This were the words written in Christmas cards from my grandmother and, I am sure, in endless other Christmas cards. Deeply rooted in popular tradition, it is a standard expression of an honest, caring and well-meaning wish, but what does it really mean to be ‘hale and healthy’?

This is something *salutogenesis* has a very precise answer to.

Salutogenesis (salute = health; genesis = origin) presents us with an understanding of health and wellbeing that is significantly more oriented towards resources and possibilities. This is an evidence-based research area in the theory of health care, which also takes a broad, dynamic and interdisciplinary view of health that includes physical, psychological, social cultural and existential factors. This perception of health has been developed by Aaron Antonovsky (1923-1994), professor of the sociology of health, and by science research into what makes and keeps humans robust, healthy and well (Antonovsky, 1987, 1979). One of Antonovsky’s points is that the concepts of ‘health’ and ‘wellness’ each belong to their own dimension, an idea to which the Danish poet and multi-artist Piet Hein gave elegant expression in one of his *Gruk* poems “About how you feel”, written in 1948, the year WHO was founded:

*“Health is how you feel with it,
Resistance how you deal with it”*

This *Gruk* poem tells us that health is about how you feel in your body (whether you feel ill or well), and wellness is a resource which is primarily concerned with a mental resistance and how we master life’s challenges (Thybo, 2004). This clear separation between ‘health’ and ‘wellness’ can also be found in the etymology of the words (see fact box).

Through his research, Antonovsky finds certain common features in those individuals who appear to be better equipped to cope with life’s challenges and adversities. The more someone has a sense of their life being coherent, the better their chances seem to be for being able to handle the crises and external pressures that life can present. It is all about having a *sense of coherence* in life. The sense of coherence can be pictured as the earth from which mental health can shoot and grow in the form of psychological and affective robustness and belief in one’s own ability (self-efficacy), hope and capacity for action. Antonovsky links these elements with the notion of mental health, which he describes as:

“a global orientation that expresses the extent to which one has a pervasive and enduring, though dynamic, feeling of confidence that (1) the stimuli derived from one’s internal and external environments in the course of living are structured, predictable, and explicable (comprehensibility); (2) the resources are available to one to meet the demands posed by these stimuli (manageability); and (3) these demands are challenges that are worthy of investment and engagement (meaningfulness)” (Antonovsky, 1987)

Antonovsky emphasises, however, that the sense of coherence is not something that arises of itself. It comes about through a variety of learning processes, which are at their strongest during the individual’s growing period (the first 20-25 years) and whose roots lies in a global confidence in the *meaningfulness, comprehensibility and manageability* of their existence (fig. 3). In the next section, these key concepts of salutogenesis will be described.

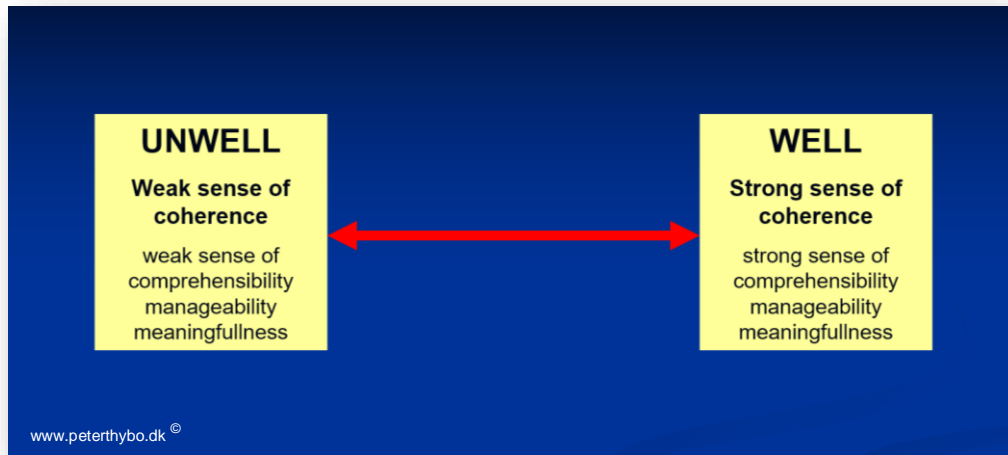


Fig. 3. Wellness, according to Antonovsky's definition, expressed whether someone generally has mental resistance, which is closely linked to a strong sense of coherence in life. This feeling arises through learning processes, which establish a strong sense of comprehensibility, manageability, meaningfulness (Thybo, 2019, 2016).

Meaningfulness

Existentialist philosophers agree that meaning is central to every human being's existence and wellbeing, for if life is meaningless there is not much left. , "What is demanded of man is not, as some existential philosophers teach, to endure the meaninglessness of life, but rather to bear his incapacity to grasp its unconditional meaningfulness in rational terms" wrote the Austrian psychologist Viktor E. Frankl (1946). Antonovsky's research shows that meaning can arise particularly if we talk about our life situation (fig. 4). Everything takes place in relation to someone or something, and processes that generate meaning arise in particular in relation to other people in whom we have trust and with whom we can share our experiences. Many people will be able to recognise this from their daily lives, when we have a need to involve others in our experiences. "Tell us thy troubles, and speak freely. A flow of words doth ever ease the heart of sorrows; it is like opening the waste weir when the mill dam is overfull. Come, sit thou here beside me, and speak at thine ease," says the hero, Robin Hood in Howard Pyle's novel *The Merry Adventures of Robin Hood* (Pyle, 1883).

The health professional wishing to promote someone's mental wellness must, then, try to win trust and take time to "lend an ear" to that person, who may be upset and start talking energetically about some experience. It is all about carrying out a task of understanding, which can lead to shared understanding and potential action. And notice the language used here: to talk *about* the experience. The very articulation of the experience creates an important distancing from that same experience, for through the narrative the person is no longer directly *in* their experience but has the opportunity to see it and their own role in it more objectively, when they speak *about* it.

The narrative element (in the ongoing action of the story) provides a distancing, which invites a reworking and a process of reflection that generates meaning. This not only promotes self-understanding but also has major significance for the individual's sense of identity, as the French philosopher Paul Ricoeur points out (Uggla, 1999). At the same time, the narrative can play a part in linking together past and present, and the person may be able to gain a picture of the future, so that he or she is better able to experience and understand their life as a coherent whole. This contributes to creating meaningfulness – even though the individual can, of course, experience events and situations as, for example, unjust, unintended, accidental and/or as rejection. The creation of meaning is important as a *motivation* for launching out on necessary solutions and actions. When things become meaningful, individuals can see difficulties as challenges and not as insuperable (meaningless) obstructions. The process, which is at heart a

learning process, also involves *hope*, the optimist faith in being able to find a way forward, which will be able to alter the situation and make it better. The force to be found in such a hope is something that has to be nurtured; its significance for the individual's mental wellness must not be underestimated.

Comprehensibility

Søren Kierkegaard, the 19th century Danish philosopher, in his wisdom wrote, "We live life forwards but understand it backwards." In other words, everyone has their own life experiences, and if we reflect on them, we open the way for important learning processes, whereby we can develop particularly important understanding of ourselves as people, of others and of life, which we can only acquire through living and not through reading. When we put our experiences in meaningful contexts, we have a better chance of predicting where life is taking us. Predictability lies, then, at the heart of *comprehensibility*, which can provide us with a degree of peace, which in turn has a bearing on the important element of self-control (fig. 4).

If we can comprehend a life situation, we increase the opportunities for acting upon it – possibly with the necessary support and help from others. This indicates an important aspect of taking action in salutogenesis. Mentally well people are, then, not only people who learn and have a strong sense of coherence in life but also people who can take action, which leads us to look at the final key concept in salutogenesis: manageability.

Manageability

Life will always present challenges, no matter who you are. Being able to manage these situations is about preserving or re-establishing a balance between demands and pressures on one side and resources on the other. This process, too, has a deep association with learning. If the balance is as it should be, the conditions are right for managing the demands. We can cope with (master) the situation (fig. 4). When we speak of resources, we do not only mean, for example, personal skills such as knowledge, education, will and energy but also the resources and protective factors that there might be *around* the person – for example, that we have attachment to others we trust in the family, among our friends and possibly among professionals. If someone is not able to cope with the task by themselves, they will be able to draw on others with the necessary resources, who will be able and willing to help by offering their care, by processing negative thoughts and feelings, by sharing knowledge, by coaching and through their actions.

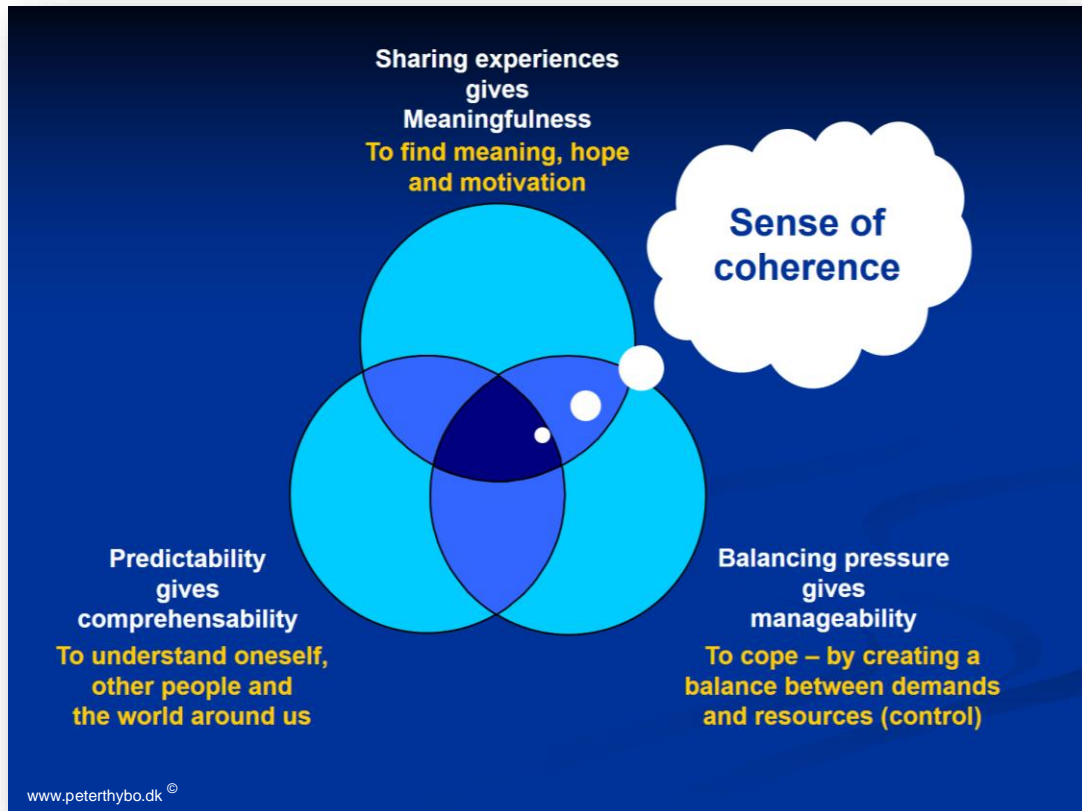


Fig. 4. The model shows the three learning processes that, taken together, strengthen the overall sense of coherence in life and so promote psychological resistance and mental wellness. In real life, the three processes shown here are woven together and can all influence each other both positively and negatively (Thybo, 2016, 2013).

