

## Strengthening Sense of Coherence in Patients with Chronic Medical Conditions to Promote Wellness: A Clinician's Perspective Based on Case Vignettes Collected Over Three Decades.

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### ABSTRACT

Salutogenesis indicates promotion of wellness, which is based on a strong sense of coherence derived from comprehensibility, meaningfulness and manageability of life's challenges including illness and disease. Teaching case vignettes are presented to highlight how these factors influence coping behaviour of patients.

### Key-words:

Sense of Coherence, Chronic Medical Conditions, Case Vignettes, Salutogenesis.

### INTRODUCTION

Antonovsky coined the term 'Salutogenesis' to indicate wellness as opposed to pathogenesis, the production of illness/disease. According to him, "sense of coherence" (SOC) was the basis of wellness; a strong SOC helped the person to cope better with stressors and disease. He proposed that SOC had three components, viz., i) comprehensibility (do you understand the disorder?), ii) meaningfulness (do you feel it is worthwhile to manage it?) and iii) manageability (do you have the resources to cope with it?).<sup>1</sup>

Compared to the concept of pathogenesis, the concept of salutogenesis is not well stressed in medical curricula. Sense of coherence has been shown to be a valid concept in several studies conducted in different countries. SOC is not limited to promoting wellness in the health persons but has been shown equally effective in helping diseased individuals cope with their problems and feel well.<sup>2</sup> From a large collection of case vignettes<sup>3</sup> collected over three decades of clinical practice, the author has selected a few to highlight how SOC works in real life clinical practice with the hope that more clinicians will promote SOC in their patients to enhance their capability to deal with the disease and live well despite the challenges.

### CASE VIGNETTES AS EXAMPLES

**I. Comprehensibility** indicates that the internal and external stimuli are structured, predictable, explicable and understandable by the individual.

#### *Comprehending the nature of illness*

In Chennai, Kumar (name is altered), a 12-year old school boy was diagnosed as a case of "muscular dystrophy-? Duchenne" and explained the inexorable downhill course of the disease. The parents were depressed, took him off school, stopped socialising and generally withdrew from active life. On review in Pondicherry, the author recognised that this was a case of Becker muscular dystrophy (BMD), a milder variant. The parents were informed that BMD was a milder variant that permitted the afflicted person to live till mid to late adulthood and therefore Kumar should try to be as normal as his health would permit him to be. Kumar resumed schooling, went to college and is currently an officer in a bank. He is 35 years old and needs to use a walking stick for long walks. Even today, the family makes an annual visit to JIPMER to meet the clinicians for a review and thank them for making them understand that Kumar's life could be productive and meaningful.

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*Uexplained Test abnormality – an incessant search for understanding*

i) Mr L, an IAS officer, who was in good health got an ECG recording for himself while inaugurating a health camp. It showed occasional irregularity and some narrow QRS waves. Subsequent clinical examinations and other ECG recordings did not reveal any abnormality. Despite several reassurances by cardiologists and physicians, for several months, he carried the 'abnormal ECG' to get an opinion from any new physician or cardiologist whom he happened to meet. The ECG was shown to the author, who refused to take another ECG or do another 'physical' as cracking the abnormal ECG was the only way of satisfying Mr L's need for understanding. After a few minutes of analysis, it was obvious that the roller that moved the ECG paper had malfunctioned at predictable time intervals; this had distorted the recording by repeatedly slowing it down for brief periods, resulting in narrowing of a P, QRS or T wave or a shorter R-R interval. It was easy to totally convince Mr L with this explanation. One week later, he phoned in to say that after several months of disturbed sleep, he could now sleep well and felt totally well.

ii) Mr M, a manager in a cotton textile mill, had classical "Monday morning syndrome" of chest tightness. Clinically he was found to be normal. A pulmonary function test (PFT) was ordered to reassure him. The report indicated gross abnormality and the electronic print-out advised immediate consultation. For the next few weeks, he consulted many physicians, who could not find any clinical abnormality to explain the PFT report. Their reassurances did not allay his anxiety, as he wanted to understand why the PFT report was grossly abnormal. When he consulted the author, a careful study of the PFT report revealed that Mr M's height was entered as 90 cms and weight as 178 KGs, instead of 178 cms and 90KGs respectively! Once that was pointed out as the source of such a report, his anxiety was alleviated. For 20 years subsequently, he could manage his Monday morning symptoms with a small dose of medications.

