

**The Dialectics of Survival on the 'Burma Railway':
The Problem of Ethics in Antonovsky's 'Sense of
Coherence' Construct**

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At this moment K. was perfectly aware it was supposed to be his duty to seize the knife as it hovered from hand to hand above him and drive it into himself. But, he did not do this; instead, he turned his neck which was still free and looked about him. He was not able to prove his own worth completely, he was not able to relieve the authorities of all work; responsibility for this ultimate defect lay with whoever had denied him the remainder of the requisite strength. His eyes fell on the top storey of the house at the end of the quarry. The casement window flew open like a light flashing on; a human figure, faint and insubstantial at the distance and height, forced itself far out and stretched its arms out even further. Who is it? A friend? A good man? One who sympathized? One who wanted to help? Was it one person? Was it everybody? Was there still help? Were there objections which had been forgotten? Certainly there were. Logic is of course unshakeable, but it cannot hold out against a man who wants to live. Where was the judge he had never seen? Where was the high court that he had never reached? He raised his hands and spread his fingers wide.

The Trial (2010:177-178), Franz Kafka
Novelist

TABLE OF CONTENTS

List of Tables and Figures	v
Abstract	vi
Statement of authorship	vii
Acknowledgement, dedication and thanks	viii
Preface	ix
Chapter One: Introducing the thesis	1
Introducing Chapter One	1
Delineating the proximate rationale for pursuing the research	3
Elaborating salutogenesis, the SOC Construct and Generalised Resistance Resources	5
Learning from stories of survival in marginal circumstances	7
Introducing the men who built the ‘Burma Railway’ during 1942-1943	10
Clarifying key premises, initial definitions and research questions	12
Outlining the specific intentions of the various chapters	14
Anticipating the distinctive contribution of this thesis	15
Chapter Two: Surviving as an Allied prisoner of war in Asia	17
Introducing Chapter Two	17
Considering the survival of Allied prisoners of war generally	18
Who is and who protects a prisoner of war?	18
Surviving as a prisoner of war	20
Examining the circumstances of allied prisoners of the Japanese generally	24
Focusing on the allied POWs who worked on the Burma-Thailand Railway	27
The negative effects of Japanese attitudes towards irregular combatants and POWs	28
The negative effects of an incoherent Japanese military infrastructure	29
The negative effects of inadequate Japanese lines of communication	32
Investigating a salutogenic, or health-generating approach to considering survival	34
Concluding Chapter Two	36

Chapter Three: The significance and substance of the SOC Construct	37
Introducing Chapter Three	37
Delineating the significance of the SOC Construct	38
Outlining recent interest in salutogenesis and the SOC Construct	38
Promoting salutogenesis and the SOC Construct as an integrative theory	41
Developing the substance of the SOC Construct	47
Contextualising Antonovsky's substantive work	47
Accounting for Antonovsky's reorientation	48
Unravelling the 'Mystery of Health'	50
Concluding Chapter Three	54
Chapter Four: Validating and critiquing the SOC Construct	56
Introducing Chapter Four	56
Validating the SOC Scale and Construct	57
Recounting Antonovsky's development of the SOC Scale	57
Reflecting on the systematic reviews of Eriksson & Lindström	58
Critiquing the SOC Scale and Construct	63
Concerns relating to structural validity and temporal stability	63
Concerns regarding the SOC Scale, Construct and physical health	67
Concerns regarding the SOC and other constructs	69
Concerns regarding research on Generalised Resistance Resources	72
Concluding Chapter Four	74
Chapter Five: Justifying, elaborating and adapting the qualitative methodology	76
Introducing Chapter Five	76
Justifying the qualitative methodology	77
Confirming the relevance of reflective lifeworld research	77
Contextualising and critiquing reflective lifeworld research	80
Elaborating the qualitative methodology	85
Introducing phenomenological methodology	85
Specifying the processes of a philosophical phenomenological methodology	89
Delineating the processes of a scientific phenomenological methodology	92
Responding to criticisms of scientific phenomenological methodology	94
Adapting the qualitative methodology	96
Specifying the sources for the research	96
Clarifying the reasons for using these sources	99

Adapting the methodology to the sources	100
Concluding Chapter Five	103
Chapter Six: Reporting on the descriptive phenomenological analysis of six memoirs	105
Introducing Chapter Six	105
Specifying the nature of human relationships	105
The unilateral valuation dialectic	107
The bilateral valuation dialectic	111
A first summation	121
Clarifying supporting and hindering relationships	124
A brief phenomenological description of 'care'	125
Distinguishing between supporting and hindering relationships	135
A second summation	139
Exploring the effects of marginalisation on supporting relationships	140
A brief phenomenological description of 'validity'	140
A brief phenomenological description of 'marginalisation'	143
A brief phenomenological description of 'leeway'	146
Concluding Chapter Six	148
Chapter Seven: Discussing the dialectics of survival on the 'Burma Railway' and the problem of ethics in Antonovsky's 'Sense of Coherence' Construct	151
Introducing Chapter Seven	151
Reconsidering the significance of Antonovsky's understanding of Generalised Resistance Resources	154
Re-evaluating the general structure of the SOC	162
Rethinking issues relating to a salutogenic Quality of Life Model	167
Concluding Chapter Seven	174
Chapter Eight: Concluding the thesis	177
Introducing Chapter Eight	177
Recalling the key premises, initial definitions and research questions	178
Summarising the findings and limitations of the thesis	180
Considering some of the possibilities arising from the thesis	183
Possibilities with regard to practice	184
Possibilities with regard to research	186
Possibilities with regard to education	190
Appendix 1: Example of a vignette and transformation to structural notes	194
References	195

List of Figure and Tables

Table 1:	Progressive increase of titles relating to SOC	39
Table 2:	Texts, Authors, Publication Types and Sources	98
Figure 1:	‘Multimodal Model of Care’	124

Abstract

This thesis has sought to demonstrate and deal with a short-coming in Aaron Antonovsky's explication of the 'Sense of Coherence' Construct and its relationship to Generalised Resistance Resources, resources which are used to resist the movement from health to breakdown. Fundamentally, Antonovsky understood that a 'scientific' approach to the phenomenon precluded prescriptions for the 'good life'. It has been the contention of this thesis that such ethical and moral prescriptions, as understood by 'plain-persons', are intrinsic to the social relations that either support or hinder engendering, accessing and using Generalised Resistance Resources. To demonstrate this, a descriptive phenomenological analysis of six memoirs of Australian prisoners of war on the 'Burma Railway' has been undertaken to clarify the nature and structure of such social relations. Various 'dialectics of valuation' and the phenomena of 'care' and 'marginalisation' emerged as important 'tools' for exploring the issue in terms of ethics. The method of analysis has been derived from Amedeo Giorgi's understanding of a Husserlian *inspired* approach to 'scientific' phenomenology. It was possible to compare the 'tough-minded' scientific approach of Antonovsky with an understanding of 'human' science more in keeping with the humanistic-existential approach to social psychology used as the orienting discipline for the research. The importance of Antonovsky's work for creating an integrative frame of reference for health promotion and public health research, education and practice has been elaborated. Other attempts to validate or critique Antonovsky's work have been explored and, in part, answered or complemented by this thesis. Also, a background to the circumstances of prisoners of war generally and prisoners of the Japanese working on the 'Burma Railway' more specifically has been outlined. To summarise, the thesis has sought to retain an integral understanding of the 'Sense of Coherence' Construct as it has been used to inform a salutogenic approach to health promotion within the broader ambit of public health which was the proximate rationale for undertaking the research.

Statement of authorship

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis submitted for the award of any other degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

Mark Anthony Hayes
08/12/10

Acknowledgement, dedication and thanks

I am both grateful and proud to acknowledge that I undertook this research while living and working among the Wurundjeri people of the Kulin nation. I would, therefore, like to pay my respects to past and present Elders and to thank them for this sanctuary of life that my family and I have enjoyed for more than two decades now. Thanks are due to the staff of Ngarn-gi Bagora Indigenous Centre, especially Nellie Green, for making it possible to better understand our relationships and obligations.

This research project is dedicated to all those who have suffered, and who have often died, as a result of conflict in the home, in the community and on the battlefield. It is also dedicated to all those who risked, and often lost, their lives for the sake of others. It is especially dedicated to the men of 'A Force' and their families.

I would like to thank my wife, Cathy Hayes *nee* Edwards, and our three adult daughters, Christina Michelle, Esther Marie and Rebecca Kay. Their lives have been somewhat overshadowed by this thesis at times. Their support and understanding was very much needed during this journey.

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Preface

In one sense, this thesis represents the labour of many years. In another sense, it is the work of a life-time and more.

I was born into a family whose tradition of military service can be traced back generation by generation for more than two hundred and thirty years. But, there is a living association with the military as well. My father and uncles served in my childhood. My brothers and cousins served in our youth. Now, as we grow older, the next generation serves.

As a leading petty officer in the United States Navy, I spent two of my seven years of service stationed near the terminus of the Bataan Death March on the island of Luzon in the Republic of the Philippines. Having grown up as the son of an Army artillery officer, I had heard the stories of the Death March and the Burma-Siam Railway. Allied prisoners of the Japanese were some of the heroes of my youth. Stories of chivalry (Scott), shipwreck (Defoe) and polar exploration (Amundsen) were also a part of my early formation.

As a result, I have been interested in the survival of men in arduous circumstances for most of my life. Indeed, I have come to realise how often men actually thrive, at least spiritually, in such conditions.

While in the Navy, I became responsible for the lives of young men during a time when military service was less of a source of pride than it had been in our childhood. Many of the men did not cope well with the issues of long separation, arduous duty, exposure to hostile action and loss of social prestige. Too many took their lives. Others drank themselves into oblivion each night while they were away from their homes. Yet, I was responsible for ensuring their ability to serve well.

Consequently, I became professionally, as well as personally interested in men's health. Deeply influenced by the work and orientation of Gordon W. Allport, I have studied the psychological, social and spiritual dimensions of well-being for a number of decades now. I have also been involved in the growth and development of the men's health 'movement' in Australia. My particular concern relates to the needs and aspirations of men who are often marginalised by their own societies.

Some time ago, these various interests coalesced into an idea about how a problem relating to Aaron Antonovsky's 'Sense of Coherence' Construct might be explored to the benefit of both men and women. This thesis is the realisation of that idea.

Chapter One: Introducing the Thesis

Living things act as they do because they are so organized as to take actions that prevent their dissolution into their surroundings.

*An Introduction to the Study of Man (1971:12), J.Z. Young
Zoologist*

Introducing Chapter One

The purpose of this thesis is to clarify somewhat a critical and, indeed, problematic aspect of Aaron Antonovsky's articulation of the Sense of Coherence (SOC), Generalised Resistance Resources (GRRs). The Sense of Coherence is a construct that Antonovsky developed to explain more adequately why it is that some people are better able than others to maintain their health amidst the various stressors encountered in living. Essentially, Antonovsky contended that those with a higher SOC, as measured on his Orientation to Life Questionnaire (the SOC Scale), are better able to appropriately access, engender and use GRRs. Such resources can be used by a person or community to relieve or reduce tensions that might otherwise lead to stress breakdown in an individual.

As will be seen below, Antonovsky was concerned to develop a salutogenic approach to health science, public health particularly, that would complement what he considered to be the more pathogenic approach taken by medical science. Significantly, he believed that a "tough-minded scientific" approach to the Sense of Coherence (SOC) Construct would preclude any prescriptions regarding values relating to 'well-being' (except for health narrowly defined) and the 'good life' (Antonovsky 1995:9-10). Specifically, he contended that "taking the SOC as an example of salutary factors, it must be emphasized that the content of its components – *perceiving the world as comprehensible, manageable and meaningful* – are morally neutral" (Antonovsky 1995:10, emphasis added). He further argued that "There is *no relationship* between one's values about how

human beings should live and a strong SOC” (Antonovsky 1995:11, emphasis added).

I will contend otherwise. In fact, I will argue that Antonovsky’s SOC Construct is incoherent when conceived of apart from adequate consideration of the moral and ethical domains of our ‘lifeworlds’. Furthermore, I will argue that health promotion research, teaching and practice conducted within the ambit of public health must be founded on an understanding of science that can account for both the natural dimensions, which we share with other animals, and the particularly human dimensions of our existence. Again, this requires a capacity to deal adequately with the ethical and moral domains of our everyday living. This should be no real surprise. Our everyday language about ourselves calls into question any fundamental separation of our ability to stand upright and strive in life from our uprightness as moral persons who provide requisite care for each other (Straus 1952:530).

In fact, Straus (1952) has carefully considered the upright posture of *homo sapiens sapiens* from a phenomenological perspective. He has concluded that it is foundational to our “Being-in-the-World”:

Because upright posture is the “*Leitmotiv*” in the formation of the human organism, an individual who has lost or is deprived of the capacity to get up and keep himself [*sic*] upright depends for his survival completely on the aid of others. Without their help, he is doomed to die. A biologically-oriented psychology must not forget that upright posture is an indispensable condition of man’s self-preservation. Upright we are, and we experience ourselves in this specific relation to the world. (Straus 1952:532)

This introduction will begin by outlining the rationale for undertaking the research. It will continue by further elaborating the concepts of *salutogenesis* and Generalised Resistance Resources (GRRs) with regard to the Sense of Coherence (SOC) Construct. A proposal will be made for using the life experiences of Australians on the ‘Burma Railway’ during World War Two to clarify the nature of the relationships involved in engendering, accessing and using GRRs. The memoirs of six of the men of ‘A Force’ in Burma afford the descriptive material required for

a phenomenological analysis of how people furthered the possibilities of their survival in marginal circumstances. A background to the experience of these men will be provided in this introduction and their circumstances will be further expanded upon in the second chapter of the thesis. Finally, this introduction will conclude with a clarification of key premises, tentative definitions and specific research questions.

A word about nomenclature with regard to the Railway would be useful at this point. The 'Burma Railway' is referred to both in the title and throughout the thesis. This indicates a concern for the precursors, issues and activities relating to the portion of the Burma-Thailand Railway constructed in Burma. If the full nomenclature is used, it refers to the whole operation as it generally unfolded in both Burma and Siam (Thailand).

Delineating the rationale for pursuing the research

Increasingly, Aaron Antonovsky's concept of *salutogenesis* and the Sense of Coherence Construct have provided a foundation for non-pathologising approaches to health promotion and public health (Eriksson & Lindström 2008). For instance, this is evident in the development of men's health promotion in Australia. In 1995, Dr. Carmen Lawrence, the Federal Minister for Health, sponsored the first national men's health conference in Melbourne. The speakers and presenters represented a variety of disciplines and perspectives seeking to deal with a wide range of issues (CDHSH 1996). However, I have contended that there has been a general tendency to adopt a more pathogenic approach which views men's health, or rather their poorer health outcomes when compared to women, as a problem to be solved by experts (Hayes 2003). I have also sought to demonstrate that even the language used by those seeking to engage the issues has often implied that the men *themselves* were the problem (Hayes 2002).

Research emerged that indicated that there was an alternative to this more pathologising perspective. For instance, work commissioned by the Victorian Department of Human Services and the Victorian Health Promotion Foundation suggested that men in safe, well-facilitated groups associated with their networks

could and would discuss and seek to deal with the factors influencing their health (Hayes 2001). Additional research identified critical issues facing older men who sought to access health and welfare services (Thomas et al. 2002). A number of proposals regarding the creation of 'safe' spaces were made and funding was provided for programs focusing on a more positive approach to working with men (Thomas et al. 2002; Hayes & Williamson 2007). Antonovsky's concepts were foundational for much of the work being carried out in Victoria. These endeavours also drew heavily upon the Ottawa Charter for Health Promotion (1986) with its new '*technologies*' which include: a) a definition of health promotion focused on a *process of enablement* with regard to individuals controlling factors affecting health, b) three integrative *principles for guiding action* socially (enabling, mediating and advocating), and c) five dynamically interrelated and somewhat hierarchically oriented *priority actions areas* (*developing* personal skills, *strengthening* community action, *creating* supportive environments, *reorienting* health services towards primary health care, and *building* healthy public policy).

The concept of *salutogenesis* was also adopted by a number of researchers and practitioners in other States (Macdonald 1999; Macdonald & Crawford 2002). The salutogenic approach to men's health was adopted by the Men's Health Information and Resource Centre (MHIRC) which has been associated with the University of Western Sydney and has been supported by the New South Wales government for nearly a decade. Furthermore, the salutogenic approach has also influenced the development of the Australasian Men's Health Forum (AMHF) which, for several years now, has taken responsibility for organising the National Men and Boy's Health Conferences, as well as the National Indigenous Male Health Conventions in Australia. This influence has also been felt in both the National and the various state Men's Sheds Associations (Morgan et al. 2007).

However, while Antonovsky's concept of *salutogenesis* and the Sense of Coherence Construct have been important for changing the focus of men's health promotion from pathogenic to salutogenic approaches, there is a point of concern for those whose disciplines are based in humanistic-existentialist traditions. This is especially true of those who are working in programs seeking to create 'safe' spaces for people to determine and act upon their own health related concerns in

marginalised circumstances (Bulman & Hayes 2008). Such health promotion work is often founded on ethical commitments to mutual care and a growing consensus of what the 'good life' might entail. The problem arises due to a premise held by Antonovsky as outlined above. He posited that health should be defined narrowly in terms of 'functional' or 'survival' values (Antonovsky 1991a:np). He maintained his position by contending that questions about 'non-survival' values or the 'good life' are irrelevant to the 'scientific' investigation of the Sense of Coherence Construct. In more technical language, Antonovsky stressed that health and morality were orthogonal or mutually independent (Antonovsky 1995:12). As I indicated earlier, I will argue that this is not the case. To do this, I will be paying particular attention to GRRs and their relationship to the SOC Construct.

Elaborating *salutogenesis*, the SOC Construct and Generalised Resistance Resources

Aaron Antonovsky (1967b) described himself as a 'conflict' sociologist whose early work explored the effect of social inequalities on people's life expectancies. He was interested in the question of why it is that some people are able to maintain a remarkable degree of health in 'unhealthy' circumstances while others are prone to health breakdown. This curiosity was particularly piqued by his research with female survivors of the Nazi death camps (Antonovsky et al. 1971). To answer his question, he began to focus on the general *dis-ease* [one of Antonovsky's neologisms] caused by stress breakdown as opposed to specific diseases. Eventually, he was to ask significant questions about the generation of health, or *salutogenesis* to use another term that he coined. Early on, Antonovsky (1972) placed his work in the broad stream of public health as a medical sociologist. He sought both the restructuring of the health professionals' role and the refocusing of research in medical sociology towards health (Antonovsky 1972:543).

In a seminal article, Antonovsky (1972) sought to supplement the three 'foundational' steps in understanding the progress of illness (*agent, environment and host*) by proposing a fourth, *breakdown*. He was building on the work of Rene Dubos who had suggested that a 'magic bullet' approach to treating diseases by

isolating and treating agents (germs) was doomed to failure (Dubos 1968). However, Antonovsky found Dubos wanting with regard to the latter's failure to move beyond the traditional 'epidemiological triangle' that focused on the causes of *discrete* diseases rather than dis-ease, or breakdown (Antonovsky 1972). For Antonovsky, stress breakdown "*is a result of the unresolved disturbance of homeostasis*" (Antonovsky 1972:541, italics original).

This *homeostasis* can be disturbed by stimuli from either inner or outer 'environments' or both at once. Antonovsky was careful to point out that the tension caused by what he would later consistently refer to as stressors is not bad in itself. It is, in fact, a normal part of life and can give life its vitality and zest. However, tension that is left *unresolved* disallows a regular return or recycling back to an adequate degree of equilibrium required by the human organism. While some would suggest that we can improve life by removing the demands or stressors, Antonovsky endorsed Dubos' view that life is inherently demanding. Therefore, Antonovsky sought to focus on the "*generalized resistance resources which can be applied to meet all demands*" (Antonovsky 1972:541, italics original). Antonovsky explained that, as a sociologist, he chose examples of Generalised Resistance Resources (GRRs) that obtain as a result of social relations (Antonovsky 1972:542).

Although he demurred from fully elaborating on what the breakdown concept would mean in terms of society in general, Antonovsky did point out in this article that there was "an intimate relationship between the culture a person is socialized into, the social system in which he [*sic*] participates, and the resistance resources available to him" (Antonovsky 1972:542-543). His reflections on GRRs enabled Antonovsky to suggest that they were a positive corollary to therapeutic coping resources required when unresolved tensions become pathological. This led him to emphasize a positive approach for health professionals that would focus on augmenting "the resistance resources of people *prior to breakdown*" (Antonovsky 1972:543, emphasis added).

Antonovsky's thought allows researchers to explore the influence of various environments and the ways that various men and women engage with them. It can provide insight into how the vital needs of people as individuals and

members of groups can be met through various social processes. The SOC Construct that Antonovsky eventually elaborated suggests that three dimensions are important: the ability to understand, manage and make meaningful one's experiences (Antonovsky 1979; Antonovsky & Bernstein 1986). The stronger one's SOC, the more likely that one will engage in flexible and contextually appropriate ways to gain access to and use GRRs. As a result, someone with a higher SOC is more likely to be healthy, *all things being equal*.

However, it is important to note that there are limits to the usefulness of Antonovsky's Construct as it is generally understood and operationalised. These limitations have to do with a failure to adequately account for the nature and structure of the relationships that either support or hinder the engendering, accessing and using of GRRs in a *particular* situation or circumstance. This thesis seeks to clarify the nature of the relationships which support or hinder engendering, accessing and using GRRs. Of special concern is the ethical or moral dimension of such relationships. As was mentioned earlier, Antonovsky was first intrigued by the experiences of Jewish women who had survived the Holocaust. This research will explore the experiences of Australian male prisoners of war who worked on the 'Burma Railway' from 1942-1943.

Learning from stories of survival in marginal circumstances

Gerth and Mills (1953:76) contended that one's attitude towards one's self and one's relations to others can make the difference between life and death in some circumstances. Take the circumstance of imprisonment during the Second World War of the last century. The two sociologists observed that the people who typically survived cared for more than their own lives. They cared for each other. Those (Lone Wolves) who adopted the attitude that survival was a game, where some will win at the expense of all others, set the conditions for their own potential extinction (1953:76). So, there is at least one line of thought which contends that surviving is often something more than an individual and physical feat. In some marginal situations, survival can be both a social and spiritual accomplishment in which one's ethical or moral perspective plays a critical role.

This should not be overlooked by researchers.

In fact, Australian men have demonstrated this point about survival repeatedly. This has been recounted in their explorations of Antarctica (Mawson 1930; Laserson 1947; Hurley 1948). Additionally, they have demonstrated this during the horrors of war and internment (Adam-Smith 1998; Mitchell 2007). In this regard, the stories of the events involving thousands of men on the Burma-Thailand Railway during the Second World War are invaluable in terms of what can be learned about the importance of values for surviving in marginal circumstances. For, there are two salient facts about that life and death struggle.

First, the stark reality that, for all the depredations they suffered, the officers survived at greater rates than other ranks on the Burma-Thailand Railway. The social divisions occasioned by prestige, status and power relations had differential effects on the likelihood of survival (Beaumont 1983). Yet, for those willing to take the risks and make the effort, the officers' very position of authority provided an opportunity to protect other ranks from the worst abuses, and to establish relatively effective and efficient organizational structures. Second, Australian prisoners survived at greater rates than British prisoners of war under similar circumstances. For instance, on 'F Force', only 29% of the Australians died in contrast to 61% of the British (Nelson 1985, p. 66). They also survived more readily than the civilian labourers who arrived and actually worked in the same areas on the Burma side (Brett 1946).

There are a number of 'cultural' reasons given for this by various commentators. These are usually discussed with regard to the Australians' typically superior physical conditioning and general health, their inventiveness and humour, and their supposed unbreakable social cohesion and loyalty to each other. However, it should be noted that similar claims are also made for the service personnel of other countries (Kerr 1985; Daws 1994; MacArthur 2005). Additionally, there may be an important combination of institutional and cultural reasons for the Australians surviving at higher rates than the civilian workers in Burma. For instance, there was virtually no infrastructural support provided to the civilian workers in terms of food and medical attention and the hygiene practices of the workers were inappropriate for the conditions (Nakahara 1991, 1993; Smith

2000).

Exploring how and why life chances were affected positively or negatively on the 'Burma Railway' provides an opportunity to demonstrate the importance of the ethical and moral domains for survival. This can be done by focusing on the *relationships* that hinder or support the engendering, accessing and using of resources that sustained life. The ethical and moral dimensions of these relationships will be of particular concern. In this thesis, I will be using the terms 'ethical' and 'moral' in a broader common-sense, or a 'plain-person' sense, rather than in a narrower technical sense.

In common usage, both terms refer to behaviour considered as either good/bad or right/wrong. There is typically little explicit thought given with regard to the basis for making these evaluations. Yet, there is at least a *tacit* awareness that ethical and moral behaviour has to do with values and beliefs. This is the key issue for this thesis. Additionally, the 'plain-person' does not usually give much consideration to distinguishing between generally accepted standards of personal behaviour as such (morals) and a systematic and explicit reflection on principled behaviour (ethics). Thus, these two terms and their adjectival forms may be used interchangeably at various points in 'everyday' conversation.

Using a broader, common-sense approach to these terms in this thesis is a conscious choice. It has to do with a conviction that the thesis should first demonstrate the desirability of employing a more philosophically adequate understanding of science for dealing with the Sense of Coherence Construct and *salutogenesis*. Afterwards, it would be appropriate to embark on the task of delineating a philosophical anthropology that deals with ethics and morals in a more technical fashion.

The use of extreme examples, such as those relating to the 'Burma Railway', has proven fruitful in other areas of psychological exploration. For instance, when seeking to explore the nature of religious experience from a psychological, but not a reductive medical-materialist perspective, William James (1977:25-45) selected human documents articulating the extreme versions of religious experience. He did this to explore and articulate that which is more easily overlooked in mundane experience and its expression. Yet, James argued that

there was a congruence of essential structure in both types. The question remains as to how we might systematically, critically and rigorously engage such stories in useful ways. This thesis is but one attempt to do this. Many more ways can, no doubt, be engaged to our profit. It is time to introduce the cohort to which the men supplying the memoirs belonged.

Introducing the men who built the ‘Burma Railway’ during 1942-1943

Shortly before the bombing of Pearl Harbor on December 7, 1941, the Japanese began their campaign against the allies in Southeast Asia. By February 12, 1942 the allies who had taken defensive positions on Singapore Island surrendered to the invading Japanese forces. They had given due consideration both to the precarious position of the civilian population whose vital supplies had been cut off and to what was perceived to be an untenable military position. While other forces in the region continued to resist for the next month, the Japanese were now in possession of nearly 85,000 Allied troops, which represented a significant labour pool (Wigmore 1957).

Initially some 3,000 Australian prisoners at Changi in Singapore were selected for the first working party to be sent to Burma (Sweeting 1957). They would be under the command of an Australian, Brigadier Arthur Leslie Varley. Known as ‘A Force’, they left Changi in May 1942 by cargo ship and were landed in three groups or ‘forces’ at Victoria Point, Mergui and Tavoy in Burma. The ‘forces’ carried out various tasks such as rebuilding aerodromes and other maintenance work. By October 1942, they started their work on the Burma-Thailand Railway (BTR) at Thanbyuzayat on the Burma side (Sweeting 1957). The Allied command at Changi had ensured that ‘A Force’ was an integrated military unit capable of fighting if liberated.

Additional Australian, as well as Dutch, British and American personnel were added by the Japanese through time (Sweeting 1957). Eventually Branches 3 & 5 had more than 10,000 men under Brigadier Varley’s command. However, Branch 5 was comprised of men from various places and operated under a different Japanese headquarters than Branch 3. The senior Australian officer of

this branch was Major Robertson (Sweeting 1957). It was some time before Brigadier Varley's influence would benefit these men.