1. Involving others in our experiences brings meaningfulness – it is all about finding meaning, hope and motivation to do something about the situation.
2. Being able to predict the progress of events brings comprehensibility – it is all about developing an understanding of ourselves, of the people we come into contact with and of the world we form part of.
3. The correct balance of pressures between demand and resources brings manageability – it is all about being able to retain and re-establish this balance, possibly with the assistance of others, so that we can cope and act upon the stressful situation.

Stress seen in a salutogenic perspective

When life loses meaning and cohesion, and when we have difficulty finding solutions to problems, there is significant risk of developing stress and reducing wellbeing. There is no simple definition of the notion of stress. There is, however, general agreement that stress is not an illness but that it can, over time, increase the risk of mental and physical illness and of diminished quality of life. Stress is a social, psychological and physiological phenomenon, and a number of researchers distinguish between, on the one hand, stress in the form of pressure from events and life circumstances and, on the other, the individual's own assessment of whether an event or state is stressful. In other words, it is a question of what the individual experiences as a stress factor, and that is dependent on the resources and the capacity that person has for mastering stress. For example, Richard Lazarus, professor of psychology, defines stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984).

Antonovsky suggests that stress is when we encounter something in our lives to which we do not have an automatic answer (Antonovsky, 1987). This situation presents a challenge to the balance between demands and resources and at the same time raises two questions: What am I to do? And what am I worth? The first question relates to the comprehensibility and manageability mentioned earlier, and the second to meaningfulness, which can have a profound effect on feelings, identity, roles and relations. From this point of view, stress can take many forms and be everything from the minor difficulties and practical challenges of everyday life to powerful and existential stress, which is associated with major changes in life, such as the death of a close family member or friend, serious illness, accidents, divorce, dismissal, violence and so on – situations that may mean that we have to find new ways of living, because the underlying premises of our lives have been radically altered. Seen in the context of salutogenesis, what links these various levels of stress factors is that to a greater or lesser extent they force an individual out of their cohesive context, as illustrated in fig. 5.



Fig. 5. Stress from a salutogenic perspective. Stress challenges the balance between demands and resources. If there are too many demands in relation to resources, the individual's sense of coherence can be forced in a negative direction (towards the left in the illustration), but the stronger the sense of coherence, the more is required for the individual to be forced 'off balance'. (Thybo, 2016, 2013).

Salutogenic research shows that a strong sense of coherence in life has a number of positive effects, which are linked to physical resistance and appropriate coping strategies. People, for example:

- Are better at registering and assessing stress factors
- Experience fewer stress factors as a threat
- Trust that the world is comprehensible
- Trust in their own capacity to act
- Are better at working with others they trust
- Are better at coping with emotional problems brought about by stress factors
- Are more capable of perceiving problems as challenges
- Feel stronger motivation and engagement in finding solutions to problems
- Select the mastering strategy best suited to the stress factors affecting them
- Are better at reacting to feedback from others and from their surroundings

Eustress and distress – positive and negative stress

All over the world, there is much talk about stress. For example, in 2012 the question “What is stress?” was on the list of the top ten most Googled questions in Denmark (Andersen & Brinkmann, 2013). Stress is most commonly spoken of as something negative, but it does have two sides, one positive and one negative.

A life without demands and challenges can soon become empty and boring. To be challenged is, therefore, good in that it develops us, because, for example, all learning that changes us as a rule starts with the disruption of an experience (Thybo, 2013; Illeris, 2006). But it has to be said that the challenge has to lie at the limits of our resources, so that we also have some form of influence and control over the situation, as reflected in the psychologist Lev Vygotsky’s concept of the “zone of proximal development”. This positive aspect of stress is known as *eustress*. When stress factors are at this level and we endeavour to remedy the situation that has brought on the stress, there are close links to learning and development. This positive situation can also be seen from a biological perspective in that it has been shown that learning can be linked to the plasticity of the brain, which suggests that learning is linked to a brain in the process of growth, or at least a brain that learns more appropriate strategies. In this process of learning, parts of the brain’s neural network grow (dendrites and axons), new connections (synapses) are created and new brain cells can also be produced (neurogenesis) (Thybo, 2013; Thored et al., 2006).¹

The negative side of stress is known as *distress*. This describes the situation in which stress factors exceed the individual’s resources and control for a long period of time. This is a serious state. It often appears as a prelude to depression; it weakens the immune system; and people become more susceptible to illness. Research tells us that distress increases the risk of catching a cold, influenza, coronary disease, strokes and cerebral venous thrombosis, depression and death (Kalia, 2002; Robles et al., 2005; Petersen et al., 2010; Karasek & Theorell, 1990). In addition, large quantities of the hormone cortisol are released from the adrenal cortex (which also separates out adrenalin) and, if the state of stress is of long duration, the cortisol begins to break down the brain’s own cells (cell death). One region of the brain that is particularly sensitive to cortisol is the hippocampus, a brain structure in the limbic system that is central to memory function. One of the first symptoms of excess stress over a longer period is, therefore, reduced memory function. Seen against the background of these serious risk factors, then, there is every reason to try to avoid excess distress for long periods.

Salutogenesis – a unified model

Let us now try to set the key concepts of salutogenesis described so far alongside the contexts outlined and the differences between mental wellness and physical health, and assemble them into one larger model, which I will call *The Salutogenic Base Model*. In fig. 6, wellness and health are divided up into the two dimensions outlined above. In principle, there can be said to be a difference of kind between the two. Within each dimension (wellness and health) there is also a difference of degree, extending between the two poles of ‘well – unwell’ and ‘healthy – sick’. The arrows in the model illustrate the links and opportunities for movement between the four corners on the model, each arrow having its own particular story to tell.

¹ For a more in-depth discussion of the effect of stress and learning on brain function, see Thybo, P. (2013), *Neuropædagogik – Hjerne, liv og læring* (Neuropedagogy – Brain, life and learning). Hans Reitzels Press.

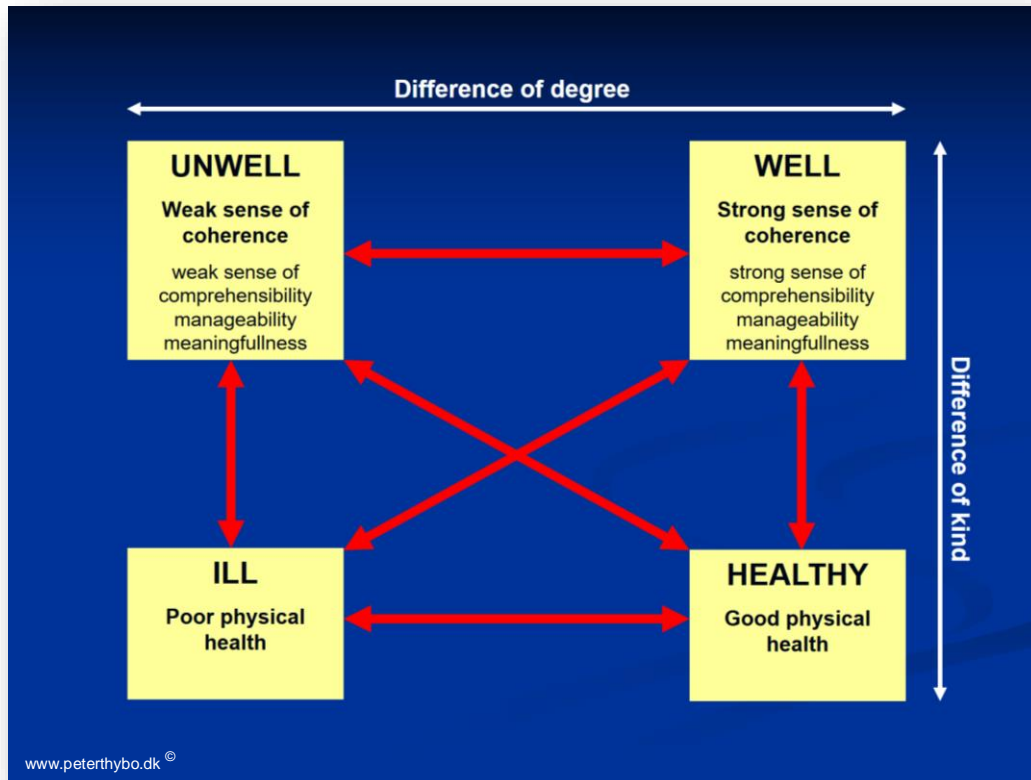


Fig. 6. The Salutogenic Base Model shows differences and links between mental wellness and physical health. (Thybo, 2019, 2016, 2013; developed from Antonovsky, 2000; Jensen & Johnsen, 2002; Fredens, Johnsen & Thybo, 2011)

The horizontal arrows – on the difference of degree

The horizontal arrows in fig. 6 show the field of tension in which wellness and health manifest themselves, in other words the difference of degree. In the *health dimension*, the arrow shows the continuum to be found between healthy and sick. Health is seen from a biological and natural science perspective, which focuses, for example, on the state of the body and on any diagnoses and treatment options.