**II. Meaningfulness** to an individual is based one's acceptance that the demands for coping are challenges worthy of one's engagement and investment of resources.

i) Mr S, a multi-millionaire used to consult top specialists in 'deluxe private hospitals' for his type-2 diabetes and hypertension. The monthly prescriptions used to cost 5 figure sums and he was not sure if

expensive medicines were prescribed merely because he could afford them or if they were really needed to control his problems. In order to find the healthcare expenses meaningful, he used to consult an academic physician in a public teaching hospital for his second opinion on the prescriptions. Only the medicines approved by him were considered worthy and meaningful by Mr S for his care.

ii) Mr T, a retired professor was an avid smoker who did not wish to 'live a day longer' if it meant giving up smoking his cigarettes. He fully comprehended the risks but found life without smoking as tiresome and meaningless. When it became apparent that he loved Priya, his 4 year old granddaughter very dearly, he was asked, "Do you want Priya to remember you as 'Cigarette Grandpa'"? It made him contemplate at length on how his near and dear may perceive his unhealthy habits and how they may remember him after his demise. He found it meaningful to totally give up smoking and reported to his physician 3 months later of the successful change over to a healthy life-style.

*Comprehension and Meaningfulness* often go together in clinical practice, especially while counselling or guiding non-adherent patients. Two examples:

i) Since 1976, I have handled hundreds of cases of asymptomatic problems such as mild to moderate hypertension or type-2 diabetes, who find taking medicines life-long a 'meaningless' exercise and drop-out of therapy. During therapeutic guidance sessions, they could all find the meaning if I suggested to them that controlling the raised BP or sugar level is like 'old age insurance'; those who maintained near-normal levels tend to have less of health problems in old age. Therefore, if they wished to live a healthier life during their old age, they must begin control measures at present, because once the target organ damage occurred, the drugs will not be able them.

ii) Another major group were those who believed that modern medicine was harmful and dangerous and that naturopathy was the best. The following messages usually helped them to find meaningfulness in modern medicine:

To a patient with hypertension – "You can choose salt-free diet life-long or take a tiny tablet along with moderate salt reduction; please consider the quality of life and convenience. The choice is yours." To a patient with diabetes – "You can choose to consume 200 grams of expensive and bitter veggies every day or a tiny tab for sugar control; please consider the cost

and convenience. The choice is yours.” Most of them used to accept modern medicine for its convenience and acceptability for chronic lifelong care.

**III. Manageability** refers to the availability of resources to meet the demands posed by the illness/disease.

i) A 40 year old street vendor had bouts of severe asthma and had difficulty in travelling to the public teaching hospital for treatment. Once she had a near fatal episode, when she was advised to consider shifting her dwelling to be close to the hospital. She then changed to selling empty bottles for medicines in front of the hospital. She could then attend the hospital at any time of the day for routine and emergency care. She lived for a further 15 years with adequate and timely care.

**Sense of Coherence** can be promoted as a whole by spending time with the patient to make them understand the disease, accept that it was worthwhile to adhere to coping strategies and learn how to manage self-care.

i) At the time of discharging patients admitted for treatment of bronchiectasis in our unit, we used to advise every patient on i) the nature of the chronic lung disease (understanding the basic defect), ii) the need to use gravity aided postural drainage to keep the lungs cleared of phlegm to avoid suppuration and long term complications (meaningfulness of ‘tracheo-bronchial toilet’) and iii) how to do effective postural drainage plus self-care (early recognition of lung infection and taking a short course antibiotic when indicated). Recently, I met a middle aged man, who has had bronchiectasis diagnosed by us over 25 years ago. He said that he had been meticulously following the tracheal toilet twice daily and taking a short course antibiotic whenever the phlegm turned infective. He has never needed hospitalisation and was very thankful for the 15 minutes of tutorial on the disease and its care given by me at the time of his discharge, the only time he needed in-patient treatment.

## DISCUSSION

Sense of Coherence (SOC), the ability to use available resources to promote health is applicable not only to the healthy population but also to those with disabilities and diseases. SOC has been conceptualized in three dimensions: a) comprehensibility, a cognitive

component, b) manageability, the psychomotor or conative component and c) meaningfulness, the affective (emotional) component.<sup>4</sup> Individuals with a high SOC are expected to be confident that they have control over their situation and know how to act in a health promoting way.<sup>2</sup>

Though most clinicians spend time in explaining the nature of diseases and follow up measures to their patients, a dialogue focussing on fostering a strong SOC is desirable to ensure that the patients may be empowered to have control over their situation and know how best to cope with their problem. However, salutogenesis and SOC are not stressed in medical curricula, especially in primary care.<sup>5</sup>

The purpose of this brief article is to share clinical vignettes of teaching value on how the individual components and combinations of them influence the coping behaviour of the patients in a positive way. In the present write-up, only positive examples have been cited and the maladaptive coping has not been highlighted. They are available in section-3 of author's earlier publication.<sup>3</sup>

It is earnestly hoped that clinicians reading this will be motivated to adopt salutogenesis in their practice and focus on the three components, viz., comprehensibility, manageability and meaningfulness, which together foster SOC among their patients and strengthen their resilience.

## CONFLICTS OF INTEREST

None.

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