This research will use stories obtained from the memoirs of six men to explore and somewhat clarify the nature and structure of the relationships that support or hinder the engendering, accessing and using of what Antonovsky termed 'Generalised Resistance Resources' (GRRs). These are the material, personal and social resources that people use to cope with stressors so as to avoid stress breakdown. Such resources are often engendered or brought into being in the context of specific relationships and only in the context of these relationships. Trust would be an example of this sort of resource that might be 'used' to take risks to secure other resources that one might not otherwise be able to obtain. For instance, to walk across a rickety bridge to gain medical assistance on the other side of a ravine while temporarily blinded might require the steadying hand of a trusted friend.

Other resources have some independence from one set of people and are often under the control of others with whom one does not have regular contact. It is typically necessary to operationalise a 'special' relationship with others to access such resources. Then, the resources can be used independently of those who provide the initial access. For instance, a person might need to demonstrate to a supply clerk that she or he has permission access food or mechanical stores. However, having demonstrated the permission of a higher authority, the person can access and, then, use the supplies as they determine for themselves.

Finally, it is sometimes necessary to have the assistance of someone else to repeatedly use a resource that one has permission to access. Often the trust required is related to a system or a set of competencies and not the character of the other person apart from some minimal requirements. For instance, if a person is required to fell a tree with a cross-cut saw requiring two people to operate, he or she will be mainly concerned that the other person is willing to do the job and competent in terms of strength, rhythm and balance. One would also be concerned that the other person possessed practical judgment in terms of the general and special conditions involved in felling a tree safely.

The men selected to supply the memoirs with which to explore the nature and structure of the relationships of interest represent the various distinct 'forces' comprising Branch 3 of 'A Force' on the 'Burma Railway'. As per the conventions used in the *Blue Haze* (Hall 1985, 1996) and *Tattered Remnants* (Burgoyne 2002), these forces are referred to by the names of their commanders: (*Lt. Col.*) Anderson, (*Lt. Col.*) Williams, (*Lt. Col.*) Black, (*Maj.*) Green, and (*Lt. Col.*) Ramsay. Most of these men worked under increasingly appalling conditions for a year to build an alternate supply route for the Japanese. The Japanese urgently required the railway after increased Allied air and sea activity effectively closed the sea-lanes as a line of communication to the 'Burma Front' (Brett 1946).

This land route had been deemed by a British survey party to be impracticable because it would take several years to build a railway through the isolated and difficult terrain with little assistance from modern machinery. Additionally, the survey party had indicated that there was a high incidence of cholera infection in the region annually which would place any labourers at great personal risk. In spite of all this, the senior officers at Japanese Headquarters command were determined to complete the railway by August 1943 (Nakahara 1991). They would do this even if it cost the lives of every prisoner who was working on the project. In the end, the Railway was not completed until October 1943 and it cost up to half the lives of the 190,000 civilian workers (Nakahara 1991, 1993). The next chapter will look more closely at the situation and circumstances of the prisoners of war.

Clarifying key premises, initial definitions and research questions

This research proposes that analysing the stories of survival on 'A Force' in Burma (1942-1943) should: (a) increase our understanding of the relationships that support or hinder people engendering, accessing and using 'Generalised Resistance Resources' (GRRs), (b) help us to appraise Antonovsky's Sense of Coherence Construct and the place of ethics and morality, and (c) better inform health promoting practice with people in marginal circumstances. Thus, the following research questions can be outlined:

- By phenomenologically analysing the ‘stories’ of the men of ‘A Force’ in Burma (1942-1943), what can be learned about and from the relationships that supported or hindered the engendering, accessing and using of GRRs?

More specifically:

- What is the nature of these relationships?
- How are they structured?
- What is the place of ethics or morality in these relationships?
- What does this tell us about the adequacy of Antonovsky’s construal of the Sense of Coherence and its relationship to GRRs in terms of working with people in a salutogenic fashion when practicing, teaching or researching health promotion from a humanistic-existentialist perspective within a broader public health ambit?

An underlying premise of the thesis is that the social determinants of health include the nature and structure of the relationships that either support or hinder the engendering, accessing and using of the GRRs required to relieve the tensions that can lead to stress related breakdowns. From a humanistic-existential social psychology perspective, I began the research by tentatively defining relationships as the ongoing interactions of sentient beings mediated by personal, communal, societal and cultural expectations. They may be implicit or explicit; direct or indirect. They may have both intended or unintended consequences, such as the supporting or hindering the engendering, accessing and using of GRRs. While mindful of the limitations of their views regarding the concept, I began this study with an understanding of marginalisation based on the early work of Antonovsky and his various interlocutors (Antonovsky 1956, 1960, 1967a; Kolaja & Kaplan 1960; Henderson 1964; Dickie-Clark 1966). From this perspective, marginalisation can be thought of as the process of becoming, or the condition of being, diminished in one’s standing compared with another person, group or society that one must ‘live with’. Marginalisation can effectively reduce the capacity to fulfil the aspirations required to *thrive* personally, socially and

culturally. In the extreme, marginalisation may also inhibit the ability to *survive* as Antonovsky (1967b) argued.

Outlining the specific intentions of the various chapters

Chapter Two will further elaborate the circumstances of prisoners of war in general and those who were prisoners of the Japanese more particularly. It will also scrutinize more carefully the circumstances of the prisoners working on the 'Burma Railway'. Finally, the chapter will delineate a critical pathway from research on the survival of prisoners to the work of Aaron Antonovsky.

Chapter Three is concerned to elaborate Antonovsky's model and construct more fully. The chapter will begin by outlining its significance for health promotion and public health. Then, it will explore the development and substance of the Sense of Coherence Construct. Chapter Four is intimately related to Chapter Three and seeks to investigate important attempts to validate and critique Antonovsky's work.

Chapter Five will seek to establish the descriptive phenomenological methodology that will be used in approaching the prisoner of war writings that are of interest. It draws upon the work of Amedeo Giorgi (1970, 1997) and Stephan Strasser (1957, 1963, 1969, 1985) with regard to an approach to human science research developed at Duquesne University in the 1960s and 1970s (von Eckartsberg 1986, Tesch 1990). It seeks to create distinctions between the natural and human sciences without disassociating them as is sometimes done by some qualitative researchers (Robbins 2008). This is important for the health sciences which must deal with the complexities of embodied psychosocial beings that are, more or less, embedded in social structures and cultural systems.

Chapter Six will seek to lay out the results of the analysis of the prisoner of war writings. The descriptions of key aspects of the phenomenon of interest will be unfolded in stages so as to aid the understanding of readers. Examples from and references to the memoirs will also be used to elucidate the descriptions. It should be noted that the materials can be approached in a variety of ways by readers. For instance, they can be considered historically, conceptually, and in

terms of application. However, as stated previously, the primary method used in this thesis is phenomenological clarification.

Chapter Seven will discuss the fundamental research questions in the light of these findings. It will do this with particular regard to how knowing these things might help us to understand both the possibilities and issues of using Antonovsky's insights when working with people in salutogenic fashion while practicing, teaching or researching health promotion from a humanistic-existential perspective within a broader public health ambit. Finally, Chapter Eight will review the key dimensions of the research and will identify the limitations of the project. It will suggest various ways in which the research can progress in the future and why this might be important.

Anticipating the distinctive contribution of this thesis

By way of anticipation, this thesis makes the following distinctive contributions which will be elaborated more fully in the chapters that follow. It demonstrates the need to account for ethics and morality when considering the Sense of Coherence Construct, the concept of *salutogenesis*, and Quality of Life Models seeking to operationalise Generalised Resistance Resources through the technologies of the Ottawa Charter for Health Promotion (1986). The thesis also positively clarifies the various dialectics of valuation of worth engaged in by people seeking to respond to their own claims for care and the claims of others. It will delineate the four essential aspects of care: shifting awareness, deliberation about need and response, acting to enhance capacity and terminating the specific act of care. Further, a requisite dimension to Generalised Resistance Resources (GRR) is delineated that extends our understanding of GRRs. This deepened understanding can be used as a basis for the further research that is required in this somewhat overlooked dimension of Antonovsky's work. Additionally, the thesis will re-examine the concept of marginalisation through the specification of what it is that constitutes hindering or supporting relationships. The importance of moral stability in the social domain and moral integrity in the personal will be highlighted. Finally, the thesis will specify three ways that its findings can be used

by practitioners, researchers and educators seeking to promote the health of both men and women within the ambit of public health. In summation, by demonstrating a limitation in Antonovsky's explication of the Sense of Coherence Construct, this thesis argues for an approach to developing health promotion theory that combines both natural and human science perspectives as is appropriate to the phenomenon being investigated and the questions being raised.

Chapter Two: Surviving as an Allied prisoner of war in Asia

But what is the survival mechanism of the defeated, the prisoner of war? How are soldiers who have been trained to fight but are then deprived of their *raison d'être*, to cope with the realities of defeat? While the survival of soldiers at war depends on the interaction of numerous factors, the survival of POWs depends largely on three factors--the treatment meted out by the captors; the conditions under which they live; and the devotion, loyalty, initiative and comradeship of their fellow prisoners. In the war in the Pacific, 1941-1945, Allied prisoners of war were treated like criminals; used as slave labour; subjected to the rotting hell of jungle that is inimical to human life, particularly to white men; killed by tropical diseases; starved.

The Survival Factor (1989:8), Captain Rowley Richards
Medical Officer, 'A Force', 'Burma Railway' 1942-1943

Introducing Chapter Two

MacKenzie (1994:487) contends that, during World War Two, upwards of 35 million personnel were held captive for some length of time. By the time of the final repatriations, he estimates that approximately 5 million of these had died due to the failure of captors to respect the terms and agreements of the 1929 Geneva Convention (MacKenzie 1994:487). The Australians who were prisoners of war may have been a small percentage of the total, yet imprisonment was a significant issue for a very large number of Australians relatively speaking. Reid (1999) has reported that more than 7,000 Australian troops were taken captive in the Middle East and the Mediterranean during the Second World War. Yet, perhaps the most pervasive image of captivity for Australians is that of Allied prisoners of the Japanese during the same war. Often, according to historians such as Nelson (1974) and Havers (2000), it is an image *identified* with Changi Prison on the island of Singapore. However, the image was typically *derived* from pictures and portraits of the 'Forces' that built the Burma-Thailand Railway (Nelson 1974; Havers 2000). They laboured under harsh circumstances that caused almost unimaginable suffering for the prisoners. Still, MacKenzie (1994) claims that,

during World War Two, the circumstances of prisoners of war varied remarkably.

With the surrender of Singapore, the British Empire lost something on the order of 85,000 troops according to Beaumont (1996a:29). Many of these were Indian. This compares with the loss of 25,000 American personnel in the Philippines, for the most part, and elsewhere in the Asia-Pacific region according to Kerr's (1985:7) estimation. Of the British Empire losses in Singapore, approximately 15,000 personnel were Australians (Sweeting 1957:511). Another 6,000 or more Australians were taken captive on Java, Timor, Ambon and New Britain (Sweeting 1957:511). While these prisoners were mostly men, there were also women, such as Army nurses, who were taken into captivity (Jeffrey 1954; Simons 1954). There were relatively significant numbers of civilian men, women and children who were also interned (Kennedy 1987, 1989; Nakahara 1989, 1999). With these introductory remarks in mind, it is now time to examine the main issues of this chapter. The next section will consider the survival and recovery of Allied prisoners of war generally. Then, the sections that follow will: a) examine the circumstances of the prisoners of the Japanese more specifically, b) focus on the POWs who worked on the Burma-Thailand Railway; and, finally, c) investigate a salutogenic approach to considering survival.

Considering the survival of allied prisoners of war generally

Who is and who protects a prisoner of war?

For the purposes of this research, a prisoner of war is a person who has been recognised as an enemy combatant by a properly constituted authority, who has surrendered to the said authority, and who has been taken into the custody or keeping of such an authority which has agreed to accept primary responsibility for the well-being and care of the enemy combatant in the place of their normal military hierarchy until such time as the enemy combatant can be repatriated (Krammer 2008:97-144). Thus, a former combatant may remain a prisoner of war for some time after conflicts between nation states have ceased formally. Each of these distinctions is important as they affect various aspects of survival relating to accessing resources, general and special treatment, and judicial decisions relating

to punishments. They are heavily influenced by modern codes of military justice and the articles of the Geneva Conventions (1929) (Reid & Michael 1984).

These distinctions were beginning to be made even before the Hague Convention sought to regularize these usages of war in 1907. For instance, this is somewhat evident in the final article, number thirteen, of the so called *Treaty of Portsmouth* signed by Russia and Japan on 14 October 1905 (*New York Times* 17 October 1905, p.6). However, the survival of a prisoner of war is still dependent on a complex set of circumstances that have played out differentially since the negotiation and acceptance of the armistice which concluded the Franco-Prussian War in 1871 (Howard 2001). Otterbein (2000) argues that we are never very far from returning to the perception that the survival of the enemy combatant is an inconvenience to be avoided.

Thus, whether or not conflicting parties have signed the various versions of the Geneva Convention is only one aspect of determining how prisoners will be treated. This is because the combat forces of signatory nations have often failed to fully adhere to each aspect and all articles of the Convention in the exigencies of the moment (Reid & Michael 1984; Beaumont 1996b). MacKenzie (1994) has delineated salient elements required for the protection of prisoners of war. Perhaps the most important aspect is fear of retaliation against friendly prisoners of war should a nation have failed to care for the prisoners for which it has accepted responsibility. Even among nations receptive to the principles of the Geneva Conventions, compliance often has required the presence of representatives from a neutral body such as the International Committee of the Red Cross (MacKenzie 1994:518).

However, as we will see with regard to prisoners of the Japanese in the next section, MacKenzie (1994) is at pains to note that even fears of retaliation were often insufficient for preventing inhumane treatment and atrocities. This is especially the case when the enemy is vilified and demonized within a larger ideological context as was the case for both sides in the Russo-German war (MacKenzie 1994:519). A loss of empathy for the enemy as a fellow human-being has repeatedly meant that they could be conveniently dehumanized and treated with less respect than one would accord a domestic animal. Ironically, as the

Enlightenment emphasis on human rights gained greater currency during in the twentieth century, greater use of sophisticated techniques was required to desensitize populations and military personnel to the *shared* humanity of the enemy (Dower 1986:11). Dower (1986) argues that directing negative propaganda towards friendly troops may be now more important than directing positive propaganda towards the enemy.

Surviving as a prisoner of war

Within this larger problematic is another set of issues to be explored in terms of the survival and recovery of prisoners of war. My discussion in this section will be heavily influenced by the writings of Edna J. Hunter as they relate to Vietnam Era Prisoners of War. She was associated with the long defunct San Diego Center for Prisoner of War Studies which was a research project of the US Armed Forces. I will also end the chapter with a discussion of research related to Hunter's work. This will provide a bridge to the work of Aaron Antonovsky in the area of *salutogenesis*, or health-creation. Antonovsky's concerns will be explored in the two chapters that will follow. It should be noted that the numbers of Vietnam era prisoners of war was quite small compared to other conflicts involving the United States. Additionally, the prisoners were often held in solitary confinement or in much smaller groups than was the case in the Second World War (Hunter 1976, 1993). However, there are sufficient similarities between prisoners of war of various periods for this work to provide a general background for understanding the experiences of these prisoners.

What makes beginning with these POWs useful is that they were intensely studied in the light of the emerging paradigm of post-traumatic stress disorder (PTSD) which was a more refined conceptual tool than had been used hitherto in terms of mental health assessment (Hunter 1991; Solomon 1993; Solomon et al. 1994; Engdahl et al. 1997). This has also allowed for a reorientation in the way older prisoners of war and combat veterans are researched (Zeiss & Dickman 1989; Rosenheck & Fontana 1994; Vaillant et al. 1999; Port et al. 2001). What is also important about Hunter's work was her contention that there are positive things to be learned from the prisoners of war who survived and integrated

themselves back into military life, their families and society (Hunter 1993). For all the pathologies, prisoners developed strengths and built new resources (Hunter 1978:206; Hunter-King 1998). The call for more attention to protective factors and their role in both *preventing* negative effects resulting from exposure to trauma and *recovering* from such effects has been taken up more recently (Engdahl et al. 1993; Ursano, McCaughey & Fullerton 1994; Engdahl et al. 1997; Berstein 1998; Agaibi & Wilson 2005). Finally, more than the individual responds to traumatic situations; the community must also respond and renegotiate its resources (Monnier & Hobfoll 2000).

It is important to keep in mind Macdonough's (1991) contention that there are specific stressors related merely to being in the military. The stressors and resulting stress potentials are multiplied by both combat and captivity (Solomon 1993). Yet, Hunter suggests that captives can tolerate much harsher treatment than they would ever have thought possible before becoming a prisoner of war. She also suggests that the key issues are maintaining both a will and a mind to live (Hunter-King 2000:304).

Additional factors that assist in coping, especially during longer periods of incarceration, are mutual support, being somewhat older, being committed to one's professional military career rather than merely being a conscript, and having a strong 'internal locus of control' (Hunter-King 2000:303). Lengthy captivity is more likely to give rise to more enduring effects than shorter periods of captivity. Also, using research on World War Two veterans, Port et al. (2001) have noted that, while the pattern of PTSD symptoms may ameliorate with time initially, increased PTSD symptom levels have been found in older survivors. Significantly, Hunter reminds us that not all former prisoners of war will necessarily suffer from PTSD (Hunter-King 2000). This has been confirmed by other research (Solomon et al. 1994). Much will depend on how the prisoners *perceived* their circumstances during captivity and how they *responded* to these perceptions.

According to Hunter, each person will develop the coping strategies that are most beneficial to her/him (Hunter-King 2000:304). Valent argues that there are a number of survival strategies available to people in traumatic situations and their aftermath that have biological, psychological and social dimensions (Valent

1998:120-121). These strategies can either be adaptive or maladaptive, and they include: rescuing, attaching, asserting, adapting, fighting, fleeing, competing and cooperating (Valent 1998: 120-121). However, Hunter notes that “effective coping strategies that evolve during incarceration tend to be quite similar, regardless of culture, location or time in history” (Hunter-King 2000:304).

Having said this, Hunter was concerned to argue elsewhere that each prisoner of war experience is unique because of both the distinctive set of circumstances and the individual persons involved (Hunter 1991:741-742). Hunter contends that each prisoner of war experience results in residual physical effects which may vary greatly between people. However, long-term psychological effects “tend to be more similar for all captivity experiences, whatever the situation and regardless of who the captor might be” (Hunter 1991:744-745). Therefore, it might be useful to distinguish between the *experiences* of being a captive from *responses* to captivity in terms of coping strategies that are more or less effective in specific situations.

There has been a tendency to focus on either the physical (Page & Ostfeld 1994) or the psychological (Sutker et al. 1993) aspects of combat and captivity. However, as the work of Eberly and Engdahl (1991), Hunter (1991) and Nice et al. (1996) demonstrates, this distinction in emphasis is not always helpful or necessary. Additionally, some researchers have specifically contended that there is a dimension that is uniquely personal (embodied) and a dimension that seems to be structurally similar across prisoner of war events and their consequences (Segal, Hunter & Segal 1976; Ursano, McCaughey & Fullerton 1994).

Significantly, Page (1992:11) indicates that, apart from psychiatric illness, former prisoners of war from the Second World War and the Korean Conflict do not have appreciably higher rates of ill-health when compared to their “non-POW veteran counterparts”. However, from their Veterans Administration related research, Rosenheck and Fontana (1994:339) contend that combat veterans from the Second World War, Korea and Vietnam do “report poorer overall health, more frequent health related work limitations, and more frequent mental health problems than noncombat veterans.” They (Rosenheck & Fontana 1994:339) argue that this suggests “an adverse impact of combat experience on general health and

mental health status.” If this is true of combat experience, than I would argue that it would also be true of captivity under arduous circumstances.

In any event, in order to survive, a prisoner of war must find meaning in what is, in terms of ‘normal’ life, an extreme aberration (Hunter 1991; Valent 1998). This requires that prisoners of war discover ways of integrating this experience into the whole of their lives in a manner that allows them to move forward psychologically (Hunter 1991). Drawing upon Allport’s interview with Viktor Frankl and research relating to Polish survivors of concentration camps, Segal, Hunter and Segal (1976) contend that having a cause to fight for, or a reason for living, reduces one’s vulnerability to stressors and enhances one’s resistance to illness and collapse.

Hunter raises the very vexed issue of the moral and ethical dimensions of captivity. She asks penetrating questions for which there are still few answers. However, she does call into question the idea that prisoners of war can be held wholly accountable for their actions under extreme duress (Hunter 1983). She contends that the ability to resist coercive persuasion is highly dependent on the strength of a person’s internal locus of control (Hunter 1991). Other research also indicates a strong correlation between higher moral development and the blunting of the effects of combat severity on PTSD (Berg et al. 1994). Zeiss and Dickman (1989) also found that those with higher rank had less severe symptoms and that preferential treatment for higher ranking personnel did not entirely explain this outcome.

Beaumont’s (1983) important work on rank, privilege and the survival of prisoners of war should be read with this cautionary note in mind. To attain a higher rank often means the demonstration of a maturity that develops as one grows older *and* takes on more responsibility for one’s self and others. Beaumont notes that some officers used the deference shown to them as a means of caring for others who were less well positioned and that sound leadership has a great deal to do with survival (Beaumont 1983, 1988). Significantly, Alison Pilger (1993) demonstrates in her historical research on the medical evacuation from the Kokoda Track from August to October 1942 that the same sort of courage,

endurance and initiative required for leadership in combat is often required to care for the wounded in arduous circumstances.

In their research with former prisoners of war, Dieperink et al. (2001) found that those with more secure attachment styles scored considerably lower on measures of PTSD than those with less secure styles. Additionally, attachment style was a stronger predictor than trauma severity. Solomon et al. (1998) had obtained similar results in their research on attachment style and had also found that high-sensation seeking prisoners, those requiring and obtaining higher levels of stimulation, adjusted better than those who were deemed to be low-sensation seeking prisoners (Solomon et al. 1995). Lest this all seem like an endeavour of the individual alone, it is worth noting an observation made by O'Connell and found in Hunter (1978:206):

It is now apparent that the process of recovery from the stress of shootdown, capture, captivity, and repatriation appears to *require*, among other things, recovery of self-esteem through reintegration with the group: the POW group, the military, the family and society...To the degree that there is failure, there will be...psychopathology. We are by nature 'beingwith' creatures. (O'Connell 1976:21-22, emphasis original)

Examining the circumstances of Allied prisoners of the Japanese generally

Significantly, there have been an increasing number of more comprehensive and scholarly works relating to Japanese prisoners of war made available to Australians, Americans and the British over the last three decades. Gavan Daws (1994, 2004) has republished his broadly ranging *Prisoners of the Japanese* which carefully retraces the conditions and experiences of the Allied (American, British, Dutch & Australian—ABDA) prisoners of war. Brian MacArthur (2005) has published a similar book under the title of *Surviving the Sword: Prisoners of the Japanese 1942-1945*. He drew upon the diaries of the Americans, Australians and British, as well as other sources. Similarly, drawing on a number of different sources, Kerr (1985) recounted in detail the often harrowing experience of the American prisoners of war throughout the extensive Pacific Theatre. Through interviews with the former prisoners, La Forte et al. (1994) also provide

vivid accounts of captivity experienced by the Americans who were held in Japanese prison camps across Asia between the years 1941 to 1945. Similarly, based on interviews and other sources, Hank Nelson (1985) provided a striking portrayal of Australian men *and* women held captive by the Japanese as prisoners of war. La Forte and Marcello (1993) also interviewed the relatively small number of American's on the 'Burma Railway'.

In summary, what do these accounts tell us about being an Allied prisoner of war in the Pacific? First, they help us balance our views about the valour of one nation's soldiers in comparison to those of other nations. It is clear that each nation possessed men and women of courage, compassion and humour. They also had personnel whose highest ideals only focused on their own survival; this was sometimes at the expense of their comrades. It is also clear that, despite high values and aspirations, some circumstances led to the nearly complete degradation of those who were forced to endure them (Roland 1989). Happily, most prisoners were able to care for themselves and each other with a least minimal dignity for much of their captivity. The presence of officers who were prepared to act as a buffer between the Japanese and the prisoners also enhanced survival chances. In some cases, the administration of the camps was undertaken by Allied officers to a greater or lesser extent. This in itself may have greatly reduced the death rates of prisoners.

Still, the fact that the Japanese had stretched themselves over an enormous theatre of operations meant that maintaining supplies to these regions became increasingly difficult as the Allies took control of the skies and seas. This often left the prisoners hungry, cold, hot, thirsty, bored, lonely, fearful and isolated. They made do without proper medical treatment and suffered from the loss of links with their own society and culture. Because of the Japanese view that soldiers should be prepared to die rather than surrender, there was little opportunity for prisoner exchanges as was the case in European and the Middle-eastern theatres of operation. Additionally, there were inexplicable examples of atrocities such as the machine-gunning of nurses on Banka Island (Nelson 1985:69-83), the brutal killing of Filipino and American prisoners of war on the Bataan Death March (Daws 1994:73-76) and the similar fate of Indonesian and

Australian prisoners of war on the Sandakan Death marches (Silver 2000). To these may be added the brutalities endured by the prisoners building the Burma-Thailand Railway (Hearder 2004).

Understanding the Japanese mindset and the Western reaction to it was an imperative of the United States and its allies before, during (Benedict 1940; Benedict & Weltfish 1943) and after the war (Benedict 1946). Walker (1999) has documented the complex dynamic of attraction to and anxiety about Asia that was to be found in Australia. These writers were mindful of the role that racism played with regard to Australian and American views about and engagements with Japan and vice-versa. Regrettably, as Dower (1986:55, 119-120) has pointed out, the moderate positions of anthropologists such as Ruth Benedict, Clyde Kluckhohn, Gregory Bateson and Margaret Mead were often overlooked during the war. Dower (1986) himself has convincingly argued that race rather than ideology was the dominant factor shaping the *manner* in which the Pacific War was carried out by both the Allies and the Japanese alike.

In what Dower (1986) contended was a 'war without mercy', every means of vilifying and demonizing the enemy was used on both sides. According to Dower (1986:118-146), on the one hand America and its allies sought to portray the Japanese as a race of inferior and barbaric neurotics. On the other, the Japanese pictured the Americans and their allies as a race of primitive and deeply disordered barbarians or demons in their own propaganda campaigns (Dower 1986:234-261). One of the most balanced treatments of culture, racism and power as it relates to the exigencies of both the Japanese captives of the Allies and the Allied captives of the Japanese is provided by Towle et al. (2000). The authors are scholars from both sides of the Anglo-Japanese divide. It is clear that the failure to understand and tolerate difference at cultural, societal and personal levels had grave consequences in terms of how the prisoners were treated and how the prisoners responded to their captors.

A transition will be made shortly to focusing on circumstances relating to the men who worked on the Burma-Thailand Railway. After that, the conclusion will create a bridge from this to the next two chapters. However, I will end this section with a quotation from an address given by a US Navy doctor who had been

a prisoner of the Japanese in the Philippines. It highlights a number of key factors which facilitated survival as a prisoner. One of these is a strong sense of obligation to others which alludes to the ethical and moral dimension. Note that, while interest in researching the prisoners began immediately after the war (Wolf & Ripley 1947), there has been a delay in this doctor's public discussion of the issues.

These factors in summary consisted of a strong motivation for life with persistent exertion of will, good general intelligence, good constitution, emotional insensitivity or well-controlled and balanced sensitivity, a preserved sense of humor, *a strong sense of obligation to others*, controlled fantasy life, courage, successful active or passive resistance to the captors, luck, opportunism, and a few preceding years of military experience. (Nardini 1952:247 emphasis added)

Focusing on the Allied POWs who worked on the Burma-Thailand Railway

Of the many factors influencing prisoner of war survival on the Burma-Thailand Railway, three will be examined in this section. Because of their isolation, all these factors had a particularly negative impact on the survival chances of the prisoners. The first factor was the incoherence of the decentralized military infrastructure of the Japanese and the adverse relationships obtaining between the various services and units within each service. The second factor was the imperative to develop alternate routes to supply the Japanese Army in Burma because of increased Allied control of the sky and sea in the Southeast Asia sector. The third factor to be discussed was the Japanese attitude towards irregular combatants and prisoners of war. I will begin with the latter factor as it had such a profound effect on how the Australian prisoners of war were treated by both the Japanese and Korean guards, and even camp commandants, in terms of both physical and psychological abuse (Hearder 2004). The situation was complex and requires some historical background to enhance a capacity for understanding (Hata 1996).