In the *wellness dimension*, by which we mean mental health, robustness and capacity for action, the horizontal arrow illustrates the degree of the individual's sense of coherence in life. The more we feel that life has coherence, comprehensibility and meaning, and that we can manage challenges, the better are our chances for maintain mental wellness, so that we can cope with the external pressures life throws at us in difficult situations and crises. At best, we also learn from reflecting on our life experiences and become wiser people.

The vertical arrows – links between body and mind

The vertical arrows in fig. 6 illustrate the close links there are between the dimensions of wellness and health. When, for example, we research into psycho-neuro-immunology, we examine the mechanisms that have to do with the mind's influence on biological processes with, on the one hand, stress, crises, traumas and, on the other, 'good humour' and positive psychology. And the picture that emerges is clear. The health of contented people, who master their own lives, is generally better than the health of those who are not content with their lives

and have difficulty finding solutions to life's problems (Linley & Joseph, 2004; Zachariae 1994; 1997). To give another example, it is also possible to prevent and reduce stress and anxiety, avoid relapse into depression and ease the distress experienced from chronic illness by taking part in programmes built around the practice of mindfulness, which is a form of meditation (de Vibe et al., 2012; Hofmann et al., 2010; Piet & Hougaard, 2011; Williams et al., 2007).

The most important explanation for the increased risk of developing health problems among those who are mentally unwell can be found partly in the weakening of the immune system in distress, which we have mentioned, and partly in lifestyles that invite greater risk, which also negatively influence health. If life is out of balance and people are having difficulties, they do not sleep as well, meals quickly become quick fixes, use of alcohol, tobacco and even medicine can increase. And, when they hit a crisis in their lives, not everyone laces up their running shoes and goes out to take some exercise. All the factors mentioned here – and others – clearly increase the risk of developing illness. On the other hand, those who are mentally well tend to choose a lifestyle that is not so hard on their physical health and they therefore remain healthier. At the same time, people who are well recover better from sickness (ibid.)

Our mental state and our lifestyle can, then, influence body and physical health both positively and negatively, but can the body influence the mind in reverse and so affect wellness? Several well-documented studies seem to indicate this. Let me mention some brief examples:

- Endurance training (e.g. jogging, cycling, swimming) leads to better mood because physical activity releases endorphins, which are a form of home-brewed morphine (Piancentini et al., 2004)
- Studies show that if we give 'artificial' smiles every day (in other words consciously and not spontaneously), we can improve our humour. This also applies to blind people, which suggests that there is more at play here than simply the phenomenon of 'smile and the world smiles with you'. By working with our bodies consciously in this way, we can to some degree also influence our mood (Matsumoto & Willingham, 2009). We are familiar with the same effect from research into 'Power poses', where certain consciously adopted bodily postures, such as a Superman pose with legs wide apart and hands solidly planted at our sides, affect our hormones and can improve energy, willpower and capacity to act (Cuddy, 2015).
- In psychiatry, good results have been obtained by using physical exercises that have elements of control and 'grounding'. For example, the Chinese system of combat and movement known as Tai Chi Chuan has a positive and calming effect on both mind and body, by lowering blood pressure and reducing the quantity of stress hormones (Lavretsky et al., 2011). "Tai Chi brings a calm in my body that I do not have otherwise – it is a form of training that I have really got to like," says Westi, a young man suffering from mental illness (Guldager, 2012).
- People who are regularly active in a sports club with the social network and sense of togetherness that goes with it also have a stronger sense of identity, meaning and coherence in their lives – and it is significant that this also applies to people with a handicap. Of course (Kissov & Singhammer, 2012).

The diagonal arrows – we can be ill and mental healthy at the same time

The two diagonal arrows in the model shown in fig. 6 illustrate a couple of interesting combinations linking the mental wellness and physical health dimensions. Seen from a salutogenic perspective, we can be sick and mental healthy at the same time (one diagonal arrow). This means that we can work with the wellness of sick people and that there is every reason to work with someone's mental wellness, if that person was either born with or later in

life became afflicted by a serious illness or a handicap affecting their functionality and causing havoc in their lives.

This is good news for the growing numbers of people who today suffer from one or more chronic illness. The population of Denmark is about 5.75 million. Of these, 1.8 suffer from one or more chronic illnesses, and the number has been growing steadily for many years (Sundhedsstyrelsen, 2005). In Denmark there is a positive development under way as regards providing courses for people with chronic illness and reduced functionality. On such courses, participants work on improving their active skills, learning and mastery in relation to living with illness and handicap. Evaluations of courses such as “Learning to deal with chronic illness” and “Learning to deal with chronic pain” (developed by Stanford University on the basis of research into self-efficacy by the professor of psychology Albert Bandura) show that participant benefitted from the knowledge and the tools they are given on the courses (Komiteen for Sundhedsoplysning, 2014). In addition, research shows us that such courses provide important social communities, in which participants can renegotiate their social identity and rewrite the perceived meaning of their experience with chronic illness (Thybo, 2011). From a salutogenic point of view, we could say, therefore, that these courses and the communities they offer strengthen salutogenic key concepts: the sense of coherence in life, comprehensibility, manageability and meaningfulness, which then has a positive effect on learning, edification, identity, development – and hope.

It goes without saying that we can also be physical healthy and unwell (the other diagonal arrow in fig. 6). This means that while an individual’s physical health is as it should be, for various reasons he/she has developed unwellness. This might be due to reactions to major upsets in their life, where life can suddenly be felt to be fragmented and void of meaning and cohesion, and where the demands and burdens of life far outweigh the individual’s resources. Such situations create distress, worry – and potential anxiety and depression.

Part 2

The DOUBLE HUG – a basis for working towards mental health and wellbeing

Using the way of understanding health we find in salutogenesis, with the clear distinction that physical health is one thing and mental wellness something else, I have developed the model I call *the DOUBLE HUG*, shown in fig. 7 (Thybo, 2016, 2013, 2012)

The DOUBLE HUG is a model of wellbeing based on a dynamic, holistic perception of health grounded in interdisciplinary science. Its broad base allows it to include a number of different professional groups, when talking about physical health, wellness, wellbeing, coping, empowerment and so on, and the model presents itself, therefore, as an interscientific basis for working across professions.

The DOUBLE HUG is an extension of the model shown previously in fig. 6. To the extended model in fig. 7 have been added two central concepts – *prevention* and *mental health promotion*. At the same time, a number of factors have been added that have major significance for physical health and for mental wellness. These are the two sets of factors that can both be abbreviated to KRAM (HUG) and this has allowed me to call the model *the DOUBLE HUG*.

Let us take a closer look at *the DOUBLE HUG*. As I have said earlier, in a salutogenic context, physical health is linked to the biology of the body and to natural sciences. It is about being healthy or ill. In this context, people often speak about preventive action and about lifestyle, which can reduce risk of illness. Here, there is particular focus on the KRAM (HUG) factors well-known in the health sector and in a Scandinavian context. KRAM (HUG) is an acronym based on the following:

- **K** for Kost (Food) – eat sensibly and follow food advice
- **R** for Rygning (Smoking) – to be avoided
- **A** for Alkohol (Alcohol) – in limited quantities and not over recommended units
- **M** for Motion (Exercise) – but remember to rest and recovery, too.

Health promotion initiatives as a rule are about giving citizens the knowledge, support and tools to become better motivated towards finding solutions and at coping with their lives. This is closely linked to the notion of *empowerment*, which by definition is about a person's ability to take control over and responsibility for their own life and the situation they are in, for example as regards work, family and possible political influence. Here wellness is understood as a resource involving, for example, love of life, determination and energy, which are closely bound up with the supplementary set of *KRAM (HUG) factors*, which belong to the dimension of wellness. This mental wellness KRAM (HUG) is an acronym for:

- **K** for Kompetencer (Skills) – positive personal qualities, knowledge and abilities in cognitive, intellectual, practical and social areas
- **R** for Relationer (Relations) – in appreciative social and inclusive circles such as family, friends, working life, clubs and societies and so on.
- **A** for Accept (Acceptance) – that there are circumstances in life that we cannot do anything about and those that we hopefully can do something about – and that we must focus on the latter and see them in terms of available resources.
- **M** for Mestring (Coping) – that we can master and deal with the challenges of life; and, if we cannot, that we can manage to seek help.

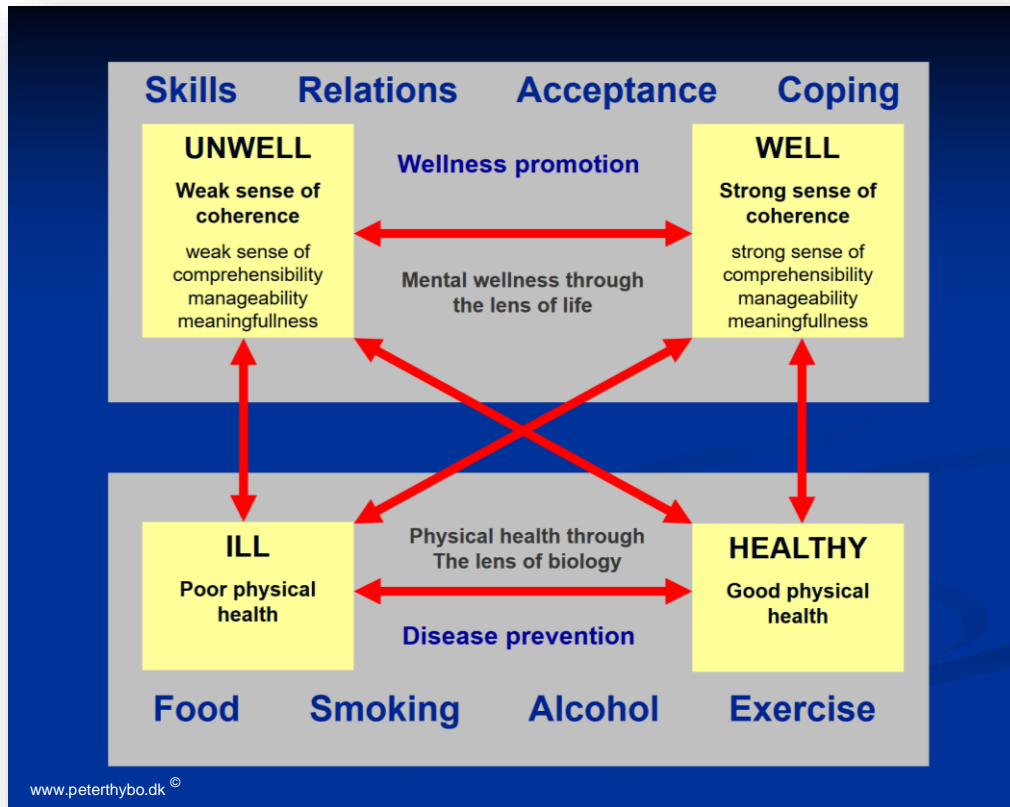


Fig. 7. The DOUBLE HUG is a dynamic, interdisciplinary and holistic model for wellness and health that is based on salutogenesis. The model presents itself as an interdisciplinary basis for working towards mental health and wellbeing. Overall, wellbeing is about being as far as possible to the right on the figure's two horizontal axes. (Thybo, 2019, 2016, 2012; further developed from Antonovsky, 2000; Jensen & Jensen, 2002; Fredens, Johnsen & Thybo, 2011)

There follows an example of two important, underlying and differing perspectives offered by *The DOUBLE HUG*. If someone has diabetes, for example, or cancer, apoplexy, coronary illness or autism spectrum disorder, then in the health dimension we look first at the significance of lifestyle, the body, illness, diagnosis, treatment options and so on. In the wellness dimension, on the other hand, the focus is on the individual's *experiences and everyday living* with their problem. Both perspectives are important, of course, but there are significance differences between the professional and personal approaches to people suffering from illness because:

- In the physical health dimension the point of departure is the natural sciences, whose aim is to *explain* people (note that this is people in the plural) as biological beings for the purpose of keeping them healthy – or bringing them back to health, possibly through treatment, rehabilitation and so on.
- In the mental wellness dimension, the point of departure is the individual's everyday life and experiential phenomenology, in other words their perception, interpretation and experience of their life situation. Here the focus is on *understanding* the individual (note that this is person in the singular) as an existential and social being with a particular life story and circumstances – seen in a cultural and narrative perspective. The aim is to promote learning processes and coping strategies, which in this article are linked to the promotion of mental health. In terms of academic discipline, therefore, the link is to the humanities, and particularly to subject areas associated with learning, not just to learning theory, pedagogy,

relational didactics but also to hermeneutics, psychology, philosophy, because an important part of mental health promotion is about understanding other people, their responses, life circumstances and opportunities for action.

The one approach by no means excludes the other – quite the contrary, I would say that as far as possible we should try to embrace both in the practice of health education. This has to be understood, however, with a respect for the expertise of different health professionals, whereby the one dimension will often lie more naturally with one group of professionals than the other.

In the following section, we will take a closer look at key concepts of the mental wellness KRAM, namely *Skills, Relations, Acceptance* and *Coping*. As we shall see, the four concepts are deeply interconnected with learning and learning processes... and there is also a mutual dynamic operating between these concepts.

A closer look at the concepts of Skills – Relations – Acceptance – Coping

The DOUBLE HUG: Skills

The concept of skills should be understood as covering abilities, qualities and knowledge in cognitive, creative, intellectual, practical and social areas that mean that we can overcome the challenges we inevitably encounter during our lives. It might, for example, be *Health Literacy*, which is about an individual's capacity to take on board and make use of knowledge about physical health and wellness (Sundhedsstyrelsen, 2009). This is, however, not only a question of academic or intellectual skills that are acquired through education but absolutely also life skills, which are only developed through life as it is lived, when we reflect on the experiences we have along the way (you may remember Søren Kierkegaard's quote, "*Life is lived forwards but understood backwards*", which I have mentioned before). Understanding of and insight into the life situation we find ourselves in are closely linked to the capacity for *self-control*, which is another very important skill.

The individual's ability to learn throughout life is another important skill. This is a skill that is hugely in demand at present, both due to the large number of rapid changes that affect our lives and our society and due to intended aims of having lifelong learning in the labour market. The situation demands that at the level of society we will have to do away with the culture of 'zero mistakes', because we also learn and develop by making mistakes – though preferably only a 'suitable quantity' so that our tasks can still be completed and we are not left bereft of all self-esteem and self-confidence. Daring to experiment and make mistakes would seem to be an important skill to pass on to the next generation, because it can also be a way of taking issue with a culture of performance and perfectionism, which we find increasingly being cited in schools and colleges, for example.

Another important skill set involves *relational skills*, or the ability to join in human relations and communities. This means being able to 'see' the individual on their own terms and to calibrate our own behaviour accordingly while at the same time retaining personal integrity. There ought to be increased focus on this particular skill now and in the future due to the hyperindividualised societies we have created in a number of countries around the world.

The DOUBLE HUG: Relations

All research shows that trusting human relations are especially important for mental wellness. Relations are about meaningful and trusting human relations in appreciative and tolerant communities, such as the family, between friends, at work, in clubs and societies. When life becomes tough, we all need to share our doubts, uncertainties, vulnerabilities and sorrows with other people. The courage and trust involved in sharing our innermost thoughts with another

human being can contribute to recovering meaning and coherence in our life and to building up robust people with a deep understanding of life in strong communities, where they listen to each other. This is why relations are important – and a natural defence against the creeping loneliness seen in many communities in Europe and USA.

The quality of relations has to be able to bear this honesty about life with all its uncertainty and potential loneliness. We have to train ourselves and practise having trusting conversations with other people, so we can learn to be better at it. In difficult life situations, trusting conversation is a particularly important process in maintaining or rediscovering hope and optimism for the future – and perhaps for being able to find opportunities for action, as described later under the concept of *coping*. Dialogue and the trusted closeness to be had with a good friend also often plays a part in allowing us to open up to an acceptance of circumstances of our lives that are not capable of being altered. And *acceptance* is an important element in allowing us to continue to live our lives in difficult situations.

The DOUBLE HUG: Acceptance

The concept of acceptance covers an inner acceptance that there are negative factors in our lives that we can do nothing about, such as accidents, sudden illness, the death of close relatives or friends. 'To accept' is sometimes misunderstood. Some people believe that accepting a state of affairs means that we have given up, despite there being opportunities for action – that we have abandoned hope of struggling, changing or achieving something and have therefore adopted a resigned stance where we suddenly become spectators of our own lives. According to the concept of active acceptance, this is a total misunderstanding. To *actively accept* means that we are willing to experience what we are actually going through – completely and without defence – but at the same time that we also direct our attention towards those things that have value for us and engage in them, and that where we do have the chance and are willing to change something in our lives – possibly with the necessary help and support from others in trusting relations. This *flexible mindset* has huge significance for our experience of life's difficult situations, for coping with difficult feelings and for building up the courage to take the next step in our lives (Dweck, 2006).

At the same time, we need to teach young people especially that they cannot be successful in all arenas of life, that there are things they will not achieve, that our life projects can have their flaws – and that some of them will go wrong. This is how we can open to way for learning processes which can further develop the skills outlined above in *The DOUBLE HUG*. In other words, we have to be able – possibly with the help of others through dialogue (as we saw under the concept of relations) – to accept our vulnerability and our limitations, but also look towards those aspects of life over which we do have influence and that we can therefore do something about. This links to the last concept of the mental wellness KRAM: *mastery*.

The DOUBLE HUG: Coping

Coping is about reducing stress by regaining control over your life and feelings when you are struck by unforeseen events. Coping strategies is based on human flexibility and the capacity to adapt, learn and act in the face of negative events and realities. People are often unable to overcome and to deal with the challenges of life all on their own, and here trusting relations and solid communities are (again) important, for some part of the mastery of a personal crisis often involves seeking help/support from our social relations. Professional help can, of course, also be necessary, depending on the situation and our personal resources.

Another important element of the process of coping involves acting in accordance with our values and so retaining our personal integrity. The way we cope depends, on the other hand, on a number of different personal factors and circumstances, as is emphasised by professor Richard Lazarus, who 'discovered' the concept of coping through his research. These personal factors might, for example, involve resources, health, energy, view of life, personality, age, life experience, self-control, self-esteem, financial circumstances – as well as the other factors in the mental wellness KRAM: the capacity to solve problems (skills), social support (relations) and a realistic approach to things (acceptance).

Mutual links between physical health KRAM and mental wellness KRAM

The experience of wellbeing is based on us having good physical health and good mental wellness. Wellbeing, therefore, involves all the factors of both health KRAM and mental wellness KRAM. If you are strong on the various factors, then you are also fairly strong and robust in life. Just as there is a mutual link between the individual factors in mental wellness KRAM and physical health KRAM, so there is also a good dynamic between the two sets of KRAM factors linked to health and wellness allowing them to influence each other either positively or negatively. In fig. 8 all KRAM factors are set out in a diagram showing their relations in an attempt to sketch out their links with each other. I will give a couple of brief examples of the way in which KRAM factors can work together.

1. If you want to lose weight, it will be effective to focus on changing your diet, increasing the amount of exercise you take and reducing your alcohol intake. This example seems to involve solely KRAM factors from the health dimension, but the individual's knowledge, understanding, motivation and will to alter their lifestyle will be taken from wellness KRAM factors.
2. When it comes to tackling life crises, Skills – Relations – Acceptance – Coping influence each other. An individual may have many skills but nevertheless lack the appropriate strategies for mastery that allow them to practise them – possibly because they have not managed to accept a new situation (one example I have often found with patients). But if this individual goes on a course and gets together with others who are also in a difficult life situation (maybe due to illness), they find, in addition to extra techniques for taking action (skills), a supportive loyal community (relations), where they can learn from other people's ways of dealing with life. This can lead to the beginnings of an active acceptance, which again has a positive influence on coping strategies. In this way, all the factors of mental wellness KRAM are brought into play.