The negative effects of Japanese attitudes towards irregular combatants and POWs

As part of the settlement of the Russo-Japanese War (1904-1905), Russia publically acknowledged Japan's superior economic, political and military interests in the Korean Peninsula. Russia also agreed that it would “engage neither to obstruct nor interfere with measures for the guidance, protection and control which the Imperial government of Japan may find necessary to take in Korea” (*New York Times* 17 October 1905, p.6). A liberation movement emerged among the Koreans who had been deeply influenced by American Protestant missionaries (Clark 2003; Nagata 2005). It was brutally suppressed by the Japanese who destroyed whole villages in order to repress the uprisings (Towle 2000).

The Japanese then began to use the tactics that they had developed in Korea in an attempt to annihilate guerrilla resistance in Manchuria and China (Towle 2000). However, they found stiffer resistance from the Communists. Mao Tse-tung believed that a ‘progressive’ war, a war to liberate the people from the oppressive rule of the elite, could and should be won by any means. He especially trained the peasants to engage in guerrilla operations (Towle 2000). This caused the Japanese to escalate their operations which further alienated the Chinese populace. Meanwhile, Koreans were either volunteering for or being conscripted into military service with the Japanese (Towle 2000). They endured further brutalities as a part of their military training (Utsumi 1993b). This was *de rigueur* for the Japanese soldiers as well. Bashings of junior personnel by their seniors was a commonplace (Sweeting 1957:552; Webster 1984:55; Utsumi 1993a). So, when the Allied prisoners of war encountered the Japanese soldiers and, then, Korean civilian auxiliaries, they were meeting people who had been conditioned, as a matter of policy, into the brutal treatment of (a) subordinates, (b) illicit combatants and their sympathizers, and (c) prisoners of war (Towle 2000). The military policy was not entirely ameliorated by the humanitarian tradition that had been emerging in Japanese society since the 1870s (Checkland 1994; Hata 1996).

With the fall of Singapore, the Japanese military was charged with controlling a vast region of complex and mixed loyalties while having insufficient

numbers of soldiers and quantities of supplies. The Chinese, because of their suspected connections with relatives and friends in mainland China, were particularly vulnerable. Many atrocities were committed against men, women and children suspected of working against the Japanese by supporting the Allies (Towle 2000). Resistance by Allied troops after the official surrender was looked upon as illicit and heavy penalties were incurred by both supportive civilian populations and the military personnel when they were caught (Towle 2000). Many of the prisoners had witnessed this. It left them concerned with regard to their interactions with civilians who might be of help (Towle 2000). When the Allied prisoners of war were distributed to their various work assignments around the region, they too had to be brought into submission (Jacobs 2002:46-51). Every attempt was made to reduce the sense that escape and evasion would be feasible.

Thus, according to Towle (2000:1), the Japanese treatment of prisoners in the Second World War was much different from their previous treatment of prisoners, particularly the Germans during the First World War. The captured military personnel now found that they were at the bottom of a brutal pecking order that: (a) could not comprehend the idea of surrender, (b) had not been trained in the practical aspects of observing the Geneva Convention, and (c) only understood that orders were to be obeyed without resistance or question (Utsumi 1993a, 1993b). On the Railway, these issues were particularly exacerbated. The guards and even the camp commandants of the isolated camps were often very junior personnel who were ill-equipped to make balanced judgments regarding the treatment of prisoners (e.g., Jacobs 2002:53, 56, 63; Flower 1996:236).

The negative effects of an incoherent Japanese military infrastructure

While the average prisoner would have had to deal with the potential brutality of the guards and engineers, the senior Allied prisoners were required to interface with a decentralized and often incoherent military infrastructure riddled with service and task-group rivalries (Sweeting 1957:552; Webster 1984:53). For instance, perhaps because of their more ready engagement with the larger world, the prisoners felt the naval personnel seemed sympathetic to the plight of the prisoners and were at greater pains to act 'decently' (Webster 1984:53). On the

other hand, the railway engineers seemed to see the prisoners as labourers whose value was dependent on their ability to complete the physical tasks assigned to them (Utsumi 1993b). The Japanese military units responsible for guarding the prisoners were the Thai Prisoner of War Administration (with six branches or groups on the Railway) and the Malaya POW Command (with two branches or groups on the Railway) (Utsumi 1993a, 1993b).

These two distinct commands were separate from the railway regiments and engineers (Kinvig 1992). While, they were under the latter's control in terms of calls for labourers each day (Brett 1946:6), the administration troops were the direct masters of the prisoners (Kinvig 1973:37). The officers and men of the administration and the railway regiments were often quite antagonistic towards each other with the former (especially the Korean guards) being seen as having much less status by the latter (Sweeting 1957:552; Kinvig 1973:37). There were also two different railway regiments engaged in construction: the 5th based in Burma and the 9th in Thailand (Kinvig 1992:58). Each had about 2,500 men which were divided into a number of companies working along the various sections. Each had different histories. The 5th had been formed in 1938 and had seen service in China. The 9th had been formed in 1940 and had had a different experience of the war in Southeast Asia (Brett 1946:30-31). Two different Special Bridge Engineering Units (the 4th and 5th) were attached to the 5th Railway Regiment in Burma (Futamatsu 1980:11). This meant that the prisoners were directed by two competing units, each with its own particular ethos.

There were further complications. To understand these will require further details regarding the composition of 'A Force'. Independent of Japanese HQ in Tokyo and as early as January 1942, No. 2 Railway Control had decided to (a) investigate the potential route of the Railway and (b) make preparations for its eventual construction (Futamatsu 1980:3-4). Shortly after the surrender of Singapore, the Japanese detailed prisoners on various general working parties. While Imperial Japanese Headquarters had not approved the construction of the Railway, the Southern Route Army Headquarters had anticipated the need for labour (Flower 1996:233ff). By June 1942, the Japanese were determined to use prisoners of war for railway construction (Futamatsu 1980:4).

The Japanese had already sent 'A Force' to Burma on 15 May 1942 (Sweeting 1957:541). The 'Force' had been placed under the command of the newly promoted Brigadier Arthur Leslie Varley who embarked 3,000 men on ships that ferried them from Singapore to various points in Burma (Kinvig 1973). Along the way, they were joined by ships carrying Dutch and British prisoners from Sumatra (Kinvig 1992). The 'Force' was divided into three battalions with Major Green's being dropped off at Victoria Point, Lt. Colonel Ramsay at Megui and the main party positioned at Tavoy with Lt. Colonel Anderson under the senior command of Brigadier Varley (Sweeting 1957:541ff; Hall 1996:15-16). The conditions under which they worked were not onerous and the Japanese were rather well disposed to the prisoners of war (Sweeting 1957:540-544).

By October 1942, the first cohorts of men from the larger 'forces' were moved under Major Green's command to Thanbyuzayat, which was the Railway's base-camp in Burma (Sweeting 1957:546; Jacobs 2002:46). The Japanese administration of 'A Force' was under the command of Lt. Colonel Nagamoto of Branch 3 (Sweeting 1957:544). A 'force' under Lt. Colonel Black and another one under Lt. Colonel Williams had each arrived from Java and had been detailed to work on the Railway in late October (Sweeting 1957:546). They were preceded by Lt. Colonel Anderson's 'force' which arrived on the Railway earlier in October from Tavoy. Williams (Sweeting 1957:535) had been cruelly tortured in Java by the Japanese, who had been seeking information about the size and disposition of Allied forces. This negatively affected his attitudes towards working with the Japanese. Ramsay's Force did not arrive to work on the railway until mid-December 1942 (Sweeting 1957:549). As Group or Branch 3 consolidated, General Varley had authority for not only the original men of 'A Force'. By March 1943, he was responsible for nearly 9,600 men including the Dutch (Sweeting 1957:551). Later, he would also have some responsibility for the nearly 2,000 men in Group 5.

These men worked in various camps administered by their officers under the supervision of Japanese officers or non-commissioned officers and Korean guards (Brett 1946:6; Kinvig 1973:51; Jacobs 2002:52; Flower 1996:236). The prisoners were divided into work groups (*kumis*) of about 50 men who were under the supervision of an Allied officer called a *kumicho* (Sweeting 1957:544-545). Two

kumichos were under the supervision of an Allied officer called a *hancho*. The Allied working parties often followed civilian work parties and cleared the undergrowth, felled trees, dug cuttings and filled embankments (Sweeting 1957:546ff). Later they began to position sleepers in the railway bed and to lay rails on the sleepers (Sweeting 1957:553). It was gruelling work that lasted for months in the incessant rain or penetrating sun. Of the roughly 91,000 *romusha* (civilian workers) who would actually reach Thanbyuzayat and also worked on the Burma side (Brett 1946:26), at least 30,000 would die because of the conditions that were faced by all parties in that isolated portion of Burma which was dominated by a jungle in which cholera outbreaks were endemic (Murai 1993).

Others, such as the Australians under Major Robertson and the Americans under Lt. Colonel Tharp, arrived in January 1943 (Sweeting 1957:536, 557-558). They, with the Dutch, constituted the approximately 2,000 men working on Branch 5 under Captain Mizutani's authority (Utsumi 1993a:130). While working with the 5th Railway Regiment in Burma, this branch was separate from 'A Force' initially and Brigadier Varley was not immediately able to provide administrative support for these prisoners. This left Branch 5 at a very definite loss for a time. Without Varley, Lt. Colonel Nagamoto would have had grave troubles administering the prisoners according to Captain Apthorp, commander of the British Sumatra Battalion. He also attributed the better survival rates in Burma to the Allied administration of the camps (Apthorp 1945:4; Apthorp 1988:89).

The negative effects of inadequate Japanese lines of communication

Brigadier Varley had to depend upon the cooperation of the Japanese for medical and other supplies required by the men and these were not often available (Apthorp 1945:4; Apthorp 1988:89). They were obtained and distributed through the Japanese quartermaster system which was under the command of General Sasa until July 1943 when Colonel Nakamura took over the Burma-Thai POW Administration (Brett 1946:21). If rain washed out the transportation road, there was no other way for supplies to reach the camps except on the backs of the men who were malnourished and often ill (Brett 1946:8; Devon 1946: 83-84; Sweeting 1957:554ff). In any case, the Japanese POW Administration had done

very little in the way of organizing and supplying a medical infrastructure to care adequately for the prisoners of war (Flower 1996). As the war progressed and the Japanese fortunes in the region were diminished, it became difficult to gain a consistent adjudication of concerns. This was especially true with regard to issues relating to the Geneva Convention which was followed according to Japanese convenience (Futamatsu 1955:1-7, Futamatsu 1985:101-112; Flower 1996).

In June 1943, the base-camp at Thanbyuzayat was bombed and strafed by Allied bombers. Major Green was wounded and Captain Ray Griffins, the Brigadier's adjutant, was killed (Sweeting 1957:554). The war was coming to Burma. Japanese troops and supplies needed to be moved more quickly to the front and in larger quantities. The frenzy to complete the Railway increased as guards and engineers drove troops towards the new deadline of August (Futamatsu 1980:13). For many prisoners and civilian workers, it truly became a 'dead line' as they used up all remaining physical and mental reserves (Futamatsu 1980:13). Food became scarcer, there were no medicines and clothing supplies were long exhausted (Sweeting 1957:554ff). Men collapsed from exhaustion and illness and those who were less sick were made to work or face starvation with reduced rations (Futamatsu 1985:162-166, 193-196).

The men of Groups 3 and 5 were spread out over some hundred and seventy kilometers working in 24 hour shifts on and, then, off to maintain the schedule (Chattaway 1945:17ff; Jacobs 2002:86). Their bodies were riddled with ulcers, racked by malaria induced fevers, and destroyed by beriberi and dysentery. Yet, they worked on and lived in camps that were even more atrocious than those that they had encountered earlier (Chattaway 1945:17ff; Jacobs 2002). Towards the end, some groups were working 33 hours at a stretch to complete the Line (Chattaway 1945:17ff; Jacobs 2002:86). By 16 October 1943, the Burma and Thailand sections of the line were finally joined (Sweeting 1957:556). Rail traffic began the next day (Brett 1946:9; Futamatsu 1980:1). On the 20th of November, Memorial Services were held to commemorate the dead prisoners and the prisoners who survived were ordered to attend (Sweeting 1957:556). Shortly thereafter they were dispersed to other tasks relating to the Burma-Thailand Railway or moved to 'hospital camps' in Thailand.

Investigating a salutogenic, or health-generating approach to considering survival

How was it possible for so many men to survive the ordeal of ill treatment during captivity? The Center for Prisoner of War Studies in San Diego, California was referred to earlier in this chapter. Edna J. Hunter had been associated with this institute. So had Hamilton I. McCubbin who was the head of the Family Studies Branch of the Center prior to Hunter. While recognizing the difficulties and deficiencies of families with regard to surviving and recovering from the prisoner of war experience, McCubbin and his colleagues took a positive orientation towards the issues (McCubbin, Hunter & Dahl 1975; McCubbin et al. 1975; McCubbin et al. 1976; McCubbin, Dahl & Hunter 1976; McCubbin et al. 1977).

Shortly after leaving the Family Studies Branch, McCubbin (1979) sought to emphasize the importance of integrating an understanding of how families *both* actively employ and deploy coping behaviours *and* merely react in stressful situations. Additionally, he was concerned to demonstrate the importance of transactions with the larger community. This is a salient means of reducing family vulnerability and of enhancing their regenerative powers. Much of his thinking had sought to marry, as it were, the thought of Lazarus (1966) on coping with stress with Hill's (1949) ABCX model. Hill's model arose out of his research relating to the separations and reunions associated with war. Lazarus' work on coping with stress emphasised that emotions were integrally related to our appraisals of our ability to sustain life-goals. He specifically contended that emotions both influenced and were influenced by our capacity to cope with life's demands in terms of our thinking and acting (Lazarus 1966, 1977; Folkman & Lazarus 1991).

By the following year, McCubbin et al. (1980) were further reflecting on the significance of Burr's (1973) integration of his own concepts of vulnerability and regenerative power into Hill's model. They had picked up on Antonovsky's *Health, Stress and Coping* (1979), published the year before. During the next few years, they developed what they held to be an empirically verifiable theoretical model (McCubbin et al. 1983). Their final elaboration is quite elegant; they simply doubled Hill's model. The double ABCX model redefines the pre-crisis variables of

(a) the stressor, (b) the existing resources, and (c) the perception of “a” that leads to (x) the crisis and correlates these variables through time with the pile-up of demands that often occurs following the crisis (Lavee, McCubbin & Patterson 1985:812). The post-crisis situation is represented by (A) the piling up of demands, (B) the adaptive resources, (C) the perception (*coherence*), and (X) the family adaptation that extends on a continuum from good to bad (Lavee, McCubbin & Patterson 1985:812). The thing to notice is the place that coherence has taken in the model.

Within two more years, the more precise expression of Antonovsky’s Sense of Coherence was being used in the model and discussed with explicit reference to Antonovsky’s post-1979 work (Lavee, McCubbin & Patterson 1987). By 1994 those using the double ABCX model are referring to Antonovsky’s second book, *Unraveling the Mystery of Health* which had been published in 1987 (Florian & Dangoor 1994). In the same year, a set of conference proceedings were published featuring the work of Antonovsky in relationship to family stress and coping. It was republished four years later as *Stress, Coping and Health in Families: Sense of Coherence and Resiliency* (McCubbin et al. 1998). This work has continued to influence those interested in researching the health of military personnel (Van Breda 2008; van Wijk & Waters 2008).

Antonovsky’s *salutogenic* approach, with its core construct of the Sense of Coherence (SOC), has become a valuable tool for researchers seeking to understand something more than the pathologies associated with families facing a crisis. That this should have arisen from among researchers concerned with the survival of prisoners of war and people in other marginal circumstances demonstrates something of the significance of Antonovsky’s work. Given the apparent resurgence of interest in *salutogenesis* among those teaching, researching and practicing in the areas of public health and health promotion, this is especially true. This further highlights the importance of clarifying the nature of the relationships that support or hinder the engendering, accessing and using of Generalised Resistance Resources.

Concluding Chapter Two

This chapter has sought to introduce something of the stark reality of captivity in the twentieth century in order to contextualise the memoirs that will be used to help clarify supportive and hindering relationships as they relate to GRRs. It has explored considerations associated with the survival and recovery of Allied prisoners of war generally. More specifically, it examined the larger circumstances surrounding prisoners of the Japanese. Then, it focused on salient issues relating to the prisoners of war who worked on the Burma-Thailand Railway, particularly those who were associated with the 'Burma Railway'. Finally, it has sought to outline a critical pathway from initial research on prisoners of war and their families to the increased use of Antonovsky's Sense of Coherence Construct in health promotion and public health. The next two chapters will outline Antonovsky's salutogenic approach and various attempts to both validate and critique it. After these chapters, the methodology to be used for exploring the texts relating to the stories and the reasoning behind the methodology will be elaborated.

Chapter Three: The Significance and Substance of the Sense of Coherence Construct

There is, as Aristotle tells us, a difference in scale between making a discovery and developing a discovery made by someone else. Developing the insight may take on the form of a very large project; it may involve many people and show definite stages of advancement. In contrast, the discovery itself usually looks small at first. It is also hard to see: because it is a beginning, it occurs in a setting in which everything else remains the same as it was before the discovery was made. Only one small change, the discovery, occurs. But once the beginning has been made, it exercises a strong influence on what surrounds it. It has the effect on the rest, it transforms its context. And the discovery makes things easier for others, for those whose task it is to develop the insights they inherit. It makes it easy for them to draw out implications and to apply the discovery to areas that can be illuminated by it.

Moral Action: A Phenomenological Study (1985b:1), Robert Sokolowski
Phenomenologist

Introducing Chapter Three

When speaking of *salutogenesis*, or the creation of health, there is a need to consider how this is achieved. The Sense of Coherence Construct is the core of Antonovsky's salutogenic approach. A connection between Antonovsky's Sense of Coherence (SOC) Construct and the work of other researchers exploring the survival of former prisoners of war and their reintegration into 'normal' life was made explicit at the end of the previous chapter. It was clear that there is some connection between the capacity for engendering, accessing and using vital resources and surviving in marginal circumstances. Some people seemed better able to do this than others. This chapter will seek to extend the discussion by exploring the significance and substance of Antonovsky's SOC Construct.

First, it will outline current interest in and advocacy for Aaron Antonovsky's work among researchers and practitioners. It will then relate this apparently rapid emergence of interest to earlier concerns regarding potentially integrative

theories for health promotion within the larger field of public health. This highlighting of the significance of Antonovsky's work should provide a sufficient rationale for the second half of the chapter. The substance of the salutogenic orientation, the SOC Construct, will be explored by first contextualizing Antonovsky's concern for this specific topic within his work as a medical sociologist. Then, the chapter will account for his reorientation from illness research to considering the sources of health. Finally, the chapter will specify Antonovsky's unravelling of what he called the 'mystery of health' before concluding. The following chapter will examine salient attempts to both validate and critique Antonovsky's work.

Delineating the significance of the Sense of Coherence (SOC) Construct

Outlining recent interest in *salutogenesis* and the SOC Construct

Despite his death in 1994, interest in the work of Aaron Antonovsky with regard to *salutogenesis* and the SOC Construct has continued to grow. This can be easily verified by conducting a simple MEDLINE (Ovid) search. For instance, on 7 November 2008, a search conducted by the author discovered that the phrase 'Sense of Coherence' was found in 122 titles for the years 2005-2008. This translates to an average of 30.5 titles per year containing the phrase Sense of Coherence. The progressive increase of the average number of titles per year from 1989 to 2008 in four year increments is indicated in Table 1. A similar search of PsychINFO (Ovid) resulted in a similar progressive increase which is also indicated in Table 1. Scrolling down the list of article titles in both data-bases confirmed that the phrase was typically used in Antonovsky's sense. The areas of research interest were diverse and explored concerns in the bio-medical, psycho-social and socio-ecological domains. Similar results were obtained when using the phrase in a keyword search.

Table 1 Progressive increase of titles relating to SOC

Average per year	1989-1992	1993-1996	1997-2000	2001-2004	2005-2008
MEDLINE	2.25	7.5	12.25	19.25	30.5
PsychINFO	7	13.25	23	24.25	33.75

The Nordic countries seem to have had some of the keenest investigators. This conclusion can be reached by noting the various authors, affiliations, journals and histories of submission. Two researchers in particular, Eriksson and Lindström, have been active in advocating for a salutogenic approach to public health and health promotion since 2005 in Europe. They have also been seeking to demonstrate the usefulness of the SOC Construct in terms of research, education and practice. Their influence has helped to shape a growing regard for the salutogenic approach within the European Masters in Health Promotion (EUMAHP) Consortium which was comprised of twelve universities in 2005 (Lindström & Eriksson 2005). Additionally, the Association of Schools of Public Health in the European Region (ASPHER) has provisionally determined that understanding the concept of *salutogenesis* is a core competency for public health practitioners (Foldspang 2008:44).

Although it builds upon older associations with Antonovsky, the present work of Lindström and Eriksson began in 2003 as a part of the Salutogenic Project at the Nordic School of Public Health (Eriksson & Lindström 2005). This project reflected the growing interest in *salutogenesis*, particularly in Europe. More recently they have been affiliated with the Folkhälsan Research Centre in Helsinki, Finland. The significance of this will be seen shortly.

The work of Eriksson and Lindström provides a useful and brief summary of the research interests and findings of recent years. To date, they have offered a 'glossary' contribution to the *Journal of Epidemiology and Community Health* for the term *salutogenesis* (Lindström & Eriksson 2005), and systematic reviews of (a) the validity of Antonovsky's SOC Scale (Eriksson & Lindström 2005), (b) the SOC Scale and its relationship to health (Eriksson & Lindström 2006), and (c) the SOC Scale and its relationship to Quality of Life (Eriksson & Lindström 2007). In collaboration with John Lilja, they have explored the societal dimensions of

salutogenesis and the SOC Construct (Eriksson et al 2007). The review articles will be an important resource for discussing the validity of the SOC Construct in the next chapter.

Eriksson and Lindström have also published two *Health Promotion International* articles. The one focusing more on public health has argued for an even broader adoption of the salutogenic approach. The intention of the authors has been to counter what they consider to be neo-conservative trends in the 21st century that they contend limit the scope of potential interventions solely to those focused on expert driven, short-term solutions (Lindström & Eriksson 2006). While these are deemed important by the authors, so are long-term solutions that involve more people in the setting and solving of complex problems through the use of a *coherent theoretical framework*. Drawing on Antonovsky, the authors argue that how people perceive their world and their place in it influences their health. They stress the salience of Antonovsky's conceptualization of General Resistance Resources (GRRs) and the importance of enhancing their use through the development of a strong SOC.

A second article has focused more on health promotion. It advocates for, and seeks to demonstrate how a salutogenic framework could support both the philosophical underpinnings and the practical orientations of the *Ottawa Charter for Health Promotion* (Eriksson & Lindström 2008). According to the authors, the salutogenic approach offers an important integrative factor for drawing together the disparate efforts of researchers and practitioners. The authors again emphasize the importance of Antonovsky's Sense of Coherence Construct and his elaboration of Generalised Resistance Resources (GRRs). Additionally, they highlight the growing interest being evidenced in key health promotion institutions with regard to *salutogenesis*.

One example of this growing interest has to do with the approach made by the *International Union of Health Promotion Education* (IUHPE) to the Folkhälsan Research Centre. The latter was requested to establish and provide leadership for a new thematic working group focusing on *salutogenesis* (Eriksson & Lindström 2008:198). A second relates to the EUHPID (European Health Promotion Indicator Development) Consortium's incorporation of key aspects of the salutogenic

approach in its proposed socio-ecological model (Eriksson & Lindström 2008:198). The salutogenic approach was also carefully and extensively explored during the development of the European Health Promotion Monitoring System (Davies et al. 2004). As will be seen in the next section, these are further manifestations of the salutogenic movement in health promotion and public health that has been steadily growing for the last twenty years.

Promoting *salutogenesis* and the SOC Construct as an integrative theory

Without ignoring the importance of investigating pathology, Aaron Antonovsky (1996) asserted in the early 1990s that the salutogenic orientation should be adopted by health scientists involved in health promotion as they sought to identify, explain and engender the conditions that give rise to optimal human functioning. Ostensibly, the intention was to move beyond the merely mechanistic accounts of disease that have provided a powerful foundation for medical approaches. To do this, Antonovsky proposed that researchers, educators and practitioners focus on the health generating (salutogenic) aspects of human functioning. He advocated for this position in an article published posthumously in the first issue of *Health Promotion International* for 1996.

In celebrating the advent of the journal's second decade, the editors had noted the growing acceptance of health promotion as a conceptual and practical force since its specific definition at the 'First International Conference on Health Promotion' held in Ottawa (WHO 1986). They point out two important landmarks of this broader acceptance. The first was the use made by the London-based Royal College of Physicians (RCP) of the World Health Organization (WHO) framework for health promotion in one of their reports for 1992. The second was the incorporation of the term 'health promotion' into the title of the *International Union of Health Education* (IUHE) in 1994. Significantly, the *International Union of Health Promotion Education* (IUHPE) conference of 1995 had included sessions devoted to participatory discussions relating to "theoretical models, research design, evaluation strategies and performance indicators" (Catford & St. Leger 1996:1).

According to Dean and McQueen (1996:7), the articles published in the 'anniversary' edition had their beginnings, for the most part, in a workshop of theory and health promotion "held at the WHO Regional Office in Copenhagen" in 1992. The areas of concern highlighted the complex reality that a guiding theory would need to cogently engage such as: health behaviour (McQueen 1996), policy (Dean 1996), research and practice (Milburn 1996), and education and training (Kelleher 1996). There was also a dissenting article from Levin and Ziglio (1996). They argued that it would be undesirable, if not impossible, to depend upon an all-encompassing foundation for theory development such as Antonovsky suggested.

There appear to be three main foci for discussions relating to health promotion research, teaching and practice within a public health ambit. A review of the health promotion books listed in a cross-national comparison of essential readings for various health promotion curricula reveals that the vast majority can be seen to sit comfortably near or between these points of emphasis (Mittelmark et al. 2000). I would argue that one focal point is represented by a collection of writings edited by Glanz et al. (1990, 1997, 2002). Although they represent a variety of disciplines and orientations, the authors take a solidly health education perspective with relation to health behaviour. It is important to note that each edition evidences further developments of thought and endeavour.

The second centre of discussion is represented by another edited volume with two editions (Bunton & MacDonald 1992, 2002). Its perspective is very consciously influenced by the ecological-systems orientation of the Ottawa Charter for Health Promotion (Green & Raeburn 1988; O'Neill 1988). There are significant developments between these two editions as well. Yet, the primary focus remains on the political and environmental aspects of health promotion. The final locus of discussion is also represented by an edited volume (Higginbotham et al. 2001). Its perspective is informed by the bio-medical and epidemiological domains.

It is important to affirm that each work has its own 'centre of gravity' (Green & Raeburn 1988) within the larger public health universe. So, one can legitimately wonder with Levin and Ziglio (1996) whether there really is one

organizing principle or a guiding theory that can weave a ‘fabric of thought’ that can be cast across such a diverse range of perspectives. Perhaps more importantly, will such fabric have sufficient strength and flexibility to hold them all together (Guttman et al. 1996)?

For instance, in an introduction to the first issue for 2004 of the IUHPE journal, *Promotion & Education*, Green (2004:4) contended that health promotion had evolved “a coherent corpus of activity driven by explicit core values” relating to goals and means. However, if the trend in the U.K. at the time continued towards a devaluing of health promotion and repackaged the various practices under different labels, this values-base would be distorted. This would lead to undesirable fragmentation. Yet, Green herself conceived of health promotion as being defined wholly apart from bio-medical approaches.