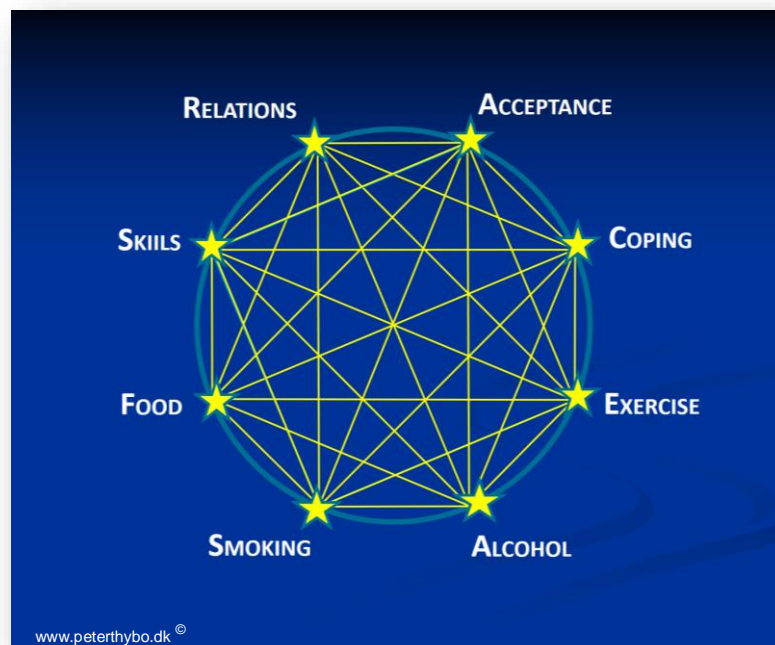


Fig. 8. KRAM factors are linked to each other and can influence each other both positively and negatively. For example, active acceptance of our life situation can mean that skills and strategies for coping develop more positively – possibly in relation to a change of lifestyle that involves more exercise and less alcohol (Thybo, 2016).

Due to these interrelated links between KRAM factors, professionals have to look at *The DOUBLE HUG* model from a distance in order to get a sense of the whole picture and the links between the individual KRAM factors – and, not least, to be aware of the approaches to health education this holistic view offers us in practice.

We can also imagine other important methods that would be able to supplement – or even perhaps in some cases replace – anti-depressants. At all events, research indicates that we can often significantly improve people’s wellbeing and life quality when they actively engage in various cultural activities, such as literature (guided communal reading), music, theatre, art – preferably together with others (see e.g. Sigurdson, 2014; Horwitz, 2011, Langer, 2010, Heslet, 2010). The cause, as the philosopher Mogens Pahuus writes, is that “*art and participation in cultural activities help the self inside us to develop, so that we get better at giving our lives a narrative structure and better at interpreting the voiced impressions we received from the world around us.*” (Pahuus, 2005). At the same time, there are virtually no limits to what we can do (and that includes physical activities and lifestyle changes) if there are good reasons for it. And those good reasons are often relations and the opportunity for social intercourse with others. All of these are things cultural activities invite us to do. Activities in our natural surroundings could also have the same positive effects, and this is an area that they have had good experience with in several countries (Edlev, 2019; Skytte, 2013).

A brief summary

I have now presented the model for mental health and wellbeing I call *The DOUBLE HUG* and shown the dynamics and various perspectives associated with the model. A brief summary can conclude that:

- Initiatives from professionals in the health dimension are about *adding years to lives* by maintaining good physical health. The academic disciplines associated with it are the natural sciences.
- Initiatives from professionals in the wellness dimension are about *adding life to years* by maintaining our mental wellness, mastery and vitality. The academic disciplines associated with it are the humanities, especially those focusing on learning processes and psychology.

Everything takes place in relation to someone or something. This means that, in a holistically oriented approach to health and wellbeing, professionals also have to factor in the social sciences as a background to *The DOUBLE HUG*, or in other words what significance society, the environment, communities, living and working conditions and cultural factors might have for the individual human life. (This is a point I shall briefly develop in the section of the Hill of Health below).

Taken as a whole – and as shown in fig. 9 – the three major branches of science – natural sciences, the humanities and the social sciences – will therefore create this interdisciplinary basis for working with people’s wellbeing.

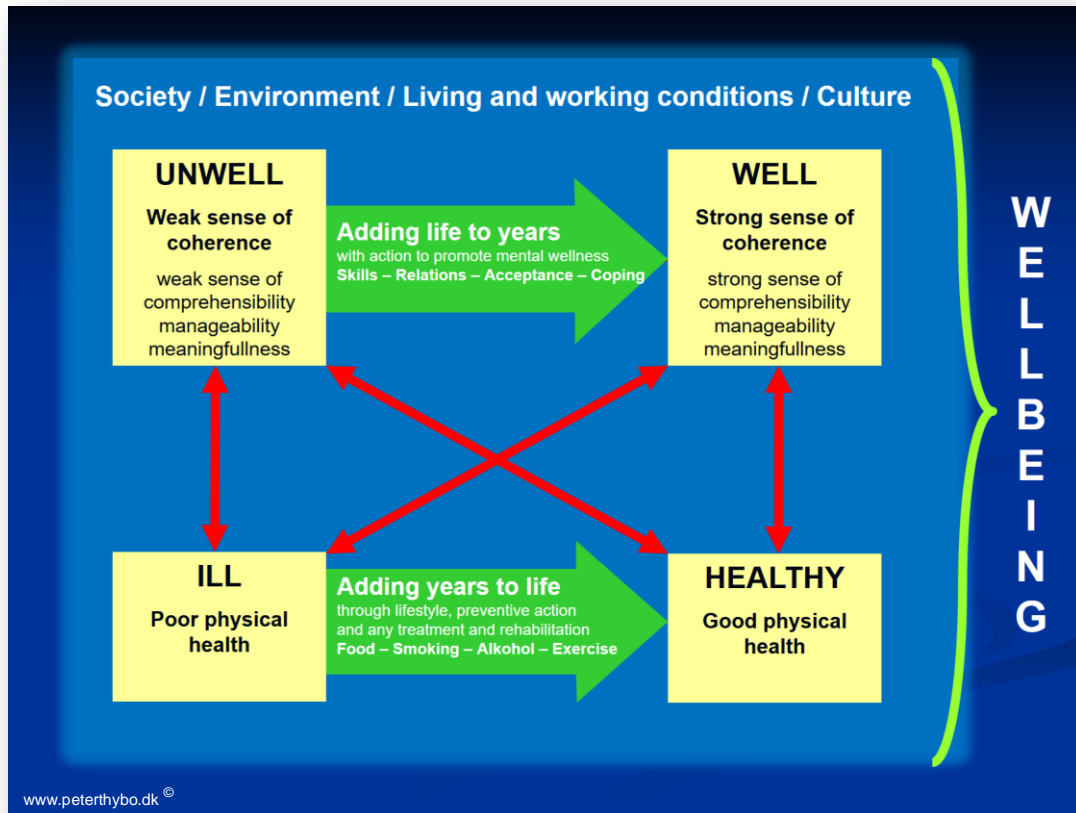


Fig.9. The DOUBLE HUG – a summary involving the three major branches of science – natural sciences, humanities and social sciences, and which can show the way for, for example, local authority health policy, the aim of whose initiatives is to keep citizens mental well and physically healthy in good settings for life. This is the basis for wellbeing (Thybo, 2016).

Salutogenesis as an umbrella term

As I have said, *The DOUBLE HUG* is based on salutogenic research – an area that has been growing since the end of the 1960s. In 2008, an international network centring on research-based development of salutogenesis was set up, the Global Network Group on Salutogenesis. There are a number of researchers involved in it, working to develop and specify salutogenic initiatives that can promote working towards mental wellness (Lindström & Eriksson, 2010) and to test the validity of salutogenesis, which is looking reasonably strong. This can be seen, for example, in Eriksson & Lindström (2005): 'Validity of Antonovsky's sense of cohesion scale: a systematic review' (see also Eriksson, 2007). The work of the network has also resulted in a comprehensive book *The Handbook of Salutogenesis* (ed. Mittelmark et al. 2017) which can be downloaded free from the internet.

The Global Network Group on Salutogenesis suggests that salutogenesis can be a kind of umbrella term for a whole series of other researchers' key concepts, which each in their own way focus on wellness as a resource and on the development of physical, psychological and social robustness. Fig. 10 shows some of these concepts, such as *psychological hardness* (Kobasa et al, 1985), *self-efficacy* (Bandura, 1977, 2012), *self-esteem* (Cohen & Lazarus, 1983), *coping* (Lazarus & Folkmann, 1984), *personal control* (Steptoe & Appels, 1989) and *personal empowerment* (Freire, 1973, Raeburn & Rootman, 2001).

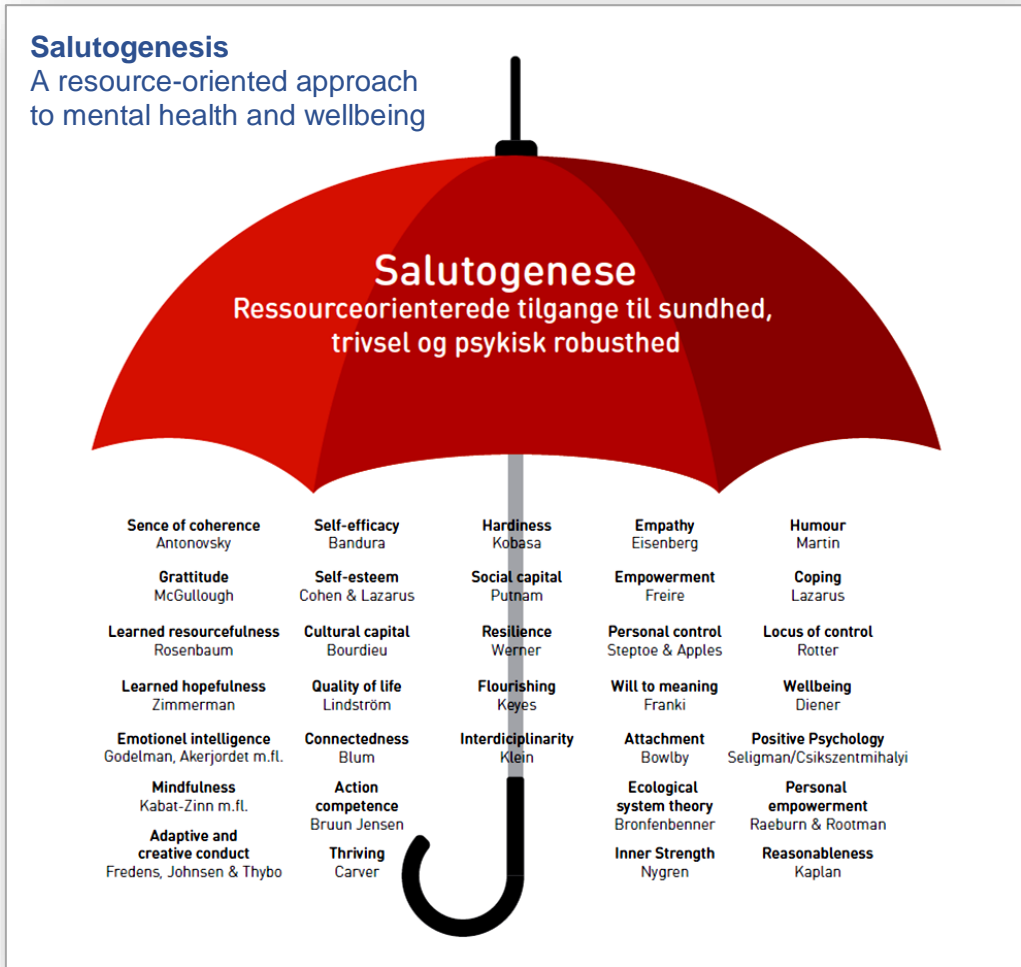


Fig. 10. Examples of various researchers' key concepts, which have a resource-oriented approach to wellness, wellbeing and mental robustness and which can be brought together in the salutogenic framework of understanding (Thybo, 2019, 2016, 2013; further developed from Lindström, Eriksson and Wikström, 2011).

The Hill of Health: Lifelines strung between volitions and conditions

Life is not, we hope, always an uphill struggle, but in the living of life there is often something we have to take into account. Unexpected situations arise, problems come our way, life turns in new and unintended directions – and we, as human beings, have to act upon these and try to master changes as well as we can. In truth, it is also an effort to try to keep ourselves hale and hearty.

Mastery of life situations and the cards we have been dealt to allow us to lead 'a good and healthy life' give rise to considerations about the balance between agent and structure. In a psychological and sociological sense, the agent is an active, conscious and purposeful individual acting through his/her own strengths and resources. But all action takes place in a socio-cultural and often historically determined setting, in other words within a structure, whose nature and qualities are shaped by society and can either promote or inhibit the agent's opportunities for action. In this context, it goes without saying that political decisions and

priorities are hugely significant for people's life opportunities. The individual's actions must, therefore, be seen in relation to the various contexts in which they take place and to the frameworks within which that life is lived (e.g. the physical, social, cultural, political, educational, family and working contexts).

Holistic initiatives in the area of wellbeing ought by their very nature to include many different factors in a broad and necessarily interdisciplinary collaboration – not only between regions and local authorities but also between the areas of activity and relevant departments of individual authorities. It is also an advantage if holistic initiatives – as befits the aims and the situation – involve other significant communities that exist, for example, in the labour market, the world of clubs and societies, patient associations, the voluntary sector, between friends and neighbours and so on (Thybo & Katballe, 2011).

The Hill of Health in fig. 11 shows some of the major and important areas that can have a positive or negative influence on the individual's mental wellness and physical health. As can be seen from the illustration, holistic work with wellness can be said, somewhat bluntly, to take place on a lifeline strung out between the individual's DNA chain (in other words, their biology, their genetic inheritance, shown at the bottom of the hill) and social, cultural and environmental determinants (shown at the top of the hill).



Fig. 11. *The Hill of Health: 'Lifelines strung between volitions and conditions'. The large number of factors that can influence wellness and health indicate a demand for a broad spectrum of initiatives. The same factors can have a positive or negative aspect (illustrated by the green and red arrows in the illustration) depending on whether they make the hill more or less steep and so promote or prevent conditions for the individual's wellbeing. The rucksack illustrates the individual's mental wellness. The more it is filled with considered life experiences, knowledge, skills, appropriate strategies for mastering and so on, the better the individual's robustness and their capacity for working with their own mental wellness and physical health. (Illustration from Thybo, P. (2016) *Det Dobbelte KRAM*, by permission from Hans Reitzels Press)*

The inclusive and holistic approach reflected in the Hill of Health is an important one. The dynamic of the model shows that professionals cannot base their work solely on an individually oriented perception of health focusing on the presence or absence of an individual's resources but have to include in their thinking important *structural frameworks* within which life is lived and which have considerable influence on every individual's wellbeing.

Here we have yet another field of tension, one that is almost existential – *lifelines strung between volitions and conditions*. The conditions under which life is lived are illustrated by the hill, which is extremely mobile throughout our lives – sometimes steep, sometimes ‘straight ahead’, but the inclines have to be overcome by the individual’s volition, and here communities of togetherness can be seen as a particularly supportive resource. This field of tension between the individual will to desire change seen in relation to the life conditions in which such change has to take place ought to attract serious attention and interest from all professionals, decision-makers, politicians and others who in their various ways are working with people’s health and wellbeing.

Future initiatives for improved mental wellness

There are many people who feel fine – but many more who could feel better. In Denmark, for example, half of all illnesses have their roots in stress and mental diseases (especially anxiety and depression) meaning that poor mental health is among the top threats to good quality of life (see e.g. Petersen, 2016; Brinkmann, 2014; Willig, 2014). This gives cause for concern. Sadly, there are clear signs that we are heading towards WHO’s forecast that stress and mental disease will become the heaviest burdens on the world’s health systems in 2030.

There is a need for critical debate about the society we have created and about the frameworks and structures that can be set up to increase mental wellness and so waylay the development suggested by WHO’s forecast. There is pressing need for more research. Instead of doing more of what we are already doing to promote mental wellness, an increase in research could create an effective movement ‘from more to better’ in future health initiatives, for example through the following:

- Research providing knowledge and understanding about the complex causes underlying reduced mental wellness. We need to understand the deeper causes of the problem to avoid merely treating symptoms.
- Research that increases our awareness of the human, existential consequences associated with living in a time of individualisation, in which we have increasingly acquired freedom but apparently at the price of rootlessness.
- Research that qualifies the further development of methods and pedagogical tools that can maintain or restore mental wellness and psychological resistance in difficult life situations – in particular with important focus on protective factors for mental wellness.

It will take some time before such research results appear. In the meantime, life and the world continue, but it is important to make a start on innovation in mental wellness and to see what opportunities there are. In principle, these can be simple initiatives:

1) Innovation – learning from new experiences

Starting from a positive statement that *health can be learnt*, it would make sense to work innovatively with initiatives for better wellbeing based on a holistic and interdisciplinary view of physical health and mental health. It is a question of implementing the knowledge and results gleaned from evidence-based salutogenic research. It is also possible that there is inspiration to be found in concepts taken from the mental wellness KRAM – *Skills – Relations – Acceptance – Coping* and in the dynamic and perspectives of *The DOUBLE HUG*. Furthermore, *The DOUBLE HUG* focuses particularly on factors that might reinforce mental wellness, which provides certain opportunities for resource-oriented health education, when health professionals and citizens/patients work together ‘towards a goal’ (what works and what we want more of).

2) Getting more 'body' into mental wellness

There are innumerable methods for promoting mental wellness and mastery, such as recovery, cognitive therapy, psychoeducation, neuropedagogy, ACT – acceptance and commitment therapy (Thybo, 2016). By and large all methods are cognitively oriented. It is crucial that health professionals increase their awareness of the close links between mental wellness, the body, physical health and lifestyle, because (depending on the aims and target groups of the health professionals) this provides a far broader approach for health education. The model for wellness and wellbeing presented here as *The DOUBLE HUG* describes important links between mental wellness and physical health, and there is as yet unexploited potential in thinking more 'body' into working with mental wellness.

Based on recent research in neuroscience, it is clear that the body is the echo chamber for our moods and feelings (Damasio, 1999). It is important, then, to be able to feel our bodies and to know the signals it sends, for these are central markers of our mental wellness. We will, therefore, be able to achieve better mental wellness by working actively to promote this form of consciousness about the body and movement. This feeds into an approach to mental wellness based on the phenomenology of the body (Thybo, 2013), in which the body is seen as a state for life and existence that extends beyond exercise and physical activity.

3) *The DOUBLE HUG* and *ABC* for mental health – create new arenas for mental wellness

It would seem obvious to link *The DOUBLE HUG* to *ABC* for mental health, which is an Australian research-based concept, which is also based on salutogenesis and also offers a good framework for setting up interconnected initiatives and new arenas for better mental wellness. *ABC* is an acronym for *Act – Belong – Commit*. Briefly, it deals with the following:

- **ACT:** Do something active (physical, mental and social activities keep you sharp in all areas)
- **BELONG:** Do something together (communities and social relations between, for example, family, friends, colleagues, neighbours provide identity and a sense of belonging)
- **COMMIT:** Do something meaningful (gives a sense of purpose and direction in life, which can help build self-confidence and self-esteem)

There have been good results with *ABC* in several countries, including Denmark (Koushede 2018) The Danish Sund By (Health City) network's homepage writes as follows about *The DOUBLE HUG* and *ABC* for mental health:

"The DOUBLE HUG and ABC for mental wellness supplement each other in the best possible way. ABC has strength in its broad approach to communication, which involves activities that encourage togetherness across a range of voluntary, private and public agents. The DOUBLE HUG offers a common working basis across a variety of professions, target groups, local authority areas of activity and volunteers in initiatives for mental wellness, health and wellbeing for everyone. In addition, The DOUBLE HUG allows the opportunity to situate mental wellness in a broader and more dynamic view of health, in which relations and local communities, for example, are central."