In an editorial in *Health Promotion International*, O’Neill (1988) neatly captured traces of the three ‘centres of gravity’ by mentioning the socio-political, biomedical and the behavioural emphases. He noted that the newer concept of health promotion emphasizes the social sciences more than the older health education approach (1988:337-340). O’Neill acknowledged the worthwhile achievement of taking “a coherent and powerful ecological, social and political framework” and using it as means of integrating ideas and practices that are based on quite another vision of health than the one underlying the “familiar [behavioural-educational] health-related interventions” with which it is now linked (1988:337). But this achievement engenders a problem: how do you define health promotion research across such a broad approach? When is it no longer health promotion, but something else? O’Neill hedged his bets towards a behavioural rather than eco-systems approach.

A decade later, O’Neill raised the question again. This time he did so with regard to the teaching of health promotion professionals. He saw a clear distinction between what he perceived was an ideological approach to health promotion which was introduced by Canada and the World Health Organization over against a more traditional health education approach to health promotion which had developed under the leadership of the United States and favoured by countries such as France (O’Neill 1998:14-15). Two years later he admitted that his

earlier attempts at clarification were doomed. This was because he had made his proposal “in an environment where lack of consensus seems to be the norm more than the exception” (O’Neill & Hills 2000:8).

The tensions were felt soon after the ‘First International Health Promotion Conference’ in Ottawa in 1986. By the end of 1988, McLeroy and colleagues (1988) had published an extensive article in the *Health Education Quarterly* that sought to elaborate an ecological model of health promotion which maintained vital links between individual and social environmental factors. According to the authors, these factors subsist at various levels: intrapersonal, interpersonal, organizational, communal, and societal. In their view, an ecological approach provides a means for tracking their interrelationships and acting across sectors. Lawrence Green and Raeburn (1988) had earlier published an article in *Health Promotion International* that sought to reduce the polarities that had arisen along the systems-individual (behavioural) divide. The real danger, in their view, was the dominance of bureaucracies. The authors advocated for an integrative concept (enabling) and an area of focal activity (community) that mediated between the system and individual levels. They also sought to blend the two schools of thought kept distinct by O’Neill.

It is clear that the authors wished to avoid fragmentation of effort internationally. They contended that this required attending to the history of health promotion. Also, they proposed that neither policies nor educative practices should be the bottom line; what matters is “ordinary people whose health is at stake” (Green & Raeburn 1988:158). These people must be actively engaged participants. The five priority action areas and the ‘settings approach’ of the Ottawa Charter provide loci for interventions. Enabling that is facilitated by educative processes and supported appropriately at various levels of communal, social and political organization allows for a shift in power structures. This helps to ensure that *resources* are delivered to the ‘coal-face’ of the community according to its priorities.

Raeburn (1988), in collaboration with Rootman, later provided an evolutionary elaboration of Laframboise’s ‘Health Field’ concept which had been disseminated through the 1974 Lalonde Report. The authors emphasized that the

concept had been offered as a tool for reversing fragmentation. Raeburn and Rootman (1988:383) state, in the article, that they presented their elaboration as a stimulus for further discussion rather than as a final word. Yet, it is clear that they believed it would provide: a guide to policy, a justification for resource allocation, and a research and program development framework.

Within fifteen years of the Green, Raeburn, and Rootman articles, Glouberman and Millar (2003) were able to demonstrate how both the health promotion and the 'inequities in health research' movements had shaped the information gathering and policy development phenomenon labelled as 'population health' in Canada. That same year, Kickbusch (2003) reviewed the contribution of the World Health Organization to the 'new public health' and health promotion. She reflected on the 'Third Public Health Revolution' and offered her judgment regarding the future. Because of the influence of both the health promotion and 'population health' movements, policies will need to be constructed in response to the following question: "What makes people healthy?" (2003:386). Antonovsky's salutogenic approach was featured prominently in the article.

A year later, Tones and Green (2004) published their book, *Health Promotion: Planning and Strategies*. The authors sought to synergistically relate the 'new public health' and essential aspects of health education so as to redress what they perceive to be imbalances. They enhanced Tones' earlier work on personal and communal empowerment with Antonovsky's salutogenic orientation and the Sense of Coherence (SOC) Construct. Taylor (2004) also indicated that *salutogenesis* was already widely used in some areas of nursing practice and research. She was able to create a *salutogenesis* matrix with "a warp and weft effect that identified gaps in current evidence and practice and was able to disentangle some of the complexities inherent within failure to thrive situations" (Taylor 2004:633). In effect, she wove the fabric of her research on Antonovsky's 'loom' to engender rationales and enhance practices for working with the marginalized.

Ten years after his death, Antonovsky's thought was beginning to be publicly endorsed and used by proponents associated with all three foci of health

promotion research, teaching and practice. There was a growing sense that the salutogenic approach and the SOC Construct could help to facilitate the development of a potentially integrative consensus. As we saw in the previous section, this possibility has continued to inspire advocates and to influence key organizations such as the *International Union of Health Promotion Education*. The concepts have become part of the health promotion vernacular alongside terms such as: empowerment, capacity building, social capital, participation and cultural competency (Foldspang 2008:44). The first part of this chapter has sought to indicate the significance of Antonovsky's thought for health promotion specifically and public health more generally. The next part will seek to outline both the development and substance of Antonovsky's SOC Construct.

Before proceeding, it would be appropriate here to briefly recall other approaches that people use to organise their health promotion thinking and action when Antonovsky's SOC Construct has not been adopted. Some of these will be explored or commented upon at various points in the thesis. Antonovsky particularly identified the work of Bandura, Rotter and Kobasa as closely related to his own salutogenic work (Antonovsky 1991b). For now, the alternate approaches are being outlined to provide an insight into the wide range of options that contend for attention and allegiance, if not critical appraisal. Each of these orientations reflects something of the discipline origins of their creators. For instance, Pender's (1982) model reflects her nursing background as she seeks to engage the biological, as well as the personal domains as they interact with the interpersonal and physical environments to promote well-being and to prevent diseases. Competencies or human potentials are operationalised in this model.

Frankl's (1969) approach reflects his background in existential-psychiatry and focuses on the 'will to meaning'. Rotter (1954) is orientated towards the question of 'locus of control' and Seligman (1975) deals with issues relating to 'learned helplessness'. Each highlights their grounding in the field of psychology. Kobasa (1979) ('hardiness'), Bandura (1977) ('self-efficacy') and Rutter (1987) ('resilience') also offer similar psychosocially oriented concepts that each have aspects in common with Antonovsky's Construct. Rosenstock and Becker's

(Rosenstock 1969; Rosenstock et al. 1988) 'Health Belief Model' shares much in common with the 'Health Behaviour Change' Model (Prochaska & Velicer 1997) and the 'Theory of Planned Behaviour' (Ajzen 1985). Green and Tones (2010) have perhaps the most comprehensive orientation of all in their integrative 'Health Action Model'. This model seeks to bring many of these other approaches into a greater functional harmony to facilitate their use by practitioners. These only represent the more commonly known and discussed models, theories or approaches. It is important to note that Antonovsky's work (a) predates most of them, (b) anticipates many of their cognitive, affective and evaluative concerns, and (c) elaborates an elegant concept and Construct that is easily communicated to others.

Developing the substance of the SOC Construct

Contextualizing Antonovsky's substantive work

In this first section, I will briefly contextualize Antonovsky's substantive work on the SOC within the history of his work as a medical sociologist. Although Antonovsky had not begun his sociology career in the area of medical sociology, he was well established in this field by the mid-1970s. He had co-authored an epidemiological article on life crisis history which was published in the *Journal of Health and Social Behavior* (Antonovsky & Kats 1967). He had also extensively documented the correlation of social class, life expectancy and overall mortality as the sole author of a frequently cited article published in the *Millbank Memorial Fund Quarterly* (Antonovsky 1967b). Additionally, Antonovsky had explored class related issues associated with major cardiovascular diseases in the *Journal of Chronic Disease* (1968) and the social and cultural factors relating to coronary heart disease in the *Israel Journal of Medical Services* (1971). Antonovsky had also collaborated widely on extensive epidemiological research relating to multiple sclerosis that was attentive to the issues of environment and socioeconomic status on the one hand and biology on the other (Antonovsky et al. 1965, 1966, 1968; Leibowitz 1966, 1967).

The 'life crisis history' research had been done in collaboration with Rachel

Kats who also worked with Antonovsky on an article which appeared in *Social Science and Medicine* in 1970 (Antonovsky & Kats 1970). This article elaborated a model of preventative health action that, in part, both critiqued and ameliorated the work of Rosenstock (1969). A main point of contention had to do with the concept of 'motivation'. This would later figure prominently in the SOC Construct.

In a paper that he had prepared for the 'First International Conference on Social Science and Medicine' which was held in 1968, Antonovsky had already articulated what for him was a significant conceptual breakthrough in terms of the relationship between his notion of 'breakdown', the aetiology of illness, and resistance and coping resources. An article based on this paper was finally published in *Social Science and Medicine* in 1972. A second paper on the topic of 'breakdown' that he had prepared for the 'Third International Conference on Social Science and Medicine' in 1972 was published in *Social Science and Medicine* in 1973 (Antonovsky 1973). It further elaborated the concept of a continuum of health and illness that conceived of *complete* health as the statistically deviant state. In 1973, Antonovsky had also participated in a conference on life-events and stress. The papers, including Antonovsky's (1974) exploration of the conceptual and methodological issues associated with the study of resistance resources, were subsequently published in a book edited by Dohrenwend and Dohrenwend (1974).

Accounting for Antonovsky's reorientation

According to Antonovsky, the fundamental orientation of most thinkers was on illness rather than health in 1974 (Antonovsky 1990). Yet, things were beginning to change for him. He reported that he had a growing sense that focusing on life-events was inadequate (Antonovsky 1990:72-76). This was fostered by his earlier discovery of the importance of Generalized Resistance Resources (GRRs) and their relationship to stress-breakdown. He was not completely satisfied with his understanding of GRRs at the time. But, what he did know began to direct him away from mainstream research. Specifically, he no longer sought a point-by-point correspondence between stressors and specific diseases. However, by his own admission, he was still theoretically focused on the pathological dimension engendered by a *lack* of GRRs (Antonovsky 1990:76).

Something of his engagement with the female survivors of prison camps, whom he had encountered through his collaborative research (Antonovsky et al. 1971), caused Antonovsky to *repeatedly* ask an important question: How could so many have remained so healthy after their experiences in the death camps and their subsequent struggles (Antonovsky 1990:75-76)? What had produced this 'miracle', or this "mystery which has received so little attention and which merits no less attention than explanations of the breakdowns of survivors" (Antonovsky et al. 1971:192)? Fundamentally, he was trying to understand why it is that some people can tend towards the "health end of the health ease/dis-ease continuum" (Antonovsky et al. 1971:192). What was it that either furthered or frustrated this trend?

Again, Antonovsky wrote that it was the statistically deviant nature of *complete* health that continued to intrigue him (1990:73-76). Indeed, he states that it was this notion that finally woke him up to the fact that the work in stress research was too pathogenically oriented (Antonovsky 1990:73-76). Because of this, it was an insufficient tool for exploring health. While on sabbatical in 1977, he began to analyse data relating to a GRR study conducted in Beersheba which had been correlated to health status (Antonovsky 1990:77-78). According to him, he was about to cut himself off from his own past work, as well as that of his colleagues (Antonovsky 1987:33).

Antonovsky overstates the case here. So, I would like to briefly attend to the conditions that led to the reorienting of his thinking. In his contribution to a cognitive coping and disability conference, Antonovsky asked why it took so long for everyone, including him, to realize the limitations of the pathogenic orientation (Antonovsky 1993b:111-122). He believed that it was his feeling constrained to be, and therefore his *straining* to become, an expert in all things relating to 'medical sociology'. This is what had kept his eyes closed to the 'mystery' before him. When he stopped striving to be an expert, he had become "open to the idea of salutogenesis" (Antonovsky 1993b:111). He also suggested that it had been his 'scatterbrained' work habits that had saved him (Antonovsky 1993b:112).

It is perhaps fairer to suggest that Antonovsky had used various gaps in his

complex responsibilities to pay attention to his *own* questioning. It was this that provided him with a new insight into what he had been exploring since the mid-1960s. Following Lonergan (1957) on this point, I would argue that being both reasonable and responsible with regard to the insight is what reoriented his thinking and research. It is clear from reviewing his development as a medical sociologist that the continuities in his work were essential for his gaining the insight. But, so were the discontinuities. These issues will be explored more fully in Chapter Five.

Unravelling the ‘Mystery of Health’

Antonovsky (1990:78) was faced with a computer printout of a ‘smallest space’ analysis (SSA) that mapped the structural relation of the variables that were being investigated by the Beersheba study. One of the Generalized Resistance Resources (GRRs) lay closest to health status. Antonovsky asks us to construe this one GRR as *X*, or the unknown solution that we are striving after in our quest for understanding (Antonovsky 1990:78). All of the other GRRs were further removed from health status. They *seemingly* fed into *X*, and *X apparently* determined health status. How could this be? What is a GRR effectively and what is *X* that it should affect health status so directly?

Antonovsky reports that it was at this point that he recalled Cassel’s recently published article. After examining the evidence of a number of studies, Cassel (1976:113-114) had suggested that social supports *and* appropriate feedback on how to behave are both important resources derived from the social environment and conducive to enhancing host resistance. Practically, Cassel opted for improving social supports. Theoretically, Antonovsky was intrigued by this idea of feedback. Cassel had begun his paper by wondering what guides us in developing our ‘chains of inference’. He responded to his own question by replying that “in large part the answer is the model of disease causation which we (implicitly or explicitly) espouse” (Cassel 1976:107). This was exactly the point that Antonovsky was making in his 1996 article for *Health Promotion International*.

Realizing that all GRRs might have this aspect of providing appropriate feedback in common, Antonovsky surmised that a GRR is that which provides for a

set of experiences which can be interpreted as meaning that one is: heading in the right direction, ably handling the situation, and worthy of appreciation (Antonovsky 1990:78). When this happens repeatedly in a person's life, such a person becomes increasingly characterized as being strong in this miracle or 'mystery'. If the reverse is true, then, a person could be considered as being less well endowed. Antonovsky called this 'mystery', the Sense of Coherence (SOC). Antonovsky eventually identified the SOC Construct's three interrelated components as being *comprehensibility*, *manageability* and *meaningfulness*, and he defined the SOC and its components as:

...a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic *feeling of confidence* that 1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; 2) the resources are available to one to meet the demands posed by these stimuli; and 3) these demands are challenges worthy of investment and engagement. (Antonovsky 1987:19 as quoted in Antonovsky 1990:78)

There is a dark-side to the light that Antonovsky shed on the 'mystery of health'. Through time, he became increasingly concerned that health could be a goal that was 'manufactured', as it were, by those who were committed merely to their own welfare rather than the welfare of others. Considering the conflicts that were unfolding around him and remembering the conflicts through which he and others had lived throughout much of the twentieth century, he became increasingly concerned about the potential for complexity to result in conflict that either ended in chaos or coherence (Antonovsky 1991b, 1993a). That coherence could be obtained, in his thinking, by the civility that he favoured, or by the coercion that he feared. Will we be civil in our treating of one another and our engendering, accessing and using Generalised Resistance Resources? Or, will we be like the Nazis? Interestingly, these fears seemed to have grown for two reasons.

The first appears to have been Antonovsky's growing enthusiasm for and commitment to the abstractions of a general systems explanation of complex realities and he "proposed a system theory information-processing model as a way of systematically grasping the realities of the inevitable conflicts which accompany

that immensely complex social system, the human being, throughout his or her life” (Antonovsky 1993a:971). Secondly, the increasing interest in and acceptance of the Sense of Coherence by others began to disquiet him (Antonovsky 1995). It seems that these two strands of thinking coalesced into a fear that his success was resulting in the potential creation of a Golem, a mindless mechanism that might destroy, as well as save a people from their oppressors (Antonovsky 1991a:np). In other words, Antonovsky was concerned that his thinking could be used by any group to create people with a high Sense of Coherence without any regard to larger moral questions.

As a result of his growing fears, he began to problematise health creation and the resources required for it in terms of rather convoluted moral and ethical dilemmas which he heaped upon his readers without adequate clarification or qualification (Antonovsky 1991a, 1993a, 1995). However, he clearly contended that there were two concerns that must be kept distinct: the question of health and the question of moral-philosophical issues, or values (Antonovsky 1991a:np). He was at pains to argue that health, viewed ‘scientifically’, should be construed narrowly in terms of functioning and survival (Antonovsky 1991a:np). He was not opposed to cultural values or moral struggles. However, he insisted that they are something we must deal with beyond the arena of *salutogenesis* (Antonovsky 1991a:np).

To the end, Antonovsky argued that morals and health are *necessarily* mutually independent; they are orthogonal in nature (Antonovsky 1995). As was stated previously, he believed that a “tough-minded scientific” approach to the SOC Construct would preclude any prescriptions regarding values relating to well-being and the ‘good life’ (Antonovsky 1995:9-10). Specifically, he contended that “taking the SOC as an example of salutary factors, it must be emphasized that the *content of its components – perceiving* the world as comprehensible, manageable and meaningful – are morally neutral” (Antonovsky 1995:10, emphasis added). He further argued that “There is *no relationship* between one’s values about how human beings should live and a strong SOC” (Antonovsky 1995:11, emphasis added). It is my belief that Antonovsky was mistaken in this regard. However, I will not be seeking to answer his convoluted arguments in this thesis. Instead, I will be

seeking to call attention to the fundamental relationship between ethics or morals and key aspects of his SOC Construct. This will create a new starting point for discussing his concerns.

A caveat might be in order at this point. It is possible for people to misattribute some sort of 'sense of coherence' to themselves when they have mental health issues and are singularly focused on a particular concern. It is also possible for people to use the term 'coherence' in a rather loose or vague manner rather like the term 'resilience'. In the first case, the person has a coherent world view that works for them in a *dysfunctional* manner. Such people would tend not to demonstrate a global disposition to use Generalised Resistance Resources in a *flexible* and *contextually appropriate* fashion. In the second case, there are those who tend to use the term 'coherence' in an idiosyncratic fashion. Critical relationships are not specified with regard to the SOC Construct's (a) component parts or (in terms of phenomenology) aspects, (b) function with regard to orienting a person towards engendering, accessing or using GRRs, and (c) effect in terms of the relief of tensions. Neither of these 'misuses' of the term is very useful for health promotion within a public health ambit.

In sum, Antonovsky's account is, indeed, parsimonious. And, compared with other general models, such as the one advocated by Novaco and Vaux (1985), it is also more elegant. According to Antonovsky, environmental (both inner and external) stressors are ubiquitous. Their demands often cause 'tension' in human organisms. Some amount of tension is normal and, often, life enhancing. If unrelieved, however, tension can lead to stress or 'disequilibrium' in the human organism. In time, this leads to increased dis-ease and, ultimately, 'breakdown' with its manifold symptoms. Yet, human organisms most often deal with the demands of life and reduce potentially chronic tension by identifying, engaging and using appropriate resources and behaviours in a flexible manner. Some do this better than others. They either avoid or relieve the tensions of life with grace and, even, panache. Thus, a stronger Sense of Coherence (SOC) typically has a positive correlation with more successful styles of coping and, thus, the better maintenance or enhancement of health. In other words, a person with a higher SOC will *tend* to maintain themselves at or recover to the 'ease' end of the health

continuum, *all things being equal*. It was the lack of equality that troubled Antonovsky increasingly. Towards the end of his life, he had a growing sense of ill-ease at the potential use that might be made of *salutogenesis* and its underlying construct, the SOC, with its foundation in Generalised Resistance Resources. Thus, the problem of ethics with regard to the SOC Construct requires clarification by researchers.

Concluding Chapter Three

This chapter has *generally* begun the task of specifying more completely the theoretic framework integral to asking and answering the basic research question. It has sought to place this investigation within an ongoing conversation about *salutogenesis* and its core construct, the Sense of Coherence. This conversation is part of the history of an approach to health promotion that took its definite shape at the 'First International Conference on Health Promotion' in Ottawa, Canada in 1986. This research does not ignore the development of other understandings of health promotion, particularly those associated with the area of health education. However, it does ultimately seek to enhance the status and effectiveness of interventions influenced by the three principles, the five priority areas and the 'settings approach' of the Ottawa Charter for Health Promotion (1986) which were accepted as a principal paradigm for health promotion by the World Health Organization.

The chapter has sought to do two things *specifically*. In the first instance, it has tried to demonstrate the significance of *salutogenesis* and the SOC Construct. This was done by first reviewing current interest in and salient advocacy of Antonovsky's work, especially in Europe. The foundations of the present circumstance were outlined with regard to earlier concerns for coherence and consensus in the related fields of health promotion and public health. The potentially integrative power of the salutogenic approach was featured and tied to Antonovsky's challenge to the health promotion world in an article posthumously published by *Health Promotion International* in 1996.

Secondly, the chapter has sought to delineate the substance of Antonovsky's SOC Construct as it relates to the research question. This has been done by contextualizing the development of this Construct within Antonovsky's work as a medical sociologist. This highlighted the important continuities that exist in his work. Additionally, the chapter recounted Antonovsky's own reorientation away from a focus on pathology and offered reasons for this reorientation; it also noted the importance of the discontinuities in his work. Finally, the chapter specified the 'mystery' that Antonovsky unravelled. It also contended that Antonovsky has provided both a parsimonious and elegant elaboration of the relationship between the SOC, GRRs, stressors and the ease/dis-ease continuum of health and illness. Yet, Antonovsky was increasingly troubled by potential ethical problems associated with his contribution to the study of health. The next chapter will outline and respond to attempts to both validate and critique Antonovsky's work.

Chapter Four: Validating and critiquing the SOC Construct

It is most peculiar how the very thing which causes us to be totally on our own—freedom—at the same time chains us inseparably to all others and creates a true community of fate. We are responsible for the well-being of all others, and they for ours.

*An Edith Stein Daybook (1994:89), Edith Stein
Phenomenologist*

Introducing Chapter Four

This chapter will examine attempts to validate and critique the SOC Scale and Construct. It is beyond the scope of this investigation to thoroughly examine every facet of the question of validation or engage all criticisms. Instead, the chapter will seek to demonstrate that using Antonovsky's core construct of *salutogenesis*, the Sense of Coherence, as a theoretical framework for health promotion and public health is generally prudent. If it were not, there would be no reason to further clarify the nature of supportive and hindering relationships with regard to the engendering, accessing and using of GRRs as understood by Antonovsky. The first half will outline an attempt to establish the validity of the SOC Scale and Construct through systematic reviews. Particular attention will be paid to the relationship between the Construct and both (a) health and (b) Quality of Life. It will begin by a recounting of Antonovsky's development of the SOC Scale, or the Orientation to Life Questionnaire, as an attempt to validate the Construct.

Then, the second half of the chapter will examine recent criticisms or concerns. A first critical concern relates to the structural validity (the adequacy of the Construct) and temporal stability (reliability through time) of the SOC Construct. A second concern regards the correlation between the SOC Scale and physical health. A third concern has to do with the relationship of the Sense of Coherence to other constructs. A final concern regards the issue of Generalised Resistance Resources (GRRs). When this has been done, both the present and previous chapters should provide and clarify a framework that is increasingly

being promoted as a coherent and integrative instrument for health promotion and public health theorising, practice and instruction. It will be necessary, in Chapter Five, to elaborate the methodology to be used to engage the research questions.

Validating the Sense of Coherence (SOC) Scale and Construct

Recounting Antonovsky's development of the SOC Scale

When Antonovsky discussed the SOC Construct and its relation to health, it made sense to those with whom he spoke. In other words, it seemed to have 'experiential' or 'face' validity. However, Antonovsky considered that this type of validity was weak when compared to other forms. What he desired was a means of testing and evaluating the Construct. His own experience in research had been related to survey work (Antonovsky 1998:8). So, he sought to create a questionnaire that could eventually be used in a wide variety of studies undertaken by people working within many different disciplines and operating from diverse paradigms (Antonovsky 1987:75). Under the mentorship of Louis Guttman, Antonovsky conceived of a means for producing an instrument to validate the SOC Construct (Antonovsky 1993:726, 1998:9). To do this he would rely heavily upon Guttman's 'facet theory'. This approach provides researchers with a comprehensive strategy that enables them to conceptualise what they are exploring in order to formulate variables that operationalise the concepts to facilitate a) systematic sampling and b) further hypothesising (Shye 1978; Shye & Elizur 1994). This systematic sampling ensured that the questionnaire referred to a 'wide variety of stimuli' in order to capture the 'global' orientation of the SOC Construct (Antonovsky 1987:75). For Antonovsky, it was also important to discover whether the Construct and instrument were valid cross-culturally, and in terms of both sex and class (1993c:726).

During the years between his 1977 and 1983 sabbaticals, Antonovsky had finally developed what he supposed was a "reliable, valid and feasible 29-item closed questionnaire measuring SOC" (Antonovsky 1990:78). This had required conducting extensive qualitative interviews and repeatedly consulting with colleagues, as well as preliminary testing (Antonovsky 1987). The Orientation to

Life Questionnaire was first used in a Hebrew version in 1983 and subsequent versions were in both English and Hebrew (Antonovsky 1998:9). In 1987, Antonovsky published his second book relating to *salutogenesis*, *Unraveling the Mystery of Health*. This placed the questionnaire, which made use of a seven-point semantic differential scale, into the public domain along side of a shorter 13-item questionnaire (Antonovsky 1998:8-9).

By the time he wrote the *Social Science and Medicine* article outlining the structure and properties of the SOC Scale, Antonovsky estimated that there were some “113 persons or teams in 20 countries who have used or are using the SOC scale as a more or less central concept in their research” (Antonovsky 1993c:726). The article drew upon both published and unpublished material relating to this work. Nevertheless, the reader was also provided with references to 38 publications with empirical data relating to the SOC Construct. However, not all of these were referred to in the article. The instrument had been used in 14 languages by the time he had written the article. Additionally, some 10,000 persons had completed the SOC-29 questionnaire and over 4,000 had had completed the SOC-13. In sum, Antonovsky believed that it was feasible to use the questionnaires with most groups. This had been his avowed purpose from the beginning (Antonovsky 1998:11). And, it was for this very reason that he strove to ensure the items were articulated in ‘everyday’ language (Antonovsky 1987). So, was the instrument reliable and valid, and is the Construct sound? Antonovsky believed that this was the case.

Reflecting on the systematic reviews of Eriksson & Lindström

However, instead of relying on Antonovsky’s 1993 article in *Social Science and Medicine*, I will draw upon the three systematic reviews that were more recently published by Eriksson and Lindström (2005, 2006, and 2007). They were founded upon Eriksson’s doctoral work which began in 2003 and are the only extended appraisals of the literature since Antonovsky’s earlier endeavours. Each of the reviews was based on a pool of 458 scientific publications and 13 doctoral theses. These are related to research extending from 1992 to 2003. A variety of methods were used for finding the articles including a search of the usual

databases, reviewing reference lists, and personal communications with authors and colleagues (Eriksson & Lindström 2005:461, 2006:377, 2007:940). Certain inclusion and exclusion criteria were followed to ensure that the researchers were dealing with the concepts as Antonovsky had outlined them. The intention was to extend our understanding of *salutogenesis* and the SOC Construct as it related to: (a) the validity and reliability of the scale, (b) health, and (c) Quality of Life.

The categories for reviewing the SOC Scale or the Orientation to Life Questionnaire followed those of Antonovsky largely (Eriksson & Lindström 2005). They included (a) face validity, (b) consensual validity, (c) construct validity, (d) criterion validity, (e) predictive validity, (e) responsiveness, and (f) reliability in terms of either internal consistency or test-retest. While Antonovsky and the early researchers had used his original questionnaires, many researchers have since modified the Scale and made it their own for various reasons. The authors suggested that this is unnecessary (Eriksson & Lindström 2005). In fact, the authors contend that modifying it might create more problems than are solved (Eriksson & Lindström 2005:461-463). We should note that the authors acknowledge that this is not a full meta-analysis of the various articles, papers and dissertations.