4) Look for new professional partnerships – including among the civilian population

It would be an advantage if development initiatives and research could focus on local authorities, who are close to citizens and to their life world – at the point where life is lived. In this context, there should be efforts to establish interdisciplinary and cross-sector partnerships

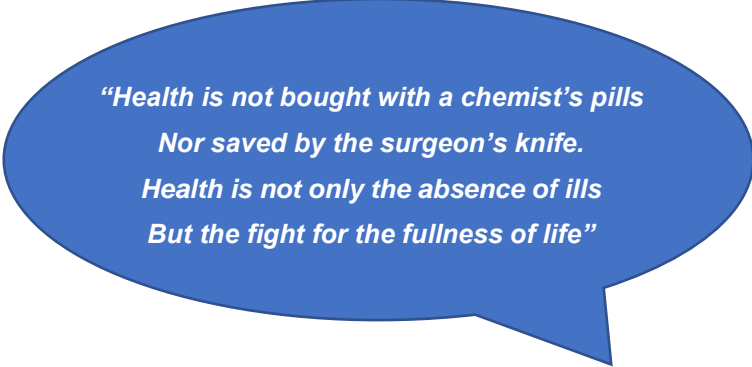
and to involve educational institutions, civil society in the form, for example, of educational initiatives, handicap organisations, associations, societies and volunteers. These various new partnerships will be able to pose meaningful questions about existing practice and so contribute to new ideas and opportunities for promoting mental wellness.

Private companies are also interesting partners. Work-related pleasure and the stress found in work are elements of our working lives, which equally influence the individual and the family's quality of life. We might, therefore, wish for all parties that in the future even more companies take active steps to improve mental wellness and to increase their social responsibility in social developments.

Epilogue

Historically, the health system has focused on the individual and on risk factors. Here, the initial steps towards future work in developing better mental wellness might be about starting to test and implement a more nuanced view of health in practice, in collaboration with individual citizens/patients and next-of-kin. The process, demands, however, a critical look into the machine room and the reasoning that drive the health system. Health professionals need to relate critically to the institutional set-up in the clinical world in which they work every day and by which they are shaped, and they need to be aware of the significance it has for human relations.

There is nothing new about the health system talking about 'Putting the patient at the centre' or about 'The whole person', but in a health system that is trying to be efficient, diagnosis often takes priority over the person. This means that a health professional can easily lose sight of the individual, of important contextual factors and potential routes for development. The aim, however, has to be to unite the efficiency of the system with a sense of human quality, where health professionals manage first and foremost to look upon people as – yes, as human beings (Thybo, 2016b).



*“Health is not bought with a chemist’s pills
Nor saved by the surgeon’s knife.
Health is not only the absence of ills
But the fight for the fullness of life”*

*“Health Poem” by the Danish poet Piet Hein (1905 – 1996)
that he wrote to celebrate WHO’s 40th Anniversary in 1988.*

References

- Andersen M.F. & Brinkmann S. (red.) (2013). Nye perspektiver på stress. Klim.
- Antonovsky, A. (1979). Health, Stress and Coping. London: Jossey-Bass.
- Antonovsky, A. (1987). Unravelling the Mystery of Health: How people manage stress and stay well. San Francisco, CA: Jossey-Bass.
- Antonovsky, A. (2000). Helbredets mysterium. København: Hans Reitzels Forlag.
- Bandura, A. (1977a). Self-efficacy: Toward a unifying theory of behavioral change. *Psychology Review*, 84: 191-215.
- Bandura, A. (2012). Self-efficacy. *Kognition & Pædagogik. Tidsskrift om gode læringsmiljøer*, 83.
- Brinkmann, S. (2014). "Den psykiatriske epidemi" – prisvindende journalist skriver tankevækkende bog om psykiatrien. Politikken.dk.
- Brinkmann, S. (2014). Stå Fast – et opgør med tidens udviklingstvang. Gyldendal Business.
- Brinkmann, S. (red.)(2010). Det diagnosticerede liv. Sygdom uden grænser. Aarhus: Klim.
- Cohen, F. & Lazarus, R.S. (1983). Coping and adaptation in health and illness. I: D. Mechanic (red.) *Handbook of Health, Health Care and the Health Professions*. New York: Free Press.
- Cuddy, A. (2015). Presence: Bringing Your Boldest Self to Your Biggest Challenges. New York: Little, Brown and Company.
- Damasio, A.R. (1999). Descartes' fejltagelse. Følelser, fornuft og den menneskelige hjerne. Hans Reitzels Forlag.
- de Vibe, M., Bjorndal, A., Tipton, E., Hammerstrom, K.T. & Kowalski, K. (2012). Mindfulness based stress reduction (MBSR) for improving health, quality of life and social functioning in adults. *Campbell Systematic Reviews*, 3.
- Edlev, L. T. (2019). Naturterapi. Oplev naturen – styrk livet. Gyldendals Forlag. København.
- Eplov, L.F. & Lauridsen, S. (2008). Fremme af mental sundhed – baggrund, begreb og determinanter. Sundhedsstyrelsen.
- Eriksson, M. & Lindström, B. (2005). Validity of Antonovskys sense of coherence scale: a systematic review. *Journal of epidemiology and Community Health*, 59: 460-466.
- Eriksson, M. (2007). Unravelling the mystery of salutogenesis. The evidence base of the salutogenetic research as measured by Antonovskys Sense of Coherence Scale. Folkhalsan Research Centre. Helsinki, Finland.
- Frankl, V. (1946). Man's Search for Meaning. Beacon Press.
- Frankl, V. (2000). Psykologi og eksistens. København: Gyldendal.
- Fredens, K., Johnsen, T.J. & Thybo, P. (2011). (red.) Sundhedsfremme i hverdagen. Få mennesker du møder til at vokse. København: Munksgaard.
- Freire, P. (1973). De undertryktes pædagogik. København: Christian Ejlers Forlag.
- Guldager, A. (2012). Man kan være bange for at bevæge sig. *Fysioterapeuten*, 11.
- Heslet, L. (2010). Fra det yderste – lægen mellem Faust og empati. Nykøbing Sjælland: Bogværket.
- Hofmann, S.G., Sawyer, A.T., Witt, A.A. & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2): 169-183.

- Horwitz, E.B. (2011). *Kultur för hälsans skull*. Gothia Förlag. Sverige: Stockholm.
- Illeris, K. (2006). *Læring*. Roskilde Universitetsforlag.
- Jensen, T.K. & Johnsen, T.J. (2002). *Sundhedsfremme i teori og praksis*. Aarhus: Philosophia.
- Kalia, M. (2002). Assessing the economic impact of stress – the modern day hidden epidemic. *Metabolism*, 51(6): 49-53.
- Karasek, R. & Theorell, T. (1990). *Healthy Work: Stress, Productivity and the Reconstruction of Working Life*. New York: Basic Books.
- Kissow, A.-M. & Singhammer, J. (2012). Participation in physical activities and everyday life of people with disabilities. *European Journal of Adapted Physical Activity*, 5(2): 65-81.
- Kobasa, S.C., Maddi, S.R., Puccetti, M.C. & Zola, M.A. (1985). Effectiveness of hardiness, exercise, and social support as resources against illness. *Journal of Psychosomatic Research*, 29(5): 525-533.
- Komiteen for Sundhedsoplysning (2014). *Lær at tackle kroniske smerter*.
- Koushede, V. (2018) *Mental sundhed til alle - ABC i teori og praksis*. Statens Institut for Folkesundhed.
- Langer, E.J. (2010). *Det muliges kunst til et sundere og længere liv*. Plurafutura Publishing.
- Lavretsky, H. m.fl. (2011). Complementary Use of Tai Chi Chih Augments Escitalopram Treatment of Geriatric Depression: A Randomized Controlled Trial. *American Journal of Geriatric Psychiatry*, 19(10):839-850.
- Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer Publishing Company.
- Lindström, B. & Eriksson, M. (2010). *The Hitchhiker's Guide to Salutogenesis*. Salutogenetic pathways to Health Promotion. Research Report, 2. Helsinki: Folkhalsan Research Center.
- Lindström, B., Eriksson, M. & Wikström, P.O. (2011). www.salutogenesis.hv.se
- Linley, P.A. & Joseph, S. (red.) (2004). *Positive Psychology in Practice*. Hoboken, NJ: John Wiley & Sons.
- Matsumoto, D. & Willingham, B. (2009). Spontaneous Facial Expressions of Emotion of Congenitally and Noncongenitally Blind Individuals. *Journal of Personality and Social Psychology*, 96(1): 1-10.
- Mittelmark, m.fl. (red.). (2017). *The Handbook of salutogenesis*. Springer Verlag.
- Nerheim, H. (1995). *Vitenskap og kommunikasjon – Paradigmer, modeller og kommunikative strategier i helsefagenes vitenskapsteori*. Oslo: Universitetsforlaget.
- Pahuus, M. (2005). *Dannelse og menneskelig vækst I: B. Schindel (red.) Kunst af lyst*. København: Kulturelle samråd i Danmark.
- Pedersen, A. m.fl. (2010). Influence of psychological stress on upper respiratory infection – a meta-analysis of prospective studies. *Psychosomatic Medicine*, 72(8): 823-832.
- Petersen, A. (2016). *Præstationssamfundet*. Hans Reitzels Forlag.
- Piacentini, M.F. m.fl. (2004). Hormonal responses during prolonged exercise are influenced by a selective DA/NA reuptake inhibitor. *British Journal of Sports Medicine*, 38: 129-133.
- Piet, J. & Hougaard, E. (2011). The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and metaanalysis. *Clinical Psychology Review*, 31(6): 1032- 1040.
- Porter R (2000). *Ve og vel – medicinens historie fra oldtid til nutid*. Rosinante.
- Pyle, H. (1883/1972). *Den vidtberømte Robin Hood og hans muntre eventyr*. København: Hernov.