Overall, the findings of the review indicate that Antonovsky's questionnaire was both a valid indicator of what it tested for and that it was basically reliable. The results are not univocal; however, there is a very strong trend towards confidence. The fact that the Orientation to Life Questionnaire has been used in a wide variety of languages (at least 33) and in very diverse settings with similar results suggests that it met the expectations that Antonovsky had set for it. However, Eriksson and Lindström (2005:463-464) point out a number of important points for researchers to bear in mind.

Firstly, the SOC Construct may be more multidimensional than Antonovsky allowed for and this makes understanding its structure somewhat more complicated. This issue will be taken up more fully in the second half of the chapter. Secondly, the SOC is not as stable as Antonovsky thought. For instance, it appears to increase with age. I would argue that this should be expected given Antonovsky's theory regarding the interactive effects of the SOC and GRRs. In

other words, someone with a higher SOC will tend to use GRRs in a manner that increases the SOC through time and this will allow for greater flexibility and alacrity in the generation and use of GRRs. Thirdly, the language set of the authors limited the potential candidates for analysis. However, it appears that most people reported their findings in English regardless of the language of the instrument or investigators. Finally, the authors strongly urge that the development of new versions of the SOC Scale is not needed (Eriksson & Lindström 2005:463):

There is rather a need of consolidation and a standardisation of the instruments. It would be more relevant to develop qualitative methods.
(Eriksson & Lindström 2005:463)

Given that the instrument seems valid, what about the SOC Construct itself? The findings of the second systematic review confirm that the SOC and health are not the same (Eriksson & Lindström 2006:379). Eriksson and Lindström (2006:379) assert that the instrument provides a probable indication of the relationship between SOC and health. This relationship appears to be both complex and dynamic. A person's SOC can do more than reliably predict health, particularly mental health status, in many instances. It would appear that the SOC has a main, moderating and mediating effect with regard to health (Eriksson & Lindström 2006:377). The authors rightly indicate that two things are suggested by this: (a) the importance of creating environments and resources that support the development or enhancement of a strong SOC in each person through the whole of their life, and (b) the importance of both strengthening present GRRs and creating new kinds of GRRs that can be readily identified, accessed and used by members of families, groups, communities, organizations and societies (Eriksson & Lindström 2006:380).

As we have seen earlier, Antonovsky emphasized the close interrelationship between an abundance of GRRs and the development of a strong SOC on the one hand. On the other hand, the capacity of a strong SOC to enhance engendering, accessing, and using GRRs must also be considered. Under the right conditions this dynamic process is ignited, fuelled and spread in people, groups and communities (Eriksson et al. 2007). Yet, Eriksson and Lindström (2006:379-380) suggest, following Antonovsky, that the salutogenic orientation offers no

prescription as to what constitutes the good life morally; it only tells us something about health and illness. Still, drawing upon Antonovsky, Eriksson and Lindström (2006:379) also contend that “It is not a question about a free choice of the person to cope well. The key lies in a society and in people who care about others.” It is difficult to see how caring and a moral understanding of the ‘good life’ can be separated (Benner & Wrubel 1989; Buchanan 2000; Robbins 2008). Additionally, the importance of a person being able to choose how they will cope is integral to both their own dignity and their capacity to care for others responsibly.

This brings us to the complex and contested issue of specifying the relationship between Quality of Life and health (Gimmler et al. 2002). Some clarity is offered through both implicit (Schachtner 2002) and explicit (Schüffel 2002) arguments favouring a salutogenic approach that focuses on personal and interpersonal resources as a point of mediation for family practitioners. However, in keeping with the purpose of this thesis, we will examine the concept from the somewhat broader perspectives of health promotion and public health. Raphael (2001) reported that he could only identify two models that were consistent with the World Health Organization’s understanding of health and its approach to health promotion.

One was associated with the Centre for Health Promotion at the University of Toronto. The Centre used qualitative methods to develop the various instrument items for research and has been influenced by the humanist-existential tradition (Raphael 2001:135-136). According to Raphael (2001:136), this model has three domains which each have three sub-domains such as: Being (identity: physical, psychological, spiritual), Belonging (environmental fit: physical, social, community), and Becoming (self-expression and aspirational achievement: practical, leisure, growth). Focusing on subjective indicators relating to individual functioning, he also argues that the model has the capacity to evaluate the effects of interventions carried out on the individual, community and societal levels (Raphael 2001:136).

The second model was that developed by Bengt Lindström using traditional survey and questionnaire methods. Raphael (2001:135) contends that

the model's value lies in the idea that interventions can occur at multiple levels. Significantly, the assessments are carried out on the individual level and are, ostensibly, able to determine the efficacy of such multi-level interventions (Raphael 2001:135). Lindström (1992) specifically developed his Quality of Life Model for use by public health practitioners. It encompasses global (macro-environment, human rights, policies), external (work, economy, housing), interpersonal (family, intimate, extended), and personal (physical, mental, spiritual) dimensions relating to life resources (Lindström 1992:304-305). The model was designed to be deployed fruitfully in an interdisciplinary fashion to guide those seeking to improve life conditions, especially among vulnerable groups (Lindström 1992:304-305). It should also be noted that, in developing the model, Lindström had adopted a salutogenic approach that drew on the insights of Antonovsky. Importantly, while he adverted to the relation between the concepts of quality and capacity, he failed to fully explore and exploit this connection (Lindström 1992:301, 304). In later chapters, this thesis will take care to elaborate upon this connection more adequately.

In their review, Eriksson and Lindström (2007) also acknowledge the difficulties involved in discussing Quality of Life (QoL) or Health Related Quality of Life (HRQoL). Defining the meaning of terms, such as *health* and *quality of life*, is but one of the many issues involved. Developing a robust conceptual framework is also necessary. Drawing on Lindström's earlier work, the authors would suggest a salutogenic conceptualization that understands Quality of Life as "the total existence of an individual, a group or a society describing the *essence of existence* as measured objectively and perceived subjectively by the individual, group or society" (Eriksson & Lindström 2007:949, emphasis added). When investigating the relationship between SOC and QoL, Eriksson & Lindström (2007:940) caution that there are difficulties which arise from the use of wide variety of instruments to measure QoL and the lack of an evident rationale for choosing between them. However, it does seem that the SOC is highly correlated with QoL. It appears to influence QoL both directly and indirectly, and also to predict levels of QoL (Eriksson & Lindström 2007:940).

Therefore, in keeping with their intention to relate the results of their review to the Ottawa Charter and its *core values* so as to improve our grasp of health and its promotion, the authors offer the following salutogenic definition whose significance will be highlighted in Chapter Seven:

Health promotion is the process of enabling individuals, groups, or societies to increase control over and to improve their physical, mental, social and spiritual health. This could be reached by creating environments and societies characterized of clear structures and empowering environments *where people are able to identify their internal and external resources, use and reuse them to realize aspirations, to satisfy needs, to perceive meaningfulness, and to change or cope with the environment in a health promoting manner.* (Eriksson & Lindström 2007:943, emphasis added)

Critiquing the SOC Scale and Construct

Concerns relating to structural validity and temporal stability

While a number of studies have indicated a relative stability in SOC through time (Coe et al. 1990; Frenz et al. 1993; Feldt et al. 2000; Kivimäki et al. 2000; Feldt et al. 2003; Feldt et al. 2005), others indicate that this stability may be more liable to change than Antonovsky anticipated. This is a complex issue that will not be settled in this thesis. However, we can seek to determine what degree of confidence may be warranted. To begin with, Karlsson et al. (2000) found that there were significant changes in SOC in 41% of a sample of people in Sweden who had had coronary artery bypass surgery from before the surgery to one year after. They also found a correlation between an increased or a strong SOC and diminished “experiences of loneliness, depressed mood, stress and anxiety and less experience of chest pain” (Karlsson et al. 2000:1390). As we shall see, some people find this degree of change and the correlation between the SOC and negative affectivity problematic.

Smith et al. (2003) also found a decline in SOC among a substantially larger population of Canadians over a five year period. Two dimensions of this change are important. The first is that 35.4% of the population reported changes that were outside of the range that the investigators deemed would be expected due to measurement error (Smith et al. 2003:475). The second is that 58% reported

changes that were greater than the 10% that Antonovsky had theorized could be expected (Smith et al. 2003:475). Noting the changes in economic stability and job security between the test (1992) and the retest (1997), Smith and colleagues reflected that factors outside of the actual workplace may have a more direct influence over changing levels of SOC for low occupational groups. They also noted that other researchers had discerned an overlap between the SOC Scale and those instruments that dealt with negative affectivity and depression (Smith et al. 2003:482).

One such pair of researchers developed two important conclusions from their use of structural equation modelling (SEM) with two populations of about 2,000 respondents each who had been selected to be representative of Sweden's population (Larsson & Kallenberg 1999:51-52). First, they noted the rather strong correlation between SOC Scale scores and health that has been consistently found by other researchers. Secondly, they suggested that their research indicates that the 13-item SOC Scale most likely measures negative affectivity. They state that this does not invalidate the theoretical dimensions of the SOC Construct. It just means that the *Scale* does not measure SOC *per se*. More recently, other researchers have come to similar conclusions (Breslin et al. 2006). Finally, Larsson and Kallenberg (1999:60) suggested that "dropping the manageability component makes the SOC concept more theoretically coherent."

On the other hand, Klepp et al. (2007) found that a single-factor model comprised of comprehensibility, manageability and meaningfulness was favoured. This conclusion was based on analysis of an epidemiological mental health survey involving 1062 adults in local communities using both the 29-item and the 13-item SOC Scales. This confirms earlier appraisals by Frenz et al. (1993) who had investigated a population of 374 clinical and non-clinical research participants.

Geyer (1997:1771) had also noted that the "very high negative correlations between SOC and depression/anxiety suggest that the instruments used may assess the same phenomenon" with reversed signs. Additionally, Julkunen and Ahlström (2006) suggested from their research that the SOC (13-item scale) was the strongest predictor of Health Related Quality of Life (HRQoL) when compared with hostility and anger which they deemed were mediated through the SOC.

Their sample was comprised of 774 participants in the Anglo-Scandinavian Cardiac Outcomes Trial. They concluded that hostility, as a risk factor in relation to poor health, should be considered in the light of Antonovsky's (1979) salutogenic theory and that this theory should consider including "hostility-related constructs" (Julkunen & Ahlström 2006:33).

Other researchers have questioned this positing of a strong correlation between SOC and negative affectivity through time. Working with both those who had been severely injured accident victims and those who were suffering from rheumatoid arthritis, Schnyder et al. (2000:296) found over a one year period that the 13-item SOC Scale showed high test/re-test stability. The researchers had been concerned to investigate the relationship between SOC and depression and anxiety. They found that there was a moderate to high degree of negative correlation between SOC and the measures of both anxiety and depression. Significantly, the research with the accident victims demonstrated that a traumatic event can change a person's SOC which, then, remains stable at the lower level even when accompanying psychiatric symptoms change for the better. Schnyder et al. (2000:301) contend that this suggests the SOC is at least partially independent as a general measure of the world view that a person holds and not merely a proxy for psychopathology.

Having conducted multifaceted investigations relating to negative affectivity, positive affectivity, emotional stability and the SOC scale, Strümpfer et al. (1998:457) determined that the SOC Construct: (a) was very complex as it sought to account for a global orientation, (b) was involved with various personality trait domains, and (c) was taxonomically above the trait level in consideration of both (a) and (b). The complex mix of personality traits accounted for by the SOC scale was also discovered when Mlonzi and Strümpfer (1998) compared SOC with a broad spectrum of personality variables. They pointed out that Antonovsky, as a sociologist, was not interested in "a single trait or something that would be factorially simple, as psychologists are inclined to do in following the trait approach" (Mlonzi & Strümpfer 1998:47).

Nilsson et al. (2003) sought to explore secular trends in SOC stability in a 'normal' population with special interest in terms of gender and psychosocial

factors in northern Sweden. A cohort of about 1300 participants answered the surveys in both 1994 and 1999. Only those with a high SOC at the first test showed stability in their scores by the second test. Men and women both had a similar pattern of decline in SOC over time. Those who had had the highest perceived loss of good health and the loss of high social support had the greatest loss of SOC. Significantly, those who had an identifiable disease and members of the oldest age cohort (45-74 years) showed the greatest decline. It should be noted that the whole cohort had a decline in mean score. Hakanen et al. (2007) contend that findings relating high SOC to greater stability support Antonovsky's hypothesis.

Recognizing the limitations of previous longitudinal research investigating the structural validity and the temporal stability of the 13-item SOC scale, Feldt et al. (2007) engaged in perhaps the most ambitious project to date. Using structural equation modelling (SEM), they examined the data from a five-year prospective study of 18,600 Finns who were divided into two cohorts. There were about 4,600 in the under 30 age cohort and approximately 14,000 in the over 30 year age cohort at both the test and retest times. There were a number of salient results from this study.

First, SOC was deemed to be more stable for the subjects in the older than the younger cohort. Secondly, the mean level of SOC was higher for the older than the younger cohorts at both testing times. Thirdly, the levels increased for both cohorts during the follow-up time. However, it increased more among the younger than the older cohort. All of this generally accords with Antonovsky's theory. The authors conclude that the 13-item Scale has high structural validity and high temporal stability and is a reliable instrument for work relating to Antonovsky's theory.

I would argue that the validity and stability of the Scale means that the Construct has strong validity as well. Therefore, it can be used with reasonable confidence as a theoretical framework for health promotion and public health research. However, as the other studies indicate, there are still anomalies that need further research and reflection. It is now possible to examine three other issues of concern: predictability with regard to physical health, the relationship of the SOC Construct to other constructs, and research relating to Generalised

Resistance Resources (GRRs). This will help to lay the groundwork for exploring the problematic of the ethical or moral domain later in the thesis.

Concerns regarding the SOC Scale and physical health

Antonovsky had acknowledged that evidence regarding the predictive value of the SOC Scale was not as entirely univocal as the theory would suggest (1993). Eriksson and Lindström (2005) noted this as well. Recently, Endler et al. (2008) have flagged what they have called the 'Copenhagen Interpretation' of Antonovsky's SOC Construct. They state that the correlation between physical health and the strength of a person's SOC has yet to be proven (Endler et al. 2008:451) and pointed to the work of researchers in Copenhagen as evidence supporting their claim. The 'Copenhagen' researchers have sought to create new links between the SOC Construct and health, particularly physical health. According to Endler et al., this could strongly influence both health promotion *and* medical practice (Endler 2008:452).

After conducting a descriptive study of more than 50 published articles relating to scientific research focused on the SOC Construct, the authors (Flensburg-Madsen et al. 2005a:670) concluded that SOC is "primarily correlated to psychological measures that incorporate psychological aspects." They noted their study's vulnerability to bias. Yet, they contended that the limited evidence to date indicates an insignificant correlation between SOC and physical health. In a follow-up article, the authors (Flensburg-Madsen et al. 2005b:767) indicated that Antonovsky's basic idea of coherence is "very good", but it was rather unsupported by empirical evidence.

The three explanatory concepts of comprehensibility, manageability and meaningfulness were considered adequate. However, the authors believed that they suffered from being 'mental' conceptualisations of coherence. Significantly, they argued that the issue of 'predictability' also confounds the ability to operationalise the SOC Construct with the Orientation to Life Questionnaire (Flensburg-Madsen et al. 2005b:773). The authors questioned the appropriateness of testing for internal and test-retest reliability unless the scale's components actually represent the "universe of factors necessary to describe the phenomenon

of SOC” and that “they are actually measuring the original idea” that Antonovsky proposed (Flensburg-Madsen et al. 2005b:773).

Based on their understanding of the human person, the authors (Flensburg-Madsen et al. 2006a, 2006b) sought to keep the basic ideas of Antonovsky. But, they found it necessary to transform the Scale by separating out the mentalist components (psychological health) from the emotional components (physical health). They also sought to remove the problem of predictability: assuming the beneficence of a world that is a static and predictable entity as a foundational component of the philosophy underlying the Construct.

Effectively, they used Antonovsky’s three dimensions (comprehensibility, manageability and meaningfulness) while transforming Antonovsky’s four personal spheres of inner feelings, immediate interpersonal relations, major activities and existential issues into three spheres (Flensburg-Madsen et al. 2006a:170). Admitting that Antonovsky would not have approved, they used just the three spheres of *self*, *life* and *external* world (Flensburg-Madsen et al. 2006a:170) where the first relates to *inner feelings*, the second to *existential issues* and the third to *major activities*. Antonovsky’s category of *interpersonal relations* was not considered to be a separate sphere by the authors as they believed it is associated integrally with the other three. A number of points can be made in response to the ‘Copenhagen Interpretation’.

Although the actual number of studies explicitly exploring the relationship between SOC and physical health is small, the SOC Scale does seem to have had some positive results in this regard (Read et al. 2005). Also, the attempts by Flensburg-Madsen et al. (2006b, 2006c, 2006d) to validate their claims seem modest in terms of both the extent of their efforts and the significance of their results. In fairness to the authors, they seem to be at the beginning of what could well be a long process. However, an examination of *Google Scholar* citation links conducted by the author on 11 November 2008 indicates that few researchers had cited the publications of Flensburg-Madsen et al. on this topic by that date.

The response of Flensburg-Madsen et al. to a legitimate issue is shaped by a view of the human person that is not necessarily shared by the larger academic community as yet. This does not impugn their constructs. It only means that

general adoption of their approach may be limited for some time. Additionally, given their concerns about both predictability and the admixture of 'mentality' and 'emotionality', their approach would seem to require a significant reworking of Antonovsky's SOC Construct and Scale. Yet, the 'Copenhagen Interpretation' will still play an important role in the discussion portion of this thesis. The issues that this approach raises regarding the relative correlation of the SOC and physical and mental health has been a concern of others. Additionally, other researchers have also called into question the relative integrity of the SOC Construct itself. Rather than engaging all the various positions at length, this thesis will focus on the general argument offered by the 'Copenhagen Interpretation' in the discussions of Chapter Seven. For now, it is time to examine other established constructs.

Concerns regarding the SOC and other constructs

Coe et al. (1990:287) located the SOC concept and Antonovsky's larger salutogenic model within "the interactional or transactional tradition" of stress and health research. According to Aldwin's (1994) elaboration of this tradition, this places Antonovsky's work alongside that of Mechanic, Thoits, Lazarus, Folkman, Stokols and many others whose work has influenced health related thinking generally. In fact, Stokols (1992) explicitly incorporated Antonovsky's *salutogenesis* into his work on establishing and maintaining healthy environments. Others have made it the foundational element in their framework for thinking about the relationship between health and environments (Macdonald 2005).

In the light of this question of location and priority, researchers have been interested in comparing and clarifying Antonovsky's work with that of other thinkers and instruments developed for other issues. They include the following: life stress, hardiness, psychological distress (Flannery & Flannery 1990); hardiness, uncertainty, suffering, empathy and use of literature in psychiatric nursing (Onega 1991); perceived stress, trait anxiety and current depression (Frenz et al. 1993); life events stressors, depression, anxiety, locus of control and social support (Flannery et al. 1994); defensive style (Sammallahti et al. 1996); various short scales relating to depression, quality of life, social support (Steiner et al. 1996); hardiness (Newton 1999); multifaceted personality scales (Hittner 2000); and,

work-related psychosocial factors, general living conditions, education and social network factors (Holmberg et al. 2004). Given issues of space and time, only the work of Sullivan (1989, 1993), Almedom (2005), and Breed et al. (2006) will be considered in this section. Their work demonstrates (a) the robustness of the SOC Construct and (b) its ability to stand alone, in combination with, or as foundation for other constructs.

Sullivan (1989) evaluated Antonovsky's salutogenic model in terms of its ability to meet the needs of the nursing profession. She noted that Cleveland State University in Ohio had incorporated Antonovsky's model into their nursing curriculum as early as 1981 (Sullivan 1989:341). Sullivan (1989:338) herself found the model worthy of further investigation because of its adaptability to nursing practice and its broader applicability when compared with the work of Rotter ('Locus of Control') and Seligman ('Empowerment'). She also rightly pointed out that Antonovsky's perspective focused on health rather than illness and that it seemingly helps us to grasp the paradox of discovering health even in stressful environments (Sullivan 1989:341).

Sullivan later engaged in a more thorough clarification of the relationships between the "Sense of Coherence, will to meaning, locus of control, learned helplessness and hardiness" (Sullivan 1993:1772). While noticing similarities between Antonovsky and Frankl, Rotter, Seligman and especially Kobasa, she also identified critical discrimination points. For instance, Frankl, Rotter and Seligman all emphasize the importance of an internal locus of control. Sullivan pointed out the narrowness of scope, the pathogenic orientation, and the likely culture-bound nature of this concept (Sullivan 1993:1776). Also, due to the development of his 'will to meaning' in relationship to instances of existential *neuroses*, Sullivan very clearly identifies Frankl's work as pathogenic in its approach (Sullivan 1993:1776). While largely correlated positively with Antonovsky's model according to Sullivan, even Kobasa's concept of hardiness failed to accommodate the breadth of conceptualization that is inherent in Antonovsky's SOC (Sullivan 1993:1777).

Considering the research relating to resiliency in the light of human responses to crisis, Almedom (2005) also noted that the pathogenic orientation often influenced research relating to 'resilience', 'self-efficacy', 'hardiness' and

'posttraumatic growth'. Yet, she pointed out that Antonovsky's theory of *salutogenesis*, as operationalised by the SOC Construct, is inclusive of the related concepts of hardiness and resilience and was based on "robust primary research of cross-cultural relevance" (Almedom 2005:253). Through her thematic review of the literature, Almedom concluded that the SOC Construct was the most influential of all the constructs that she had examined "judging by its wide adoption and use in an ever-increasing number of studies, including cross-cultural and international applications" (Almedom 2005:255).

Additionally, given the process that Antonovsky had engaged in to develop and confirm his understandings, she recognized the salience of Antonovsky's work for grounding interdisciplinary discussion and engagement. Almedom considered that this was particularly important for those working with a background in "strict biopsychomedical training" which tended towards a wholly pathogenic orientation (Almedom 2005:262). She noted that Kobasa (hardiness), Strümpfer (*fortigenesis*), and Tedeschi and Calhoun (post-trauma growth) all drew upon or referred to various aspects of Antonovsky's work (Almedom 2005:260-261). In the light of this, she contended that it was:

...the duty of applied anthropologists, psychologists, and others to venture beyond the fence of their own disciplines and acquire new skills to enable them to engage in interdisciplinary inquiry into the human spirit, which often rises above the trauma of war and other disasters. (Almedom 2005:263)

Breed et al. (2006:75), following Strümpfer (1990), designated the following as salutogenic strengths: the SOC, hardiness, learned resourcefulness, potency, internal locus of control and self-efficacy. Considering each of these constructs carefully, the authors posited a profile of salutogenic functioning which included cognitive, affective, motivational and interpersonal aspects (Breed et al. 2006:76). The authors then sought to discover whether "the operationalisation of the six salutogenic constructs fit the theoretical and conceptual views of salutogenic functioning" (Breed et al. 2006:76). Two population groups, 'White' and 'Combined', were participants in the study (Breed et al. 2006:76). They were all part-time students who were registered in their second year of study in

Industrial Psychology at a distance education university (Breed et al. 2006:76).

This was a complex undertaking and the findings were mixed. However, one result of the study was the realization that there remains an incongruence between the conceptualization of salutogenic functioning and its operationalisation through the instruments typically associated with the six constructs (Breed et al. 2006:83). Still, this research is important in that Antonovsky's *salutogenesis* had inspired researchers to find ways of conceptualizing and measuring what might be termed a 'positive psychology' meta-construct of salutogenic functioning (Van Breda 2001; Breed et al. 2006; Robbins 2008). And, this approach to psychology takes the engendering, accessing and using of generalised resistance resources seriously (van Wijk & Waters 2008).

Concerns regarding research on Generalized Resistance Resources

I have discovered that little has been written on GRRs in comparison with either the SOC Construct or the SOC Scale. This is despite the importance of GRRs in the theoretical development of both. Given the fact that, according to the salutogenic approach, a person's SOC is developed, enhanced or maintained by his or her interaction with GRRs, this is somewhat puzzling. Additionally, it is through the person, group or community engendering, accessing and using GRRs that health and well-being are maintained or enhanced. While GRRs are often mentioned in passing as being an aspect of Antonovsky's theory, no systematic review of research on GRRs has been found. This section will not attempt to fill such a gap. Rather, it will seek to identify some key articles and select some relevant points for discussion.

A number of researchers have confirmed that Generalized Resistance Resources have been little studied in any systematic sense (Volanen et al. 2004; Read et al. 2005; Volanen et al. 2006). Read et al. (2005) also highlighted that even less is known about GRRs as they relate to older people. However, work has been done in this regard more recently (Wiesmann & Hannich 2008). Volanen et al. (2006) contended that little is known about the relationship between SOC and GRRs in terms of variance between ethnic and linguistic groups. However, there had been a study examining generalised resistance deficits and resources as they

related to psychological dysfunction among Vietnamese, Cambodian, Laotian, Hmong, and Chinese-Vietnamese refugees (Ying et al. 1997). These same groups were also studied with regard to deficits and resources relating to happiness or demoralization (Ying & Akutsu 1997). Finally, the palliative care setting (Milberg & Strang 2007), university students (Wickens & Greeff 2005), child protection (Taylor 2004), work (Holmberg et al. 2004), maltreated children (Sagy & Dotan 2001), schizophrenia sufferers (Menzies 2000), and youth (Vuori 1994) have all been studied with specific reference to GRRs.

Menzies (2000:210) raised the question of what psychiatric nurses could do to “support, strengthen, or enhance GRRs” with regard to schizophrenia patients. Her reflection on nursing therapeutics led her to articulate a number of GRRs. While this is only a sample, they included such things as “strong social support, good personal relationships, and a healthy sense of self” that can be engendered, accessed or used through the psychiatric nurse “believing in the patient, helping the patient meet goals and being consistent and preserving” despite setbacks and obstacles (Menzies 2000:612-613). In the end, Menzies realized that it just might be the nurse who was the most important GRR.

Milberg and Strang (2007) sought to develop a salutogenic theoretical framework in order to examine health-disease continuums in a palliative care setting. They wanted to specify what GRRs were available from the family members’ experience of the Centre’s staff and how such staff facilitated movement towards the health. They discovered three different ways in which family members experienced the staff: (a) generally through staff competence, support, the spectrum of services, continuity, and accessibility; (b) through specific interactions with staff with regard to being in the Centre and sharing-caring; and, (c) emotional and existential consequences of staff support as this related to six health-disease continuums (Milberg & Strang 2007:745-746).

Finally, family, work and educational settings are three common domains where research into the SOC, GRRs and health has been conducted. For maltreated children, the strength of the family SOC was a critical factor in the variances found in perceived competence which, in turn, was the main predictor of a salutogenic outcome in the adolescent (Sagy & Dotan 2001:1477). Similarly,

when conducting research involving students who were in their first year at university, Wickens and Greeff (2005:439) found that both the “family and personal SOC relate significantly to the utilization of sources of support.” And, the strength of a person’s SOC seems to be more related to the degree that close social relationships influence the psycho-emotional domain than to other factors in the socio-economic domain (Volanen et al. 2004; Volanen et al. 2006). Research investigating ‘Job Demand-Control’ (Holmberg et al. 2004) and the relationship between job factors, adult health risk behaviour and resources, and individual factors in youth (Vuori 1994) support these other findings.