- Raeburn, J. & Rootman, I. (1987). *People Centred Health Promotion*. London: John Wiley & Sons.
- Robles, T.F., Glaser, R. & Kiecolt-Glaser, J.K. (2005). Out of balance: A new look at chronic stress, depression and immunity *Current Directions. Psychological Science*, 14: 111-115.
- Sigurdson, O. (red.) (2014). *Kultur och Hälsa. Et vidgat perspektiv*. Göteborgs Universitet. Centrum for Kultur och Hälsa.
- Skytte, E. (2013). *Sundhed og livskvalitet i naturen. Sundhedsnetværket under Naturvejlederordningen*.
- Stephoe, A. & Appels, A. (1989). *Stress. Personal Control and Health*. New York: John Wiley & Sons.
- Sundhedsstyrelsen (2005). *Kronisk sygdom: Patient, sundhedsvæsen og samfund – forudsætninger for det gode forløb*. København.
- Sundhedsstyrelsen (2009). *Health literacy – Begrebet, konsekvenser og mulige interventioner*. København: Sundhedsstyrelsen.
- Sundhedsstyrelsen (2018). *Mental Sundhed. Forebyggelsespakke (revideret udgave)*
- Thored, P. m.fl. (2006). Persistent production of neurons from adult brain stem cells during recovery after stroke. *Stem Cells*, 24: 739-747.
- Thybo, P. & Fredens, K. (1998). Den terapeutiske tanke – Nye roller i den fysioterapeutiske praksis. *Danske Fysioterapeuter*, nr. 21; 4 – 10.
- Thybo, P. & Katballe, I.-L. (2011). *Et kommunalt fundament for sundhedsfremmeindsatsen*. I:K.
- Fredens, T.J. Johnsen & P. Thybo (red.) *Sundhedsfremme i hverdagen. Få mennesker du møder til at vokse*. København: Munksgaard.
- Thybo, P. (2004). *Helbred er, hvordan man har det – Sundhed er, hvordan man ta'r det*. *Klinisk Sygepleje*, 3.
- Thybo, P. (2010). "Livet spændt ud mellem vilje og vilkår! Om helhedsorienterede indsatser for borgernes trivsel". Foredrag.
- Thybo, P. (2011). *Lær at leve med kronisk sygdom. Social læring og social identitet i et salutogent perspektiv*. I: K. Fredens, T.J. Johnsen & P. Thybo (red.) *Sundhedsfremme i hverdagen. Få mennesker du møder til at vokse*. København: Munksgaard.
- Thybo, P. (2012). *Ikast-Brande Kommunes sundhedspolitik*. Sundhedsstaben. Ikast-Brande Kommune.
- Thybo, P. (2013). *Neuropædagogik – Hjerne, liv og læring. En grundbog i et salutogent perspektiv*. Hans Reitzels Forlag.
- Thybo, P. (2016). *Det Dobbelte KRAM - et tværfagligt arbejdsgrund for mental sundhed, helbred og trivsel*. Hans Reitzels Forlag.
- Thybo, P. (2016b). *Kronik: Når diagnosen og institutionelle identiteter skygger for mennesket*. *Tidsskriftet Forkant*.
- Thybo, P. (2019). *Det Dobbelte KRAM – Et arbejdsgrundlag for mental sundhed i en individualiseret samtid*. Sund By Netværket.
- Uggla, B.K. (1999). *Kommunikation på bristningsgrænsen. Et studie i Paul Ricæuers projekt*. Stockholm: Brutus Ostlings Bokforlag Symposium AB.
- Williams, J.M.G., Teasdale, J.D., Segal, Z.V. & Kabat-Zinn, J. (2007). *The Mindful Way through Depression: Freeing yourself from Chronic Unhappiness*. New York: Guilford.
- Willig, R. (2014). *Konkurrencesoldat: Det galvaniserede menneske*. *Raeson*, 18(2): 56-59.
- Zachariae, R. (1994). *Mind, immunity and psychological intervention. Experimental studies and clinical perspectives*. I: H. Johannesen, L. Launso, S.G. Olesen & F. Staugaard (red.) *Studies in Alternative Therapy (1). Contributions from the Nordic countries*. Odense: Odense University Press.

Zachariae, R. (1994). Psykoneuroimmunologi: Stress, sygdomsrisiko og psykologisk behandling. I: E. Hjorting-Hansen m.fl. (red.) Odontologi, 94. København: Munksgaard.

Zachariae, R. (1997). Evnen til selvregulering: sundhed i bio-psyko-socialt perspektiv. I: H.P. Hansen & P. Ramhøj (red.) Tværvideenskabeligt perspektiv på sundhed og sygdom. København: Akademisk Forlag.

Getting started with **The ABCs of Mental Health**





Intro

This folder is a guide for you, if you are thinking of working with *The ABCs of Mental Health* in your organisation. The guide consists of a set of initial questions and some good advice, based on experience gleaned from the partners who have been part of The ABCs of mental health to date.

The initial questions are designed to help you reflect on how *The ABCs of Mental Health* can best be addressed in your particular organisation. It is important, then, that your considerations are anchored in your local context. The questions need not necessarily be answered in full or at once, and they can be taken in any order.

The good advice can be regarded as things to be aware of or as recommendations, which are relevant both in the planning and in the execution of any work you do with *The ABCs of Mental Health*.

Before jumping into it, it would be a good idea for you to familiarise yourself with the underlying concept behind *The ABCs of Mental Health* – on the Australian ABC-website www.actbelongcommit.org.au/ you can read more in English.

“A lot has happened since we joined the ABC partnership. At the beginning, when we mentioned mental health to our colleagues and associations, there were plenty of people who thought mental health was the same as mental illness and psychopathology. Today there is a far broader understanding that mental health is so- mething that is relevant for everyone. This makes it easier to set up a working partnership.”

(ABC coordinator)

Initial questions

When do you yourself A) do something active, B) do something with others, C) do something that is meaningful for you?

Specific personal experiences can improve your understanding of *The ABCs of Mental Health* and possibly make it easier to pass on the message and the project to others. It might be a good idea to consider talking about this question with colleagues and others in your organisation with whom you are looking to share the ABC message.

How can ABC for mental health be brought into play in your work/organisation?

There are many different ways of working with *The ABCs of Mental Health*. This means that it is a good idea to consider which strategies and approaches make sense in the particular context of your work/organisation. For example, the ABC framework can be used to improve the understanding of mental health and the promotion of mental health among colleagues and volunteers and to strengthen collaboration with local associations and organisations.





Whom can you work with internally in your organisation?

It might be a good idea to think ‘in-house’ in the first instance, for this will often involve a shorter route to establishing a collaboration. In addition, it is a good way to lay the foundations for working with *The ABCs of Mental Health* internally in your organisation. The extent to which work should initially take place ‘in-house’ must, of course, match the overall strategy in the organisation. When you think about opportunities for collaboration, for example, you could consider how the ABC framework can support the core activities that are already being carried out, and whether there are areas where there is a need for increased focus on promoting mental health.

What micro-actions can you already take today?

Taking one step at a time and setting out specific and achievable targets is a good way of getting started with working for *The ABCs of Mental Health*. After that, you can continue working towards making larger changes in a broader perspective.

Good advice

- **Jump in feet first.** *The ABCs of Mental Health* is a project in progress and subject to ongoing modification. This process demands both energy and courage, and it can be a good idea to involve other partners early in the process. Experience tells us that working with new initiatives generates relevant and useful insight – especially from those initiatives that fail.
- **Create space for reflecting on and for sensing the ABC.** When communicating *The ABCs of Mental Health* to others, it is a good idea to allow them to get a feel for the ABC principles through activities, followed by time devoted to reflection and dialogue. Also use concrete examples of how the ABC framework can be translated into practice.
- **Be patient – it takes time.** Although the ABC framework is regarded as being both easy to understand and accessible, it still takes time to develop an understanding of it. In particular, it usually takes a long time to develop a thorough understanding of what it means to operate using a salutogenic approach.



- **Let the core tasks be your starting point.** Think about how *The ABCs of Mental Health* can contribute to underpinning your core activities, and how you can influence other services in your municipality, organisation or association. In certain contexts, it can be an advantage to remember that working with *The ABCs of Mental Health* is not necessarily an additional task. When you talk about *The ABCs of Mental Health* to new potential partners who are not familiar with it, try to show them how it can be incorporated into their practice and their core activities.
- **Point to the ordinary things.** Because something is banal, it is not necessarily self-evident, so do not take it for granted that it is social factors and a sense of togetherness take priority in everyday life. Talk, for example, about the ‘social rules’ of the communities you are part of, or about what good reception into the community consists of.
- **Pay attention to different languages.** People speak different languages and work on different agendas depending on the organisation and background they come from. We can get a lot further if we try to put ourselves in the other’s shoes.
- **Set aside time to calibrate expectations.** To create a fruitful and genuine collaboration, in which everyone contributes their skills and resources and where they are working towards creating a synergy effect, it is important to set aside time for everyone to compare and calibrate expectations.
- **Think about your foundations.** To ensure a sustainable foundation for ABC thinking in your organisation, it helps to share tasks involving *The ABCs of Mental Health* among a number of colleagues, to form an intra-or- ganisational working group, to involve management and/or incorporate ABC thinking into local policies/strategies.

On the Australian ABC-website www.actbelongcommit.org.au/ you can read more in English.

On the Danish website www.abcmamentalsundhed.dk you mostly find materials in Danish, but also some scientific articles in English.

A brief introduction to The ABCs of Mental Health

The aim of *The ABCs of Mental Health* is to promote mental health among the Danish population. *The ABCs of Mental Health* is designed to increase awareness about mental health and the promotion of it, and to broaden familiarity with three core behavioral principles that contribute to enhanced mental health. The three principles are:

- **Act.** Do something – be physically, mentally, spiritually and socially active. (e.g. go jogging, dancing, solve puzzles, read a book or play a game).
- **Belong.** Do something with others. (e.g. join a book club, take a cooking class, take part in activities in your local community or become more involved in groups you are already a member of)
- **Commit.** Do something meaningful. (e.g. learn something new, take challenges, fight for a cause, help a neighbour or become a volunteer).

Through initiatives to promote greater awareness and active lifestyles, Danes are being encouraged to take action to benefit their own mental health and the mental health of others. They can do this, for example, by getting involved in activities and communities – or by encouraging or helping others to take part in such things.

A salutogenic approach

The ABCs of Mental Health applies a salutogenic approach to health. This means that the focus is on what causes and promotes mental health and strengthens us. This differs from a pathogenic approach, where the focus might be on preventing mental illness or minimising the risk factors for poor mental health.

Good mental health must be cultivated where people live – in their everyday surroundings. And environments that enable people to engage in activities and fosters connectedness within local communities are essential. Therefore, *The ABCs of Mental Health* is organised as a partnership, where we work across associations, organisations and municipalities to create the structures and opportunities that allow as many people as possible to be aware of the ABC messages and to act on them.

The ABCs of Mental Health is supported by Nordea-fonden.

Link to Vibeke Koushede's presentation of ABC-programme on YouTube:

<https://youtu.be/PwFWhUfwU84>