For each of the examples above, the following question could be asked: what hindered or supported the engendering, accessing and using of Generalised Resistance Resources? Even a relationship that can be construed as a GRR might be hindered or supported by another relationship or a series of relationships. Also, it may be possible that close relations significantly influence the factors involved in the socio-economic domain. Michael Marmot’s (2004) work emphasises the importance of autonomy or ‘being in control’ of one’s life especially as this relates to our social standing in a community and the resources available to us as a result. He would emphasise the importance of creating a more participatory and inclusive society to improve both personal and public health. Greater understanding of the role of GRRs and the place of the ethical and moral dimensions could help us clarify questions that might assist us in understanding the relationships between the ‘psychic benefits’ of autonomy and the benefits of participating in communities of reciprocity. In any case, we can enhance our understanding of GRRs by exploring the stories of the men of ‘A Force’ on the ‘Burma Railway’ through a descriptive phenomenological analysis.

Concluding Chapter Four

This chapter has examined important attempts to validate and critique the SOC Scale and Construct. The reader is reminded that it has been beyond the scope of this investigation to thoroughly examine all questions or criticisms. What has been sought is a sense of confidence that use of Antonovsky’s theoretical

framework by health promotion and public health practitioners is warranted. I believe that this has been achieved. It began with a recounting of Antonovsky's development of the SOC Scale, or the Orientation to Life Questionnaire, as an attempt to validate the Construct. Then, an important endeavour to establish the validity of the SOC Scale and Construct through systematic reviews was outlined. Particular attention was paid to the relationship between the Construct and both (a) health and (b) quality of life.

The second half of the chapter examined a number of concerns which could not be left unaddressed without serious doubt arising regarding the prudence of using Antonovsky's theory for health promotion and public health education, research and practice. These concerns related to (a) the structural validity and temporal stability of the SOC, (b) the correlation between the SOC Scale and physical health, (c) the relationship of the SOC to other constructs, and (d) the paucity of research regarding the GRRs compared to the SOC Construct and Scale. This paucity warrants the present descriptive investigation. This and the previous chapter have sought to establish the value of clarifying aspects of Antonovsky's elaboration of the SOC Construct and GRRs. The next chapter will outline the methodology to be employed.

Chapter Five: Justifying, elaborating and adapting the qualitative methodology

The world about us is not merely ours. We possess it only because our predecessors appreciated and cherished it. We look at it through eyes that are not simply our own but to some considerable degree have learnt their vision from the eyes of others. The eyes of painters and poets, of craftsmen and farmers, and, more personally, of relations and friends who in our childhood, and since, have illuminated our ambience for us. The world seen, as it were, flat, with no associations, none of the subtle hints of other things, no correspondence with ideas and experiences that link us to the first great history of mankind, would be dull and meaningless, hardly sensuous at all.

*Scotland's Dowry (1956:1), George Scott-Moncrieff
Secretary to the Scottish Council of the National
Buildings Record in World War II*

Introducing Chapter Five

This chapter will seek to do three things. First, it will endeavour to justify the use of the reflective lifeworld approach to research (Dahlberg, Drew & Nyström 2001; Dahlberg, Dahlberg & Nyström 2008). So, the next section will briefly sketch out the importance of this form of research. It will also contextualise the present endeavour within both the larger tradition of phenomenological research (Dowling 2007) and the tradition of descriptive phenomenology elaborated at Duquesne University and typically associated with Amedeo Giorgi (2005). Finally, it will also briefly discuss criticisms regarding descriptive lifeworld research.

The second purpose of this chapter is to elaborate the qualitative methodology to be used. It will do this by first carefully delimitating descriptive phenomenological methodology. Then, it will specify the process of the methodology in terms of its 'typical' aspects as used by Giorgi and other lifeworld researchers (von Eckartsberg 1986, 1998a, 1998b; Giorgi 1997; Dahlberg, Drew &

Nyström 2001; Dahlberg, Dahlberg & Nyström 2008; Todres & Holloway 2004; Todres 2005; Ashworth & Chung 2006). Criticisms of this approach will be outlined and responded to.

The final purpose of this chapter is to detail the adaptations that will be required for the methodology's use. This has to do with the nature of the sources of the descriptions to be analysed. It will be necessary to provide background information on the sources and to address potential criticisms regarding their use. Additionally, practical issues relating to the use of memoirs will be discussed and the adaptations elaborated.

Justifying the qualitative methodology

Confirming the relevance of reflective lifeworld research

As we have seen, Eriksson and Lindström (2005) recommended that researchers increasingly turn towards qualitative approaches for exploring Antonovsky's Sense of Coherence Construct. This will be a complicated and difficult task requiring the cooperation and coordination of researchers exploring many different areas of interest through time. One critical issue will be determining which of the many qualitative methodologies is appropriate both for each research task and for developing a deeper understanding of *salutogenesis* as a whole. With this in mind, it is pertinent to initiate a brief discussion on this matter.

In the previous chapter, two key points made by Eriksson and Lindström were noted. The first had to do with the importance of a caring society for the coping of people (2006:379). Antonovsky (1993a, 1995) argues that his Construct is about health and illness, not values. Yet, one can seriously question any approach to health and its promotion that ignores the (a) values of caring in general and (b) concern for research participants specifically (Bennen & Wrubel 1989; Buchanan 2000). For, whether and how we care, or not, will influence the capacity for engendering, accessing and using resources. As has been stated already, results from the relatively limited research on Generalised Resistance Resources (GRRs) have highlighted the importance of caring relationships for both the development and deployment of the Sense of Coherence.

Secondly, I highlighted earlier that, when we consider the concept of Quality of Life, we need to be explicit about the issue of values. In part, this is due to the technological advances that now ubiquitously influence our lives (Todres & Holloway 2004:92). For instance, we can extend life long after someone would have normally died in the past. In the case of premature births, we can ensure survival much earlier than would have been possible previously. Both of these examples raise questions of value and, therefore, ethics with regard to resources. What will be the fundamental basis of these values and what end will they serve? According to Erikson and Lindström (2007:949 emphasis added), Quality of Life is the totality of the existence of an individual, group or society and it describes “the *essence of existence* as...perceived subjectively by the individual, group or society.” The reader’s attention has been recalled to these two points of caring and Quality of Life because they provide some justification for the approach to be undertaken.

In Scandinavia, nursing is still largely considered to be a caring vocation ontologically (Drew & Dahlberg 1995; Giorgi 2005). One pair of researchers who have ‘laid out’ a paradigm for nursing practice and research that maintains this calling to care is Karin Dahlberg and Nancy Drew. Influenced by the Duquesne University approach to human science, they have advocated a lifeworld approach which values: encounter (inter-subjectivity), openness, uniqueness (non-reduction), immediacy and meaning (Drew & Dahlberg 1995; cf. Dahlberg et al. 2001; Dahlberg 2006a; Dahlberg et al. 2008). In terms of the practice of holistic nursing care, these five values can be translated into two basic guidelines which correlate strongly to Eriksson and Lindström’s (2007) redefinition of health promotion:

1. Understanding how a patient experiences his or her own health and the context within which health care is sought. In a larger sense, this involves understanding the patient’s life world, which, in turn, leads to an understanding of what is meaningful for that person.
2. Identifying the patient’s resources that support health recovery or maintenance, as well as the *hälsohinder* (that which hinders health) (Drew & Dahlberg 1995:340, emphasis original).

With regard to research, two of the five values are of primary importance for this section. The first to be discussed will be meaning as it is considered phenomenologically. All consciousness is directed towards “something”. Consciousness has intentionality, even when we, as persons, are not fully *aware* of what is intended by our consciousness. The intention of an act of consciousness is meaning which often remains implicit, not fully known to us. The concern of descriptive phenomenology is to make these meanings increasingly more explicit through a process of clarification (Dahlberg & Dahlberg 2003, 2004; Dahlberg 2006b; Giorgi 2009). Dahlberg and Drew (1997) contend that the purpose of lifeworld research is not to establish a more fundamental statement regarding reality. This is the task of metascience (metaphysics) which, as an exercise in philosophy, may well draw upon lifeworld research (Ashley 2009). Instead, it is to make meaning explicit *as it is lived*. And, following Merleau-Ponty (1973), the authors contend that in lifeworld research “meaning is always contextual and recognized as expandable and expanding” (Dahlberg & Drew 1997:311).

The approach taken by Drew and Dahlberg (1995) does not diminish the importance of the individual patient, or their uniqueness. The perspective of the person is not considered as something that has to be eliminated to maintain objectivity in research (Dahlberg & Drew 1997:310). Instead, it provides us with a unique access into a world that is not typically amenable to the techniques and methods of the natural sciences (Giorgi 2005, 2009). Yet, while their approach to research values the perspective of research participants, it also values generalisability (Dahlberg & Drew 1997:310). This paradoxical holding together of the unique and the general is the great strength of lifeworld research as it regards the present endeavour. For instance, it helps to make some sense of the comments of Edna Hunter mentioned in the second chapter. She suggested that the experience of captivity is essentially unique for each person, but the strategies for dealing with captivity are typically similar regardless of time, location, circumstances or personnel involved. How is this possible?

Adopting Husserl’s concept of the lifeworld, this approach to research seeks to add to our general understanding of the human experience of the objects and events (phenomenon) that we encounter in our everyday living. This is the

world that we each mutually inhabit and influence, and it is the world that informs all our habits of thought, feeling and action (Nyström & Dahlberg 2001). In other words, reflective lifeworld research is concerned about our *essential human existence*. More specifically, it is concerned with essences which are the “orders and unities of experiential life” and are often referred to as the “relational structure of an experiential phenomenon or the general thematic structure” (Todres 2005:105). This research goes beyond basic or fundamental description that is only concerned with surface events (cf. Sandelowski 2000).

Thus, descriptive phenomenological research is potentially generalisable in a manner that can both be validated by and validate the experiences of all others to one degree or another (Dahlberg & Drew 1997:310; Wertz 1983, 2001; Robbins 2006, 2008). Again, following Merleau-Ponty’s explication of Husserl, Dahlberg and Drew contend that this is possible because generalisation, in this form of research, has to do with the *nature* of essences:

The essence of a phenomenon is discovered through description of implicit experience; that is, the direct experiencing of the lifeworld before any attempts at causal explanation. The essence of a phenomenon are those invariant structures without which the object or event would “cease to exist as itself” (Merleau-Ponty 1968:111)...Descriptions of such experience should be instantly recognizable...(Dahlberg & Drew 1997:310).

Contextualizing and critiquing reflective lifeworld research

The work of Dahlberg and her colleagues is important to this investigation because of their efforts to reorient the health sciences from within the perspective of human science without negating the importance of natural science for understanding health (Drew & Dahlberg 1995; Dahlberg & Drew 1997; Giorgi 2005; Dahlberg 2006a, 2006b, 2006c; Dahlberg et al. 2008). It will be useful to place this present endeavour within a somewhat wider discussion of the concerns involved. To do this, articles by Dowling (2007) and Giorgi (2005) will be discussed.

In reviewing the history and development of various phenomenological approaches, Dowling (2007:131) highlights a key point of discrimination. The issues surrounding the lifeworld and the phenomenological reduction as posited by Husserl and refined or reworked by Heidegger, Merleau-Ponty and Gadamer

have set the stage for critical discussions regarding the various methodological approaches. Two main approaches have relevance: American (New or Scientific) and Traditional (European) phenomenology. As we shall see below, some would consider the latter to be more philosophically true to Husserl's intentions; therefore, research following this approach is the only type that is justified in being labelled phenomenological. Yet, the former approach tends to be used widely by researchers promoting human science. They also describe their work as phenomenological. What is the dilemma?

According to Dowling (2007:137), commentators such as Caelli (2000) note that, unlike the European tradition, the American approach examines other people's experiences and reports its descriptions in the third person. Additionally, Dowling (2007:137) informs us that Crotty (1996) contends that this approach incorporates elements of the American intellectual tradition which has been heavily influenced by both the symbolic interactionists and various humanistic psychologists. The upshot is that the so called American phenomenology is: (a) unwilling to avoid the cultural and contextual issues involved when investigating the phenomenon of interest, and (b) concerned to include the thoughts and interpretations of the research participants in the data to be analysed as this can provide richer resources for making more explicit the phenomenon to be clarified through the investigation. If the research were to be conducted according to the tenets of traditional phenomenology, then *both* the respondents and the researchers would be engaged in 'bracketing'. As a result, the research participants' interpretations and pre-understandings would be excluded. Additionally, the cultural and contextual dimensions would be deemed irrelevant.

The work of both Giorgi (2000a, 2000b, 2005, 2009) and Dahlberg (2006a, 2006b) call into question claims that 'American' phenomenology is *necessarily*: (a) a corruption of the intentions of Husserl or his successors, (b) "subjective" in the pejorative sense, or (c) lacking in rigor (Dowling 2007). They also indicate that the descriptions of *experience* given by the research participants are a way of accessing aspects of the phenomenon; they are not the focus of the research *per se*—the essence of the phenomenon is. In other words, there is an important difference between research that "presents users' *views*" and research that is

based on descriptions of users' *lifeworlds*" that include their views (Todres & Holloway 2004:92 emphasis original). Giorgi (1997, 2000a, 2000b) contends that we must distinguish between efforts inspired by Husserl and those imitating him. Therefore, we must also distinguish between the scientific and philosophical uses of Husserl's phenomenology (Giorgi 1997, 2000a, 2000b).

As has been stated already, reflective lifeworld research has as its intention the furthering of the human sciences. These can include both health and social sciences (Dahlberg 2006b, 2006c). Attending to the thought of Giorgi (2005, 2009) affords an opportunity to further contextualize and clarify this approach with regard to the present project. This will be done in terms of philosophy, science and qualitative research. Certain criticisms are, thereby, addressed.

Philosophically, Husserl's phenomenology seeks to overturn empiricism. Empiricism is a philosophical stance that posits that we can have true knowledge *only* of that which can be perceived by our senses *and* reduced to cause-effect relationships. But, as Giorgi has stated, human "consciousness introduces new types of relationships into the world" (2005:76). Human beings engage in acts of consciousness that bestow meanings on the objects of intention and these objects can be of a non-material nature (e.g., dreams, illusions, fantasies, anticipations, memories, desires). Further, the meanings of these objects can be interrelated and they can be expressed through pictures (pictorially) and words (linguistically) along with their interrelationships (Giorgi 2005:77). Following Merleau-Ponty, Giorgi (2005:80) also speaks of the physiognomic level of expression.

So, phenomenology does not seek to explain or discover the *causes* of things and events (van Manen 1990:21-22). Instead, it clarifies their meanings and can result in "an understanding of the referential *possibilities* of how a human being will act in the world *or in relation to others*" (Giorgi 2005:77 emphasis added). It can make explicit the gap between what we espouse about ourselves or suppose is the case and what we enact or find to be the situation when it is clarified adequately. This can allow us to correct the difference and, thereby, transform our own lives and our lives with others (Giorgi 2005:77). If this is done according to an understanding of values as intrinsic to the ethic and moral dimension of our human agency, it could make possible a world in which both the

human good and the means of achieving it are both discerned and enacted more broadly (Sokolowski 1985b; MacIntyre 1988, 1990, 1999; Buchanan 2000).

When empiricism is its only possible foundation, science will of necessity be based solely on the investigation of natural processes. The methods for practicing this type of scientific endeavour have been refined for generations. They have led to breakthroughs in both our knowledge and its technological application. These have literally transformed our world. At the same time, when these methods have been applied to human beings, they have led to disturbing breakdowns in 'functioning', as it were. This is due, in part, to our forgetfulness.

Many traditions have discussed the question of human nature (Ashworth 2000). The various questions raised and answers offered have been of import in Western civilisation for over twenty-five hundred years. Of late, some thinkers in Western culture, such as Wiener (1954, 1964), seem increasingly to construe humans as being little different from machines or mere organisms when we speak of them cybernetically. Antonovsky (1991b) increasingly favoured such an approach in terms of his construal of feedback. More moderate proponents of systems theory are sensitive to the dilemmas posed by its method of understanding and dealing with multi-person complexities (Laszlo 1973). Gordon Allport (1947, 1960) was particularly alert to the dangers involved when psychologists and social psychologists adopted anything less than the most 'open' of systems approaches. If consciousness is unlike natural processes and if humans are only partially naturalistic, then what kind of science is appropriate for understanding human beings? Giorgi (2005) argues that a human, rather than a mechanical or biological science is required. He also specifies what would make this endeavour truly scientific (Giorgi 2005, 2009).

The knowledge gained through it must be (a) potentially systematic in that it should be able to pull together and harmonize isolated portions of knowledge, (b) obtained methodologically rather than haphazardly or spontaneously, (c) general in that it could be applied to situations other than those in which the knowledge originated, and (d) open to critical evaluation by others (Giorgi 2005:78). Importantly, Giorgi contends that such knowledge would not be required to provide us with 'laws'. Given the nature of the 'subject-matter', what

can be gained is an understanding of the “structure of possibilities of response” (Giorgi 2005:79). This is in keeping with the “conditioned freedom, motivation, meaningfulness, appeal, and responsibility” that is characteristic of human beings (Giorgi 2005:79).

What are the implications for qualitative research? Only one will be discussed here. It has to do with objectivity. According to Giorgi (2005:82), the aim of the human sciences is to make an “objective determination of the subjective meanings that persons posit in situations in the world.” How is this possible? Once meaning has been constituted in an act of consciousness which intends an object, Giorgi follows Husserl in asserting that the meaning, like the object, transcends the act of consciousness (Giorgi 2005:82). Therefore, it can be, first, discerned and identified through reflection; then, made more explicit and, subsequently, referred to at will as a result of its having been expressed to one’s self or by one subject to another (Giorgi 2005:82).

And, what has been expressed? A description of an experience, thought or interpretation expressed in the ‘natural attitude’ typically. How does one move from this to a description of the essence, or the essential meaning structures, of the phenomenon of interest to the researcher? This is what will be taken up in the next section. Before doing so, one point needs to be clarified about lifeworld research and the issue of ontology.

The interests of scientific phenomenology are limited to experiences of and in the lifeworld. Others such as Polanyi (1958, 1967) or various Aristotelian philosophers (Sokolowski 2000; Kerr 2002, 2003; Ashley 2009) have strong affinities with lifeworld research; but, they often extend their investigations beyond our immediately lived experience to other ontological concerns. This is perfectly legitimate; but, it is not the aim of reflective lifeworld research. So, Todres (2005:105) captures the import of this well when he states that pursuing “the articulation of essences does not necessarily mean that one has an essentialist philosophy in which essences precede existence: it leaves open the question as to whether any essences are universal and ahistorical”.

Elaborating the qualitative methodology

Introducing phenomenological methodology

Following this reasoning, we must say that essences are not the outcome of interpretation; it is not the researcher who gives a phenomenon its meaning. Neither are essences something that only [lie] within the realm of the object itself, ready to [be] described. Instead, *the meaning is disclosed in the researching act that takes place between the researcher and the phenomenon*. In this context, it is interesting to note that the word “phenomenon” means “things as intended”. Essences thus belong to the in-between world, that “single fabric” that connects us with everything else in the world, with other subjects or objects. Essences belong to the “flesh of the world”, as Merleau-Ponty (1968) later on described his main idea. (Dahlberg 2006b:12 emphasis added)

Reflective lifeworld research raises further ontological and methodological, as well as axiological and epistemological questions. How do we ‘gain access’ to the essences or the meaning structures that are of interest to us as phenomenological researchers? They are neither ‘out there’ nor ‘in here’. Instead, they are ‘between’ and are disclosed in the *act* of researching. So, this type of research begins with a question amenable to being answered phenomenologically (Todres & Holloway 2004; Todres 2005). It continues as we allow ourselves to ‘slip out’ of our normal attitude to the world around us and into a ‘place’ of openness to the phenomenon as it manifests itself to our consciousness in its most coherent, effective and fulfilling presentations (Solokowski 1985a; Giorgi 1992:122-123). Despite Sokolowski’s gentle assurances, while this is not something completely foreign to us, moving from the natural attitude is not always as easy as it seems. We will begin this general introduction with a story to help situate us within reach of ‘grasping’ Merleau-Ponty’s (1968:134-139, 250) ontological metaphor regarding the ‘flesh of the world’.

Imagine walking into your kitchen having returned from work one evening. You open the fridge and place the milk container on the counter. You grab a glass from the rinse stand and place it on the counter near you as you fossick in the pantry for a bag of biscuits. Then, you move to the dining table with two or three

biscuits on a plate that you also picked up from the rinse stand. You sit down in a chair and swivel away from the table to look out through the sunset spattered window. The plate rests in your lap as you raise a biscuit to your mouth with your left hand. Instantaneously, you cup your right hand at the correct position and catch the portion that broke off and fell. You break into a smile at ‘recognizing’ your prowess in catching the fragment without glancing away from the sunset. But, you do not notice that you left an empty glass on the kitchen counter. You think of it full of milk and near to your elbow on the table. You were even glad that you had not disturbed it with your catch. Upon looking for it, you are astonished that it is not there. Later, you tell your husband, wife, partner, or friend about it and *you both laugh*.

Everything in this story is of a piece; both what is seen and unseen in each moment (Dahlberg 2006b, 2006c). And, it is all a part of the whole of our lived experience. We can each follow in our imaginations every event as it unfolds—you can almost hear the shared laughter, see the sunset, feel the cleanness of the plate, sense the chair swivelling, hear the thud of the glass on the counter-top, and taste the biscuit. You can get the joke and laugh at yourself; you know what it is like to confuse anticipating something with an actual state of affairs (Sokolowski 1974:32). We can remember similar experiences and we might even anticipate them happening to us again. In a sense, there is nothing out of the ordinary about the story; it represents our world as experienced.

Yet, *anything* that was intended in an act of consciousness while you read the story could be the subject of a research question. The decision is yours or mine as the researcher. What do we wonder about; what has captured our curiosity? Perhaps you would like to better understand the phenomenon of ‘disillusionment’ as exemplified in the story about the ‘discovery’ of the missing glass of milk. You might want to explore the experience of having your whole being ‘break’ into a smile and not merely your mouth. Or, you might investigate how it is that we can share a joke (Sokolowski 2000:146-155).

The question you chose will be shaped by your interests and concerns. It will also be shaped by the people around you with their own concerns. We all have our histories and traditions as the horizons within which we raise our

questions (Dahlberg et al. 2001). Dahlberg et al. (2001:125) also point out that, according to Gadamer, these horizons provide the basis for both our understandings and our misunderstandings. Therefore, we have to be aware of the potentially biasing effect of our pre-understandings (Nyström & Dahlberg 2001); the glass is neither always full, nor always at our elbow as we might have assumed. Still, a question must be asked of our experience of the lifeworld. And, once it is asked, it must be asked repeatedly until we have an answer or we judge that we will never have an answer to our question (Lonergan 1957).

Perhaps we have no answer because our questioning has been inauthentic and we need to question ourselves about our being closed minded or hearted and lacking in any willingness to dialogue fruitfully with others (Dahlberg et al. 2001). Additionally, a researcher must be personally involved and intelligently engaged—there is no predetermined, automatic or absolutely fixed methodological recipe for success in understanding. However, there are personal skills and dispositions that are required to dwell with the tacit aspects of what we are coming to know more fully as we move between the whole and the part and back again (Polanyi 1958; Wertz 1983, 2001). And, we have always already ‘known’ something and will always ‘know’ more than we can ever tell (Polanyi 1967; Polanyi & Prosch 1975). We must also develop the capacity to be critically aware of our limitations and our potential defensiveness against what is truly given to us as a challenge to our present life-stance.

So, getting the meaning structure of the phenomenon, as a whole, requires that we remove ourselves sufficiently from the spontaneous movements and moments in the story as they weave seamlessly together (Nyström & Dahlberg 2001). Researchers can do this by cultivating and employing an attitude of openness to the phenomenon of interest. Also, they must repeatedly struggle to remain open to the phenomenon as it presents itself to their consciousness in its various aspects and without regard for its existential status (Giorgi 1997). This requires that we, to quote Dahlberg (2006b, 2006c), ‘bridle’ our normal engagement with the phenomenon and our habitual ‘movement’ through time and space among these people in our regular moods and modes of communication with ourselves and others. We must reign in our capacity to just

go with the flow which even extends to our ability to spontaneously 'know' where the fragment of biscuit will fall without taking our eyes off the sunset.

By using this concept of bridling, Dahlberg (2006b:16) intends to cover both the bracketing of our pre-understandings, theories and assumptions and the slowing down of our understanding as a whole. We do the latter so that we do not "understand too quick, too careless, or slovenly, or in other words, that we do not make definite what is indefinite" (Dahlberg 2006b:16). Unless both aspects covered by bridling are attended to, they will close us off from the meaning that would emerge if were we to allow ourselves to be engaged by the phenomenon in question.

In effect, we must allow various aspects of the phenomenon to become present to our consciousness in their turn. We 'let' them move into the foreground and, then, recede into the background of the life situation as described (Dahlberg 2006b, 2006c). This is necessary because we normally need only a portion of the phenomenon to be present to our consciousness for us to perceive it in the context of our lived experience. Now, in our scientific endeavours, we require as much of the structure of the phenomenon as possible to be made explicit (Giorgi 1997). So, we note, compare and contrast in our memories (within the reduction); we add and subtract this or that seeming aspect in our imaginations. We do this until we have 'turned' them about sufficiently in our 'mind's eye' to be sure that we have grasped the essential structure of meanings constituting the phenomenon typically. Following Husserl, Todres and Holloway (2004:86-88) speak of this as 'intuiting and testing' the meanings of our experience.

Then, we seek to 'set' this essence through language, pictorials or gestures for our own benefit for a time and to communicate it to others (Sokolowski 1974, 1985a, 2008). This can be done because we each mutually participate in the lifeworld as embodied consciousnesses sharing a crucial empathetic capacity to regard the other as another self (Stein 1989; Dahlberg 2006c). So, maintaining a balance between some amount of detail from the concrete situation and the more general essential structure is important in this process of communication (Todres & Holloway 2004; Todres 2005). This allows an opportunity for other people to

judge whether or not we have put the meanings together “in a good and helpful way, and whether the meanings adequately capture the *sense* of the details” coherently (Todres & Holloway 2004:88 emphasis added). Finally, we can ask questions of established theories in the light of the meaning structures we describe and we can ponder new questions in the light of our further theoretical elaborations (Dahlberg et al. 2001:145; Dahlberg 2006c; Dahlberg et al. 2008). We may decide that other methods are called for in further investigations. It is all up to us and the exigencies of following our disciplines.

Specifying the processes of a philosophical phenomenological methodology

There are many approaches to phenomenological research (Colaizzi 1978; Tesch 1990; van Manen 1990; Moustakas 1994; Pollio et al. 1997). Essentially, knowing my limitations, resources and aspirations, I have selected Giorgi’s approach as the best able to help me finish the task that I had set for myself within the allotted time. Having read Giorgi’s explanation of his intent and method and having read how others had used his approach in psychology, I judged that it could effectively and efficiently accomplish the required task. I sensed that Giorgi was the most adequate guide with regard to taking what I already knew and extending it in new ways that made the most sense to me. I was able to build on my strengths and extend these capacities in new directions in a rigorous, systematic, methodological and critical fashion. Also, I found that some of those who had grounded their own thinking in Giorgi’s approach were interested in lifeworld research relating to health. Their work gave me greater insight into the power of Giorgi’s approach to descriptive phenomenology for developing conceptual tools with which to critique the theoretical and empirical work of others in the field of health promotion within the ambit of public health (Dahlberg et al. 2001, Dahlberg et al. 2008).

So, this section will briefly summarise the process as proposed by Giorgi (Giorgi 1997, 2009; Giorgi & Giorgi 2003a). Thus, we benefit from appropriating five decades of Giorgi’s critically informed thinking concerning a Husserlian *inspired* approach to the scientific use of descriptive phenomenology. Giorgi encourages variations and explorations. However, he also calls for a considered

understanding of what constitutes a scientific use of phenomenology and why this is important (Giorgi 1986, 1997, 2009; Giorgi & Giorgi 2003b). Such an approach can engender a clear, cohesive, comprehensive and, therefore, cogent development of scientific disciplines within a human science orientation that prudentially allows for creative innovation.

Because of recurrent and widespread misunderstandings, Giorgi (1997:236-238) begins by clarifying what comprises a phenomenological approach. He specifies the four key aspects as: (a) thematising explicitly the phenomenon of *consciousness* which is not merely a 'neutral' presenter of data but actively contributes to the meaning of its objects, (b) focusing on how the objects are *perceived* rather than on their status as existent, (c) delineating a *phenomenon* as that which is 'given' in its presentations to a subject and which can be both described and analysed, and (d) recognizing that *intentionality* transforms the supposed dichotomy of wholly distinct objects and subjects that relate extrinsically, as it were, into structurally and holistically integrated subject-object relationships. Sokolowski highlights the import of this well when he writes:

What phenomenology does through its doctrine of the intentionality of consciousness is to overcome the Cartesian and Lockean bias against the publicness of mind, which is also a bias against the reality of the appearance of things. For phenomenology, there are no "mere" appearances, and nothing is "just" an appearance. Appearances are real; they belong to being. Things do show up. Phenomenology allows us to recognize and to restore the world that seemed to have been lost when we were locked into our own internal world by philosophical confusions. Things that had been declared to be merely psychological are now found to be ontological. Pictures, words, symbols, perceived objects, states of affairs, other minds, laws, and social conventions are all acknowledged as truly there, as sharing in being and as capable of appearing according to their own proper style. (Sokolowski 2000:15)

Giorgi next explores the method of descriptive philosophical phenomenology. This has already been delineated as comprising the three interrelated steps of: (1) the phenomenological reduction, (2) description, and (3) search for essences (Giorgi 1997:239). As it is easy to overlook its importance, I

would only wish to expand on the salience of description in contradistinction to explanation, construction and interpretation. Giorgi acknowledged that both descriptive and hermeneutical (interpretive) phenomenology have their place. Yet, given recent trends, researchers are more likely to be cognizant of the latter's significance (Giorgi 2009).

Description seeks both to make explicit and to articulate what is given as it is given within a situation (Dahlberg & Dahlberg 2004). Thus, the descriptive approach seeks to provide an *intrinsic* account of the phenomenon (Giorgi 1997:241). Rather than focusing on the relationship between external and independent variables, the descriptive approach specifies the interrelationship of meanings as they constitute a coherent essential structure (Giorgi & Giorgi 2003b:34; Dahlberg & Dahlberg 2004). On the other hand, explanation, construction and interpretation each seek to provide an account of the phenomenon "*in terms of some factor external to the given*" (Giorgi 1997:241 emphasis added). This is sometimes necessary when the meaning remains incomplete and ambiguous (Giorgi 1992; Dahlberg et al. 2008).

Description offers us some purchase on critiquing our theories by providing accounts that are *much less* theory dependent. Such accounts have their own limitations. Yet, they also describe more clearly the 'boundary limits' of other accounts (Giorgi 2005). For instance, Dahlberg and Dahlberg (2004:272-273) forcefully argue that an analytic mentality can encroach on our practice and that many phenomenological methodologists engage in an often implicit dualism which we are each in danger of emulating:

We want to conclude this paper arguing that the understanding of lifeworld research as an act of interpretation, as well as the idea that meaning, in principle, cannot be described, are positivistic left-overs. It comes from the analytic belief of an active subject, seeking knowledge from the innocent world as something lying outside the scientific window, through which we carefully look out in order not to interfere with the object of investigation. The phenomenology of Husserl and Merleau-Ponty demonstrates clearly that this is not the case. (Dahlberg & Dahlberg 2004:273)

Delineating the processes of a scientific phenomenological methodology

There are general and concrete modifications that must be made to the descriptive philosophical methodology in order to make it useful for scientific research. According to Giorgi, the *first general step* is now the obtaining of concrete and detailed descriptions of the specific experience under investigation as provided by others. The specific reason for doing this is “to avoid the possible objection of bias” (Giorgi 1997:243). Other people can view these descriptions for themselves and this makes public and critical appraisals more feasible. Because people do not normally engage in the rigors of philosophical phenomenology, researchers must be satisfied in receiving their descriptions in the natural attitude. What Giorgi specifies is that the descriptions be as detailed as possible and that they be relatively free of generalizations and abstractions (Giorgi 1997:243).

The *second step* is for the researcher to adopt the attitude of the phenomenological reduction which brackets out both previous knowledge of and any existential claims for the phenomenon being investigated. However, the researcher must now analyse the descriptions provided by others with a scientific, rather than a philosophical mindset. This means that the descriptions are sensitively approached from “the perspective of his or her discipline” (Giorgi 1997:244). The *third step* is the search for essences that are ‘scientific’ and, therefore, both “more contextualized and more dependent upon the unique perspective of the discipline” (Giorgi 1997:245).

Giorgi delineates five associated concrete steps. However, this aspect of the methodology allows for greater flexibility. Giorgi is firm with the general steps as they have to do with making the research phenomenologically scientific. The concrete steps are open to procedural variation and, so, it is important to keep the general steps in mind as changes are made to deal with various phenomena and sources of description. This is especially true of this present research endeavour which does not use typical data sources. In the *first concrete step*, data normally tend to be gathered by requesting written descriptions of the phenomenon of interest or through interviews. According to Giorgi (1997:245), these two data sets can be combined as well. When this is done, the descriptions should be gathered first and, then, the interviews. This is because the first tend to be briefer and

better organized and the latter tend to be more spontaneous, disorganized and lengthy (Giorgi 1997:245).

The *second step* is to read through the material for a sense of the whole. There is no attempt to make the description or its aspects thematic while gaining the global sense which provides a context for the parts. The parts are delineated in subsequent readings and comprise the *third step*. Working from within a discipline perspective, the material is divided into meaning units as the reader senses a meaning discrimination. There might be more than one in each sentence, or there may only be one in a few sentences. Sentences are based on grammatical structures and not necessarily meaning structures as conceived of phenomenologically. However, the resulting 'meaning units' are still expressed in the everyday language of the original description at this point.

It is also important to remember that meaning is constituted by *both* the "attitude and activity of the researcher" and the object of intention (Giorgi 1997:246). Therefore, at this point the meaning units might not be the same from one researcher to another. What matters is not the intermediate steps, but the final result after the next two transformations (Giorgi & Giorgi 2003a, 2003b).

The *fourth step* transforms these meaning units into the researchers' disciplinary perspective through a process of 'imaginative variation' which seeks to "establish essential intuitions" (Giorgi 1997:247). The point is not to use jargon, but to use the perspective of the discipline more generally (Giorgi & Giorgi 2003a, 2003b). This can be somewhat problematic in that there is no one language of psychology or sociology at this point in the history of the disciplines (Giorgi 1997). However, a *general* sense of these disciplines can be used by the researcher to both specify the question of interest and determine the *attitude* with which the everyday language descriptions can be transformed into more discipline specific descriptions before being phenomenologically described (Wertz 1983, 2001; Robbins 2006).

The *fifth step* moves this process forward by continuing to use 'imaginative variation' to determine which of the meaning units are essential to the study and which are to be excluded. The end goal is the expression of the essential structure of the phenomenon under investigation and this is best achieved by working with

several subjects according to Giorgi (1997:247). This might present problems in terms of reducing down to a single structure relating to the phenomenon and one may be left with several typical structures. Significantly, Giorgi (1997:248) contends that merely delineating the structure is not the end of the process; one must also account for “the clusters of variation that are also contained in the data.” This is a crucial point that deserves elaboration:

The ultimate outcome of phenomenological *scientific* analyses is not just the “essential structure” but rather the structure in relation to the varied manifestations of an essential identity. For example, a consistent structure of learning that emerges from descriptive data is a structure identified as “entering a situation with false assumptions.” However, this structure has several variations. For example, a false assumption can be due to ignorance, faulty memory, emotional conflict, and so on. Obviously, the way to correct this false assumption depends upon the nature of the specific variation. (Giorgi 1997:249 emphasis added)

Responding to criticisms of scientific phenomenological research

Before turning to specific modifications that are required by the use of the proposed sources, it would be helpful to briefly highlight a number of issues relating to phenomenological research. While Allport (1965) would eventually consider the use of personal documents from this perspective, earlier discussions of their use in history, anthropology and sociology (Gottschalk, Kluckhohn & Angell 1945), psychology (Allport 1942) and sociology (Blumer 1939) did not, for the most part, reflect on the use of such documents for phenomenological research. Additionally, there is still a noticeable lacuna in the literature regarding the use of diaries and memoirs of the sort that are to be used in this research (Plummer 2001:74).

Therefore, I will draw upon Hycner’s (1985) helpful summary and comments. His article specifically relates to the use of interviews. However, there are a number of issues that are pertinent to the use of memoirs. Hycner’s (1985:294-300) list of issues is actually somewhat extensive and includes: (a) randomness of sampling being deemed *de rigueur* in scientific research, (b) limits to the number of participants considered invalidating, (c) questions of

generalisability, (d) accuracy of the descriptions questionable, (e) the subjective influences of the researcher problematic, (f) the question of validity problematic, (g) the possibility of replicability questionable, (h) absence of control groups, (i) absence of hypotheses, (j) absence of prediction and (k) absence of “interpretation” and comprehensive theory.

Some of these topics, such as generalisability, subjectivity and validity, have been already discussed more or less explicitly earlier in this chapter. Others have been referred to implicitly such as those relating to replicability, control groups, hypotheses, prediction and theory. Given that phenomenology does not found itself upon empiricism, some of the criticisms are merely an attempt to force all scientific endeavours into the parameters of a very limited epistemological and methodological outlook. The question of randomness in sampling is countered by purposeful sampling that identifies those people who are likely to be able to provide *adequate* descriptions of the phenomenon of interest within the relevant context. The number of participants is related to the attaining of a suitable variation of experience to reasonably cover salient possibilities relating to the phenomenon. Qualitative research is not constrained by the requirements of statistical analysis. A sample of one might be more than sufficient for developing and communicating the idiographic understanding to be derived from a case study.

The question regarding factual *accuracy* of descriptions is of merit as it highlights one of the essential differences between empirical phenomenological concerns and the concerns of other empirical approaches. It is worth reiterating that phenomenological research is concerned with the phenomenon as it is given to the subject. While it acknowledges larger realities, it is not primarily concerned with the ontological status of the facts *apart* from their appearing (Sokolowski 1974:52). It seeks to know how this person or group of persons construed their situation and what their responses to these construals were purported to have been, as well as their sense of what changed or did not change in the state of affairs. Again, the issue is not determining cause and effect relations. Whether or not what a person remembers is to be considered accurate or in accordance with the facts external to a *judgment* concerning the state of affairs is irrelevant to the

focus of phenomenological research (Sokolowski 1974:18-56). What is important is the credibility of those providing the description of the experience. Could they have had such experiences?

It also does not matter if there is a confounding of perceptions or difficulty in finding language to express the experiences of the past. One can have trouble articulating present experiences as well as past. Ironically, time and distance may allow for deeper reflection and greater clarification and, therefore, a more adequate description. And, while such issues are a difficulty for some aspects of historical research (Hearder 2007), the fact that meanings can be confounded and confused is also significant for phenomenological research (Sokolowski 1974:52-54). People respond to their circumstances in the light of their beliefs and understandings whether they are fully conscious, confused or conflicting. The meanings and relationships that constitute a coherent essential structure regarding a phenomenon and their contextual or lifeworld variations as described must be taken as significant in their own right. Again, they have value in providing for an *intrinsic* account of what the person has experienced or maybe experiencing. This is compatible with the realist stance of a broadly Aristotelian approach (Ashley 2009:51, 146, 263) and moral philosophies developed from this stance (MacIntyre 1988, 1990, 1999). Again, the author's own philosophical commitments are commensurate with this.

Adapting the qualitative methodology

Specifying the sources for the research

As was stated in Chapter Two, there were five Australian 'forces' and one British 'battalion' comprising Branch 3 on the 'Burma Railway'. 'A Force' was comprised of Anderson, Green and Ramsey forces at first and they worked initially at Victoria Point, Mergui and Tavoy. The ship transporting the (British) Sumatra Battalion had been picked up along the way to Burma and included Australian surgeon Colonel Albert Coates. The Java Parties of Williams and Black joined the railway work at roughly the same time as the original 'A Force' parties and are included in 'A Force' for the purposes of this research as per the convention of Leslie Gordon Hall's, *Blue Haze* and Eric Burgoyne in *The Tattered Remnants*.

However, as a matter of interest and for convenience sake, this research is limited to exploring the experience of Australians as a coherent cultural group. Therefore, the British are not included in this research. Likewise, the 190 Americans under Captain Fitzsimmons (typically a part of Black Force) are also not included.

The texts (Table 1 at the end of the section) were selected to represent the range of Australian officers and other ranks as much as possible. They were found through a combination of approaches that included: (a) personal conversations with survivors or their families; (b) consulting directly with historians including Hank Nelson, Joan Beaumont and Sibylla Jane Flower and reviewing their works (Nelson 1985; Beaumont 1988, 1996a; Flower 1996); (c) reviewing bibliographies identified in various literary analyses of prisoner of war writings (Gerster 1983, 1985, 1987, 2005; Nelson 1989; Torney-Parlicki 2000; Bourke 2006); (d) identifying and perusing both personal and official records of prisoners of war on 'A Force' during a number of visits to the *Australian War Museum* in Canberra over several months and daily visits to the *Imperial War Museum* during a one week trip to London; (e) consulting reference works on the Burma-Thailand Railway and Changi such as those written by Gavan McCormack and Hank Nelson (1993), Paul Kratoska (2006), Clifford Kinvig (1973, 1992) and David Nelson (1974); (f) examination of Australian, United Kingdom and USA web-sites dedicated to Japanese prisoners of war (e.g., POW Network, Prisoners of War of the Japanese 1942-1945, Far East Prisoners of War Community, Center for Research: Allied POWs under the Japanese); and (g) the perusal of the annotated bibliography of POWs in Japanese camps by David Milne (2002).

I have been able to identify something of the order of 25 relatively complete and readily available texts for Branches 3 & 5 by Australian, British, Dutch and American authors. Whether or not they were used as sources, all of the texts were repeatedly read and consulted for greater understanding of the overall context in the early and later phases of the research. This has allowed for a deep emersion into the life experiences of the various men and provided a background to determining which texts would be best suited for the research. Six texts were purposely selected (Table 2, below) because they each provided a relatively extended, coherent and descriptively rich account extending from roughly the

beginning of October 1942 to the middle or end of October 1943. Military records that are accessible through the Australian War Memorial (AWM) and the National Archives of Australia (NAA), as well as the testimony of historians and contemporaries confirm that each of the authors was a prisoner of war in this theatre and was on the 'Burma Railway'. Each 'force' is represented by at least one text. None had been published by a commercial publishing house. While commercially published texts are valuable in their own right, the issues relating to potential editorial influence were avoided by this approach. For instance, Flower (1996:231) has claimed that such commercially published accounts are "disappointing when compared with their authors' original papers." However, it is likely that there has been personal and familial editing of the texts selected for analysis. I have kept this in mind in both my reading and analysing the texts.

Table 2 Texts, Authors, Publication Types and Sources

Name	Force	Rank	Unit/Service	Created	Publication Type and Public Sources
Jacobs	Anderson	Major	8 th Division Signals	c. 1947, 2002	Personal, Family, 1947 version available at the Australian War Memorial (AWM) and 2002 version obtained at http://www.pows-of-japan.net
Chattaway	Williams	Able Seaman	HMAS Perth	c. 1945	Personal Obtained at the AWM
Fagan	Black	Corporal	105 General Transport Company	c.1945	Personal Obtained at the AWM
Devon	Green	Private	2 Company AA Service Corps	c. 1946	Personal Obtained at the AWM
Webster	Ramsay	Warrant Officer (WO) Class 2	2/20 Battalion	c. 1950s, 1984	Personal, Family, Obtained from family. A copy is held in the National Library of Australia: Webster's story / H. B. Webster
Giles	Ramsay	Staff Sergeant	2/5 th Hygiene Section	1970	Personal (<i>nom de plume</i> , F. Mauri) Obtained at http://www.pows-of-japan.net

Clarifying the reasons for using these sources

There are three fundamental reasons for this choice and they include: capacity, care, and accountability. Each of these aspects will be discussed in the paragraphs that follow. However, it is worth highlighting a point that will be more fully elaborated later in this chapter: documents are very much overlooked as sources for *descriptive* lifeworld research. There seems to be a bias among researchers that the best data sets are to be gained by engaging people directly. There is no doubt that such engagement is a very important source of material for analysis. However, it should not be prematurely deemed to be the most appropriate. For instance, reflecting upon the work of Primo Levi, who was sent to Auschwitz in 1944, Catani specifies the importance of witnesses who clarify their experiences by seeking to structure them in writing rather than merely constructively narrating to another in an interview:

An account is *constructed* when narrators merely respond to hearers who have asked them to recount one or another of their experiences or even the totality of their lives (as in a thematically centred, non-directive interview). An account is *structured* when narrators *evaluate their lives* with reference to a system of values which they intentionally spell out and which appear in their accounts because they are ordered by an explicit principle that permits the narrators to make *comparisons* with regard to the different moments of their experiences. (Catani 1995:160, emphasis original)

The first reason for my using such documents in this research has to do with *capacity*. As time has moved on, the numbers of men who worked on the 'Burma Railway' and who are still living have diminished rapidly. A preliminary inquiry indicated that those who are still living have varying capacities to provide coherent accounts. In the end, I decided that using memoirs allowed for a broader scope in terms of purposely sampling than could be achieved by just interviewing survivors. A second reason for my using pre-existing documents in this research relates to the first. It has to do with *care*, or duty of care, concerns. There was the risk that extensively interviewing and engaging with men who have survived such circumstances would cause harm at their advanced age. The use of contemporary and retrospective documents of men who faced dramatic changes of social role

and who were required to face numerous challenges to health and well-being within such circumstances allowed me to avoid unnecessary intrusion. Of course, this is not to suggest that there are never reasons for taking such risks. However, if the risks could be minimized through the use of other means, I deemed this the wisest course for my research.

Finally, there is the issue of *accountability*. The use of well selected documents that can be accessed by the public with relative ease affords the opportunity for closer scrutiny of the research than is typically afforded with other types of data gathering. The limitations imposed by ethics agreements and understandings concerning confidentiality are social barriers to the larger public accessing the data upon which the research is based. There are limitations regarding time and space. In other words, data sets collected by the researcher are typically held in one particular place and there are usually rather severe limitations to gaining access to the materials. While some of these issues still pertain to using these types of documents, there are important differences. For instance, such sources are increasingly being made available to the wider public through publication and through libraries and archives. These institutions are increasingly able to digitise the documents for wider perusal. The Internet is one means of doing this. Finally, I would argue that accountability must take just this infrastructure development into consideration. If they are found to be suitable, I would deem it reasonable to expect some commitment from both researchers and the larger public to consider using these sources as extensively as possible. This would take seriously the resource investment involved in collecting, collating and making such documents more widely available.

Adapting the methodology to the sources

The first task is to divide the longer texts into vignettes. Vignettes typically refer to realistic, but fictive, short narratives that are used by experimental social psychologists in either quantitative (Alexander & Becker 1978; Finch 1987) or qualitative research (Hughes 1998). They are used to elicit responses from research participants that indicate something of their perceptions, attitudes, beliefs, values or norms (Stolte 1994; Collett & Childs 2009). In this thesis,

vignettes refer to short descriptive accounts given by people who have participated in *actual* events. They provide a “vivid portrayal of the conduct of an event in everyday life, in which the sights and sounds of what was being said and done are described in the natural sequence of their occurrence in real time” (Erickson 1986:149-150). Miles and Huberman (1994:81) contend that a vignette has a “narrative, story like structure that preserves chronological flow and that normally is limited to a brief time span, to one or a few key actors, to bounded space, or to all three.” While the vignettes that Miles and Huberman are referring to are consciously constructed by participants for the research project, the vignettes that I have used are derived from the memoirs of the six men. These men wrote the memoirs for their own purposes.

The potential vignettes are identified and delineated by reading each memoir through several times and observing the changes in emphasis. This is aided by the fact that the authors often adopted a chapter system to identify major changes of location, time or theme. However, minor changes in time, location and theme within the chapters also assisted in my distinguishing vignettes as well. The number of vignettes varies per text. Additionally, the size of the vignettes varied greatly both within a particular text and between various texts. It is important to note that the whole of each memoir has been transformed into the vignette format. This has allowed me to efficiently handle long texts that dealt with diverse issues, events and encounters (Miles & Huberman 1994:81).

Appendix 1 provides an example of a vignette that I delineated in the Giles memoir and its transformations. After the vignette is read several times within the larger context, meaning units are discerned that relate to the research question. Again, sensitivity to the discipline is necessary. In this case, I took a humanistic-existential social psychology stance shaped by the phenomenological tradition of Duquesne University (von Eckartsberg 1965, 1971, 1979, 1986, 1988, 1989; Strasser 1969; Natanson 1970; Keen 1975; Ashworth 1979, 2000; Robbins 2006, 2008). This is the tradition that informs my own approach to health promotion within a public health ambit. There were a number of interrelated phenomenological ‘lookouts’ that generally sensitised my approach to the vignettes. Ashworth (2003:19) has summarized them as: self, sociality, spatiality,

discourse, temporality, project and embodiment. Of course, these were considered in relationship to the question about supporting and hindering engendering, accessing and using GRRs. Therefore, my task was twofold at this point:

- Identify descriptions of being in an implicit or explicit relationship that supported the engendering, accessing and using of GRRs, and;
- Identify descriptions of being in an implicit or explicit relationship that hindered the engendering, accessing and using of GRRs.

When I discerned the meaning units, I noted them under two headings, as is indicated in Appendix 1. These meaning units are next transformed into discipline specific language for each vignette under the heading of hindering (H) or supporting (S). They are further transformed in terms of being aspects of meaning structures. These are labelled structural notes and can either be a combined statement (C) when this seems to be called for or they remain two separate statements (H & S).

Since each transformation and structural note is labelled, it is possible to follow the trail back from the combined description to the concrete situation. Once I gathered the notes into one larger preliminary description, further work is done to reduce the material down to the essential structure of meanings for each text. In total, there are four hundred and twenty-seven vignettes extending from 50 to 300 words. Analogically, each vignette might be thought of as a specimen slide that is treated to highlight the features of interest through their reduction to the structural notes. I used these notes to aid in the use of 'imaginative variation' to further reduce the meanings as far as is possible before describing both the essential structures and their variations. In describing the structures and variations for the readers, I was able to provide specific contextualized material to elucidate understanding. I also did this so that the reader would be able to validate the work, to a degree, without having actually been through the entire process (Erickson 1986:149ff).

It should be noted that developing the specific methodology took some

time. This was necessary because I did not deem that the method that Giorgi had outlined for interview material was suitable for the more compact memoirs. It took several extended attempts to strike on a fruitful approach. Additionally, it was necessary to make a number of 'false' starts with the structural notes before the phenomenon began to emerge in its own right and pre-understandings could be kept under control. This process was facilitated by my being willing to start again in each new research session. At one point, drawing diagrams of relationships and seeking to label these relationships and writing brief memos helped me to specify the structure. Finally, I found that the various insights often occurred while doing other things after having struggled for some time in a research session. In this case, I took *ad hoc* notes and considered them on the 'run'.

However, once what came to be called the 'unilateral valuation dialectic' became apparent, I began writing more extended attempts at articulation. Then, I would iteratively revise the various sections of the analysis chapter in order both to continue the process of 'imaginative variation' and to more adequately articulate the description. Once this description began to be elaborated, constant movement between the emerging description, the structural notes and the original texts of the vignettes was made to ensure a connection was kept with the concrete circumstance. The various stages of the process of 'imaginative variation' will be evident in the structure of the next chapter. Finally, each memoir was read through in single sittings after the final articulation in an effort to ensure that this description did not unduly distort the prisoners' articulated lifeworlds.

Concluding Chapter Five

This chapter has sought to do three things. First, it justified the use of the lifeworld approach to research. So, the chapter began by confirming the salience of this form of research. Then, it contextualized this present attempt at lifeworld research within the tradition of descriptive phenomenology elaborated at Duquesne University and typically associated with Amedeo Giorgi. Finally, it treated of criticisms relating to this general approach.

The second purpose of this chapter was to elaborate the qualitative

methodology to be used. I did this by first providing a general introduction to descriptive methodology as used by Giorgi and lifeworld researchers. Then, I specified the process of using the methodology both philosophically and scientifically in terms of their typical steps. Criticisms were raised and briefly responded to.

The final purpose of this chapter was to detail the adaptations that are required for the methodology's use in this research. This has to do with the nature of the sources of the descriptions to be analysed. It was necessary to provide background information on the sources and to address potential criticisms regarding such sources. Additionally, the practical issues relating to the use of memoirs were discussed and the adaptations elaborated. A modification of the use of vignettes in research was outlined. This approach was used as an effective means of handling large amounts of material dealing with descriptions that provide vivid portrayals of everyday life in their natural unfolding as narratives organised in chronological sequence.

The chapter will now conclude with brief comments concerning the selection of this methodology over other approaches. This approach was chosen over against a narrative approach because of a specific interest in learning about the *essence* of the relationships that support or hinder engendering, accessing and using Generalized Resistance Resources. The descriptive phenomenological methodology allows for this to be achieved without disrespecting or distorting the stories. Thus, the stories are able to provide their *own* message to narrative researchers. Additionally, this approach specifically calls for the controlling of pre-understandings as they relate to life generally and theory specifically. This provides a powerful mechanism for critiquing existing theory and raising new questions for understanding.

Chapter Six: Reporting on the descriptive phenomenological analysis of six memoirs

It seems pretty clear then that everybody has not the same claim upon us and that there is some limit to what even a father [*sic*] may expect from his son. Therefore since parents, brothers, comrades, benefactors all have different claims upon us, we must render to each his special and appropriate services. And this in fact is what people do...This means comparing the fair claims of each group on the basis of their degree of kinship and their virtue or usefulness. Now it is comparatively easy to make out the necessary distinctions when we are dealing with people of the same description. But when they are not of the same kind it is a more troublesome business. For all that we must not shirk it but must discriminate between their claims as well as we can.

*The Nicomachean Ethics (1955:263-264), Aristotle
Philosopher, Scientist, Teacher*

Introducing Chapter Six

This chapter presents the results of a descriptive phenomenological exploration of six non-commercially published memoirs of men who laboured on the 'Burma Railway' as prisoners of the Japanese on 'A Force'. It will begin by generally elaborating a description of human relationships as being constituted, in part, by the 'dialectics of valuation' of worth. It will continue with a clarification of the phenomenon of care. This will lay the ground work for more specifically describing the structure of supportive and hindering relationships with regard to engendering, accessing and using generalised resources in a situation of marginalisation. Repeated reference will be made to vignettes from the various memoirs to aid the process of illumination and validation.

Specifying the nature of human relationships

This section does not intend to provide a comprehensive phenomenological description of the nature of human relationships. This would

be more properly the task of a philosophical anthropology as has been delineated by Calcagno (2007) in his exposition of Edith Stein's work. However, it does seek to elaborate a description of human relationships that is required for understanding the phenomenon under consideration and that is derived from an analysis of the memoirs themselves. A description and brief comments will be provided first. Then, examples will be provided for elucidation before a first summation is given. After this has been done, it will be possible to look closely at the more specific structure of hindering and supporting relationships.

A descriptive phenomenological exploration of the six memoirs indicates that *human* relationships are constituted, at least in part, by dialectically linked valuations of the extrinsic and intrinsic worth of the 'other'. This section will begin by commenting on what is meant by extrinsic and intrinsic worth. While the language may be somewhat stilted, the following statements can be reflected upon with some profit. First, that which I consider validly claims my care is intrinsically valued; it is valued in and of itself. And, this is demonstrated, in part, by acceding to the claim of care. On the other hand, that which I consider validly claimed for my own care is extrinsically valued; it is valued for me or mine. These two valuations are dialectically linked. Each dynamically shapes the possibilities of realisation for the other.

These aspects became clarified as I moved back and forth through the structural notes of the four hundred and twenty-seven vignettes. Patterns emerged that had to be further verified by moving back to the actual texts of the vignettes. What first became apparent was a movement back and forth between a sense of what could or should be expected from different people in different kinds of circumstances. This can be likened to a tacit conversation behind, above or below the explicit conversations and behaviours. In the beginning, what often emerged seemed to be a testing of limits or attempts to adjust the give and take of different types of action involved in various types of relatedness. In some ways, this seemed to be like a series of trade-offs being effected between different groups or types of people. On the other hand, this 'to and fro' pattern was also found taking place between people of similar status, station or background. Again, there were times that this was more straightforward and times when this

‘movement’ appeared to be very subtle. Indeed, it often appeared as if only half of this subtle ‘conversation’ was actually taking place. As my attempts at imaginative variation continued and became more proficient, this movement became increasingly obvious in the vignettes. From this seemingly linked or articulated exchange of ‘something’ came the sense that the word ‘dialectic’ would be the most adequate word for this emerging aspect.

But, what was it that was being exchanged? At times, that which was being ‘traded’ clearly seemed incommensurate in terms of material, psychological or social benefits. What occurred to me was that, at times, people were ‘weighing’ the value of the other as much as anything else that might be taking place in their interactions. Conversely, they were interested in their own value or interests at other times. In other words, there were times when the valuing was biased in favour of the other and times when it was biased in favour of the person’s own benefit. I realised that it was relative worth that was being sized up, as it were. Paying closer attention to this dialectic of valuing led to the awareness of ‘claims for care’ as a central aspect of this process. In what follows, I will first discuss what I have chosen to call the ‘unilateral valuation dialectic’ before exploring the more complex ‘bilateral valuation dialectic’.

The unilateral valuation dialectic

According to Giles (1970:65), at one point, cholera carried away a great many of the civilian labourers. Those who lingered were often unable to care for themselves or their livestock. When the prisoners came across yaks (bullocks) still harnessed to their carts, they would stop and release the animals so that they could fend for themselves. The animals ‘made a claim for care’ that the prisoners considered valid (see MacIntyre 1999). Therefore, they responded to the intrinsic value of the animals apart from their value to the prisoners as food or as aids to labour. Yet, an extrinsic valuation was linked to the stronger intrinsic valuation, at least minimally. The prisoners had deliberately and wholly acceded to the claim of the animals; it could have been otherwise. For instance, to the disgust of the prisoners, the Japanese were known to torture animals merely to amuse themselves (Fagan 1945:50) or to meet their project needs (Giles 1970:57). Also,

the prisoners themselves could have acted very differently. This is more clearly seen in another memoir where the prisoners were able to act unobserved by the Japanese for a time.

Like Fagan (1945:55) and Webster (1984:69), Devon (1946:80-83) also relates stories about the cholera outbreak and its effect on the civilian labourers. After being initially detained by the Japanese, the civilians eventually fled from the area leaving their livestock, carts and other possessions. In the absence of the absconded labourers, the Japanese validly (in their minds) claimed the animals for their own care as a resource for working on the railway. They instructed the prisoners to make good on this potential. However, as Devon (1946:82) puts it, “the yaks did not understand Australian and the Aussies did not understand Burmese, so except providing numerous humorous incidents the experiment was a failure”. In the aftermath, the yaks fled into the jungle. When they were found by the prisoners, they were claimed (validly in the prisoners’ minds) for the prisoners’ own care and slaughtered secretly. The meat was smuggled into the camp to make up for its lack in their rations. When the Japanese found out, they put a stop to the prisoner’s activities. They did this even though the yaks were useless to the Japanese in terms of labour and the Japanese were unable otherwise to provide meat.

It is of course possible that the Japanese desired the yaks for themselves or that they were keeping them in trust for any native who might return for them. However, Devon’s text does not specify that this was the case and the inference that the Japanese were simply concerned for the animals is a valid one. Additionally, if it was a matter of holding the animals in trust, then the claim to care is acceded to in anticipation of the *absent* labourers’ return. It should also be borne in mind that the Japanese had customarily given the prisoners at least the scraps of other animals they had killed for their own consumption (Fagan 1945:61). The prisoners were even happy to eat elephants (Devon 1946:82). However, in at least one case, the Japanese allowed an elephant to die and remain uneaten by the prisoners which meant that the prisoners had to endure the smell of rotting flesh for two months (Devon 1946:81). That the Japanese attitude could

vary from camp to camp is dramatically portrayed in Chattaway's (1945:10-11) account:

Our issue of food was very poor being rice & white beans but the Nip guards allowed us to steal bullocks belonging to natives and in the six weeks we spent on this job 17 bullocks found their way into our stew pot...As a result of our purloining we finished our time in that camp in fair condition but received a terrific shock when we again met up with our comrades from 40 K at 60 K Camp. Those that returned to 60 K looked like a company of ghosts and 8 had been buried and 200 left behind as being too sick to work. Malaria, dysentery, beri-beri and the dreadful tropical ulcers were beginning to take their toll.

It will be noted that, in these examples, the human relationship is between people and animals. It might be more accurately described as a unilateral human relationship in that the valuations are made only on one side. Hence, we have only a single dialectic. The dialectic is bilateral when there is human valuing on both sides of the relationship. There is first the dialectic of valuations between extrinsic and intrinsic worth 'within' the person, so to speak, on the one side. Then, there is the dialectic 'between' the valuations made on each of the two sides. This is a far more complex circumstance and will be explored more carefully below.

Additionally, the unilateral dialectic of worth also surfaces when sick men were unconscious or severely incapacitated for various periods of time. Such men may be considered to have made an implicit claim on another prisoner's care. Extraordinary efforts were often made in such circumstances. For instance, at the 105 Kilo camp, where hundreds of men were almost wholly incapacitated with illness, Devon (1946:81, 83) and Fagan (1945:54) both recount how some two hundred seriously debilitated men regularly slogged in the mud and rain to the 98 Kilo camp to man-haul bags of rice weighing 38 kilo-grams back to their camp to feed their comrades. They would have starved otherwise. The men attached to Ramsey Force did something very similar (Webster 1984:68). There are more intimate sketches of such devotion as well.

After everyone including Lieutenant Colonel Albert Coates, the celebrated surgeon, had given Devon up for dead and his grave had actually been dug, his friend devotedly washed and fed him while he lay in his delirium until he 'miraculously' recovered (Devon 1946:91). It should be noted that, before he was

felled by his own fevers, Devon had cared for another friend and the largely unknown men around him as best as he could (Devon 1946:87). They were all in the notorious 55 Kilo camp; here men were left to their own care and it seems that they mostly died (Webster 1984:78, 82). The officers were not wholly immune from the effects of poor diet and unsanitary conditions, as Jacobs relates:

After a few weeks on the poor diet at Hlepauk, tropical ulcers made their appearance for the first time. The slightest scratch was enough to start one off, and I managed to keep in the fashion by getting two on my shin. The percentage of malaria cases soon began to increase, and just before Christmas Lieut. Joe Staples and Arthur Watchorn got very severe attacks. *Arthur nearly died, and I am certain that only the careful nursing of John Shaw saved his life. John hardly left his side for days, as it was impossible for the doctors to give Arthur the individual attention which he needed when they had so many sick men to look after.* Poor Joe Staples was sent down to base hospital, where he died a few days later, the first officer of "A" Force to lose his life. (Jacobs 2002:60, emphasis added)

Yet, the prisoner may still consider that he can validly make a claim for his own care from the less able-bodied person. An example of this occurred when ten conscious men used Devon as a footstool after he was thrown onto the bottom of a crowded train truck having been knocked unconscious by an angry guard (Devon 1946:83-84). A more grotesque example from Devon (1946:82) involves his claim that the prisoners buried barely alive cholera-affected civilian workers. Because the isolated prisoners were so debilitated by illness and fearful of further contagion, Devon claims that they first drove picks into the ribs of the civilians before hauling them, dead or alive, to their graves. Webster writes that his group once used bamboo poles to push the body of a native cholera victim into the grave to avoid touching it (Webster 1984:70).

The prisoners did recognise the intrinsic value of the suffering, unconscious or dead civilians; their images could long haunt the men (Fagan 1945:37; Jacobs 2002:91-92). Chattaway (1945:9) remarked with regard to the civilian workers forced to leave one camp at the insistence of the Australians who feared the cholera contagion, "God knows what happened to the poor wretches then." Webster (1984:69) could even appreciate and lament that the civilians who had

abandoned their carts, each with their intricate ironworks, had lost the legacy of generations (Webster 1984:67). However, the Australians could not overlook the dialectically linked claims for their own care and survival. As Webster (1984:70) put it, “We were all terrified we would contract the disease.” This obviously raises certain moral questions which are beyond the scope of this thesis to engage.

The bilateral valuation dialectic

What happens when valuation of worth takes place on both sides of the relationship? This is complex and somewhat difficult to describe. However, the task can be approached by carefully exploring the three essential aspects with examples of both mutual satisfaction and perturbation. An example of extrinsic and intrinsic valuations dovetailing with minimal tension relates to prisoners approaching the medical officer at sick parade. On one side, there is the medical officer who can validly make a claim for respect. For instance, the medical officer could expect consideration from a prisoner with regard to accepting his decisions without rancour. Or, the medical officer could expect that a prisoner would not waste the doctor’s time and patience seeking to “toss” him in an effort to get some time off work without serious illness.

However, his role did specifically allow the prisoners to make *valid* claims for care with minimal concern for reciprocity. Significantly, the medical officer was very likely disposed to keeping his own personal claims to a minimum unless his situation was extreme. Even so, the expectation was that he should be willing to make sacrifices for the sake of the men. As Jacobs testified, medical officers such as Captain Rowley Richards regularly fulfilled this expectation at risk to their own lives. For instance, Richards was once on his feet for days fighting a cholera outbreak while suffering from dysentery himself (Jacobs 2002:77). Devon (1945:88) reports that Lieutenant Colonel Albert Coates amputated gangrenous limbs while instructing others how to do so in case he should die of the dysentery that he was suffering. His own illness was sufficiently serious that he had had, at various intervals, to relieve himself peremptorily during operations.

Chattaway would have nominated Major Krantz as an exemplar. His reasons bear repeating as they well illustrate this type of bilateral valuation dialectic:

A wonderful doctor he performed his task with cheerfulness & skill & many a man owed his life to the Major. He fought the Nips at every turn of the road, battled to keep sick men in camp and to give comparatively fit men a rest now & again so as to keep them fit. Any man who did 6 days heartbreaking toil on that railway could go to the Major and get a day's rest while the medical book would read "malaria". But he could pick the malingerer and the man who spun a sob story instead of making a straightout request for a rest received short shrift. We knew that & the majority played straight...Those who, in the estimation of the men, failed in their job, deserve pity rather than condemnation for the job of Doctor was undoubtedly the hardest of all POW positions. A doctor could kill a sick man by sending him to work as surely as if he had shot him and the man had no comeback. The Nips wanted a certain quota of men & the doctor had to send out the fittest of what he had. It was here that he had to battle and try to make the Nip accept perhaps 150 men instead of 200. And he had to be prepared for a bashing and numerous other humiliations if he went the wrong way about it. What a prospect! (Chattaway 1945:11-12)

While there were important differences in role, similar expectations were placed on the other officers. They might validly expect the men to care for them by recognising their authority and obeying their orders, however unpleasant this might be. This was sometimes the case when an officer had to use his authority to restrain the men from acting precipitously in reaction to the brutalities of the Japanese (Fagan 1945:47; Jacobs 2002:61). This is certainly in keeping with the hierarchical interdependency inherent in parent-child, suzerain-tenant, master-servant, officer-soldier, or expert-lay relationships. Yet, like all such relationships, their role also included accepting the valid claims of their men for any protection their status might afford. Again, there was an expectation that some degree of self-sacrifice should be forthcoming from an officer. When these expectations went unfulfilled, the officers were deemed by the men to be useless. Fagan frequently contested such behaviours and was disgusted by officers who called sick men bludgers at work (Fagan 1945:41), who disallowed their batmen

(personal attendants) to replace sick men working on the line (Fagan 1945:46), or who allowed their men to be bashed without even trying to intervene (Fagan 1945:41). In these cases, the officers seemed to believe that they made valid claims for their own care. However, this was bitterly disputed by those whose own needs for care were unmet by such officers.

On the other hand, there were many cases where officers were bashed into unconsciousness while protecting their men (e.g., Giles 1946:62). In some instances, senior officers placed their lives on the line to enable the men to act in good conscience. For instance, Major Green and his staff allowed themselves to be tortured to demonstrate that each of the prisoners on his 'force' signed their parole under duress (Devon 1946:62). Jacobs recounts how Captain Bill Drower would regularly take risks to protect the men while mediating between the prisoners and the Japanese as an interpreter (Jacobs 2002:61-62). On one occasion this led to both his being confined with a suspected small-pox case and the loss of most of his possessions when a Japanese officer sought revenge (Jacobs 2002:71). Other officers helped to run the clandestine wireless service that provided welcome news about the progress of the war and "Cheerio" messages from home (Fagan 1945:44-46; Jacobs 2002:46, 66). They took great risks in doing so and could lose their lives if caught (Fagan 1945:44). It should also be noted that at least two sergeants operated a secret radio on 'A Force' as well (Jacobs 2002:88).

According to the general consensus of the authors of the memoirs, the men would do anything for such officers. Again, Chattaway puts it very well:

As for our two Commanding Officers, Lt. Col. Williams & Colonel Anderson no words could express my admiration for the job they did. Right through Burma they waged a ceaseless battle with our brutal guards & engineers to secure better food, working conditions and supplies of medicine. They took bashings, were stood in front of guard houses for 24 hours at a stretch and on one occasion Col. Williams had to clear out when a Nip guard attacked with a bayonet. Our interpreter also goes in the front rank. He was Captain Droagher [sic], a 6' 3" Englishman must have given those Nips an inferiority complex for they certainly took out some bad tempers on him. Grand men all of them and they have my everlasting respect & gratitude. (Chattaway 1945:13)

Friendship or camaraderie provides an example of a second way that the bilateral valuation of worth was experienced and expressed fruitfully. Here the primary valuation was on mutually acceding to the valid claims for care made by the other. To be clear, the valuation of the other is primarily intrinsic on both sides of such relationships. One friend generously opens up to the other's potential claims for care. Happily, so does the other friend. There is a genuine mutuality in responding to claims for care that diminishes the sense of explicitly claiming care for oneself. Many instances of this can be cited and such situations are often marked by an extraordinary degree of *simpatico*. This was highly valued by the prisoners and seemed to do a great deal to alleviate their sense of oppression. Fagan provides an intriguing example of this which occurred on 18 October 1942 aboard a ship transporting the men to the Railway in Burma from Changi Prison in Singapore:

The cigarettes are almost done now, and if one of the boys lights up we all gather round for a draw. Some of the men have done a little trading with the Nips, selling watches or cigarette cases for a couple of packets of smokes. The men are getting a haggard look about them now. They are all feeling the strain and have not been able to wash or shave and the smell is horrible. We are depressed about things in general. Then Jim Anderson, who is a champion singer, began to sing. Jim's voice is marvellous and everyone fell silent, just listening. Then he got going some community singing. Well, it was a great effort on his part, for the boys soon forgot their troubles. They sang for several hours and the guards pulled back the hatch covers to look at us. They could not make out why we seemed so happy. There is no doubt that singing cheers one up. (Fagan 1945:35)

Chattaway also cites a similar circumstance at the beginning of Williams Force's time on the railway. When language difficulties between the prisoners and the Japanese caused the men problems, Chattaway (1945:4) writes that they "managed & laughed & sang as we went along, always talking of the day when we'd be home." This capacity for fellow-feeling continued to be life-saving when the men were later working under the most horrific of conditions:

Mud was almost knee deep all through the camp and along the course of the line and work was heartbreaking. We worked like beasts & ate like beasts but still kept our spirits and refused to give up. On many an occasion my cobbler &

I would look at one another during some particularly vile piece of work and start to laugh. It seemed incredible that we should really be going through this--but we were. So we had to laugh, for those who cried, died. (Chattaway 1945:16)

Similarly, when new prisoners would arrive unexpectedly in a camp, they would spend much time catching up with their old and new friends by sharing stories and news to the delight of both parties (Devon 1946:72; Jacobs 2002:54-55, 92). This is clearly seen throughout Webster's memoir in which he diligently recounts all his meetings and interactions with friends and acquaintances, especially those from West Wyalong (e.g., Webster 1984:49, 56, 58, 63, 71, 77, 84). By observing how many people he knew, cared about and remembered, it is evident how well networked and resourced he was. Jacobs (2002:54-55, 65) also writes poignantly about family members being reunited after long periods of not knowing if the other was still alive. The making explicit or the actualizing of extrinsic valuations was kept to a minimum in such situations. Still, the requisite care was mutually provided because needs were often tacitly recognised and discretely responded to by each of the friends, or even acquaintances.

This could involve both a great sacrifice and a profound grace. This can be seen clearly in Jacobs' account of a visit he made to a sailor in the ulcer ward in order to see his collection of sketches:

This man was mere skin and bone, and had a terrible ulcer on his shin. He looked as near death as a man could be, but he spoke to me with a quiet dignity, and did not mind at all when I hesitatingly suggested that he showed me some of his sketches. He forgot his pain for an hour or so as he displayed the excellent drawings in pencil and colour crayons which he had made of prison life in Java. The stench of decaying human flesh in that charnel house made me feel really ill, and I left as soon as I decently could. The sight of a hundred living skeletons, their begrimed bodies clad in filthy rags, and every man with an ulcer large enough to prevent him from walking, depressed me so much that I could not get the thought of the place out of my mind for days, hardened though I was to scenes of misery and suffering. (Jacobs 2002:86-87)

The men did get hardened to life and death on the Railway. Nonetheless, with regard to camaraderie, there was often a very tender core to the men. Webster (1984:63) tells a grimly humorous story about a lad who got him an egg

and then took it off to be cooked and “wasn’t away long as the fire was good--the fuel being an amputated leg.” Yet, he also writes quite movingly about another incident:

One of my mates, Dan Fitzgerald was in the first party evacuated from our camp. Dan had an awful ulcer on his leg. I gave Dan a rupee with which I hoped he could buy something along the line during the trip back to the 55 K...Little did I know then that I would be following him just two months later. (Webster 1984:71)...Not long after arriving, George Donaldson from Temora came over to me. He told me who he was and that Dan Fitzgerald from Wamboyne was very low and asked me to sing out to him. George went back to Dan and told him I was there. I sang out and poor old Dan acknowledged me by raising his arm. He could not speak and he died about 5 o’clock that afternoon...They nearly always buried the men who died very soon after their death. They were buried in a fairly shallow grave a cross erected at the head of the grave. We had a Dutchman there who was a good artist. I got him to sketch the cross and grave of Dan Fitzgerald and I kept it with me and brought the sketch home to his family in Wamboyne. (Webster 1984:77-78)

There are also happier examples. For instance, when it was allowed and the prisoners had the required energy, Jacobs recounts repeatedly throughout his memoir (e.g., Jacobs 2002:54ff, 64-65) how, in the early days, they would often generously cooperate to provide shared leisure activities such as quizzes, games, concerts, plays, sing-songs, sporting events, group discussions, church and prayer services, and lectures (Fagan 1945:40, 48, 60). Special events such as Christmas, New Years, ANZAC Day and Melbourne Cup Day afforded many opportunities for this sort of mutuality (Fagan 1945:44-45). So did the more routine and prosaic occasions. Devon’s memoir mentions the Burmese who lived near one of the camps he was accommodated in early on. They were Christians who had been educated by the Americans and spoke English well. They regularly joined the prisoners during their worship services. Both parties benefited from the beauty of singing and the mutual support of their fellowship (Devon 1946:61). He also mentions how he and a friend joined together to make rissoles from materials that they purchased from the canteen with their earnings. They anticipated selling them to their compatriots. What is important in this particular instance is the fact

that two friends recognised in the other a claim for care that each was prepared to accede to with benefits potentially accruing to both (Devon 1946:69).

Yet, they were also prepared to engage with their other comrades in terms of trade or exchange (Jacobs 2002:68). This situation presents an interesting illustration of how people actualise more than one type of caring relationship while being involved in the same activities. Frequently, they would have sought to work collegially with their peers to gain mutually beneficial outcomes. This often occurred in terms of making a camp habitable with regard to accommodation (Jacobs 2002:75, 76), recurring hygiene procedures and practices (Jacobs 2002:53) and even fishing with the help of Japanese hand-grenades (Webster 1984:61) which all required significant degrees of cooperation which was created by engaging in activities ordered by the hierarchical dialectic mentioned previously.

Still, Devon recounts a situation in which some men, if they had the capital to spend on the tasty food, would be able to benefit from the two friends' enterprise (Devon 1946:69). Those without the ready cash would have to settle for the normal diet. This was deemed acceptable to all parties and the situation may have been ameliorated somewhat by the custom of showing charity to those who were clearly destitute (Jacobs 2002:84). However, there were others, such as gamblers, who made a profit from the misfortunes of their comrades (Jacobs 2002:84).

Additionally, some men were labelled "Jap happy" because they seemed to spend more time currying the favour of the Japanese than maintaining solidarity with their comrades (Fagan 1945:41). Devon (1946:84) even knew someone who did very well for himself by being the batman of a Japanese officer. Still, learning the Japanese language (Nippon-go) could potentially save one from a bashing or worse, as Major Jacobs and his fellow officers discovered one night. The following story also highlights the importance of being allowed to have one's argument heard and considered valid:

It was at Kunknitway that I first had reason to be glad that I had learned a little Japanese. Pat Giddings, Rae Nixon and I were talking to some British officers one evening after dark, when a Korean guard approached. We did not see him until he was right on top of us, and there was not time to salute

before he growled out “Kure, Kure”, the lowest form of address used by Japanese when speaking to inferiors...As we were not wearing hats, we saluted by bowing from the waist. This did not satisfy the sentry, who marched us off to the guard house. Here we were given a lecture for about twenty minutes on the proper behaviour of prisoners towards their guards. It was in Japanese, but I got the gist of it...Then trying out my newly learned “Nippon-go” for the first time, I tried to explain that we were very sorry that we did not see the guard approaching as it was dark, and our backs were turned from his direction. We had saluted as soon as we saw him, but then he was quite close to us. The explanation was accepted, and we returned to the hut unmolested. I was rather pleased when the others congratulated me in talking the Japs out of what seemed a certain bashing. (Jacobs 2002:72-73)

However, some of the men created ructions in such relationships by acting rather foolishly for their own benefit and precipitating dire consequences for their fellow prisoners and others. The classic example provided by Devon was the prisoner who became the paramour of a Burmese woman (Devon 1946:64). He was persuaded eventually to leave the prison camp and live with her. When this was discovered, the security of the camp was increased and this severely compromised the ability of the camp “traders” to obtain additional supplies and rations from the Burmese. Both the civilians and the prisoners suffered directly and indirectly. Again, the expectation was that fellow prisoners should act in a comradely, rather than in a *merely* mercenary manner.

This brings us to the final bilateral dialectic that was often relatively free of tensions and, also, was typically beneficial to both parties. An example of this was, in fact, the relationship between native traders and the prisoners. However, before examining this relationship specifically, it would be useful to outline some of the other interactions that the men had with the local inhabitants. The civilians occasionally took calculated risks to help the prisoners (Jacobs 2002:45). In Moulmein, Fagan (1945:38) remembers that the Indians from Ceylon resisted Japanese attempts to stop them from providing food and native cigars to the prisoners as they marched through the town towards their destiny shortly after their arrive in Burma. Chattaway (1945:1) remembers the Burmese in the retelling of his experience at Moulmein:

Our march was more in the nature of a victorious army than of POWs for the natives flocked to the road and loaded us with cigars & native foodstuffs. The Nippon attempts to stop this were unsuccessful despite the severe lashings they administered to the Burmese.

At other times, the civilians would violate Japanese prohibitions against communicating with the prisoners and would pass materials into the prisoners' camp so that they could improve their accommodation (Giles 1970:63). On at least one occasion the Burmese actively helped three Australian escapees at some risk to themselves in terms of potentially offending the Burmese police who were working with the Japanese (Devon 1946:70-71; Giles 1970:62). On another occasion, they tried to help four Dutch escapees (Giles 1970:57). There were also times when the prisoners provided care to the civilians who had made claims of them (Jacobs 2002:85). A humorous example of this occurred when Devon was gently coerced into delivering a baby (Devon 1946:70). He was able to do this because of his previous experience with cattle. In response, Devon and his mates received fresh fruit for some time from the happy family. Still, it seemed the civilians were the one's supporting the prisoners. Additionally, the locals would often offer unexpected words and gestures of comradely encouragement (Giles 1970:63, 65). Jacobs admitted that one experience of such mutuality, which occurred at the beginning of October 1942, especially marked his memory:

I remember one old Chinaman who watched us with a rueful smile on his face. As I drew level with him he raised his hand in a friendly gesture. "Cheer up" he said in English. I waved back at him and gave him a cheerful grin. Somehow his sympathy made things seem not so bad at all. Here we were thousands of miles away from home, with God knows what fate in store for us, and a friendly Chinese encourages us with a word of cheer. I thought of the untold suffering which his kinsfolk in China were undergoing at that very moment at the hands of our captors the Japanese, and I felt that perhaps we were not so badly off after all. It was little incidents such as this which stuck in the memory. (Jacobs 2002:46)

But, most often the prisoners interacted with the civilians through trade. Each saw in the other an opportunity to make a claim for their needs through the mechanism of barter and exchange. In an account of their journey to the Railway,

Devon provides an interesting glimpse into the unexpected riches that a prisoner might possess, or have stolen by a 'comrade':

We did quite a bit of trading with the Burmese. Needles, pins and safety pins were in high demand and one could sell a safety pin for two *annas* or thirtysix [sic] bananas, or twelve duck eggs. So it was that the humble soldiers "housewife" became an object of great veneration, and the possession of one, intact, was the sign of opulence. I had three of them, so we lived like lords for some weeks. I did retain one, in case the clothes needed some running repairs, but soon wished that I had eaten it too, for some low blighter pinched it. (Devon 1946:52-53)

This trading was dangerous at times (Webster 1984:55-56) and, even when carried out to save lives, it could precipitate disaster for everyone in a camp (Devon 1946:85-86). Additionally, it was not always easy to engage in due to language, cultural and material incompatibilities. Sometimes the men would have to trade with the Japanese first to raise the money (Fagan 1945:42). Jacobs noted that there was something in the Japanese code that prevented them from taking the prisoners' *personal* belongings and, while the Japanese would drive a hard bargain, the prisoners were still able to sell their goods for reasonable gain (Jacobs 2002:61). As was seen earlier, one of the things the men continuously craved was tobacco (Fagan 1945:56). Without it, the men became quite irritable (Devon 1946:80) and would even start fighting with each other which would precipitate a bashing for both men at the hands of the guards (Fagan 1945:49). When there were means, it was almost always one of the first things on the list to purchase. When Devon won 250 cigars as a reward for the most days worked one month, he gleefully shared his windfall with his friends for weeks (Devon 1946:80). Tobacco could either be consumed or traded for other commodities later.

However, the quest for clothing and food was most important and resulted in an intricate interweaving of human interactions. On the one hand, the prisoners would often find themselves literally out in the cold for having sold their clothes and half of a blanket, if not the whole, to buy food and other supplies (Webster 1984:58, 79). Yet, at other times prisoners could buy both food and clothes with their currency, if both sides were willing to run the risks as Chattaway (1945:4) describes:

The nights at this time of the year were extremely cold & many men spent the nights sitting around fires as they had no bed clothing and the Nips weren't interested in giving us any. Much trading of clothes went on with the natives, men running grave risks to get extra & more appetising food.

While intrinsic valuations were not primary here, they still helped to maintain the behaviour of each party within a certain framework of fairness. One thinks here of the moment of mutuality shared between Jacobs and the elderly Chinese man mentioned earlier. However, contextual factors, such as distance and isolation, modified the definition of fairness as time went on and resources generally became scarcer. Also, the Japanese would sometimes inflate the market prices by buying supplies from the traders (Devon 1946:75; Webster 1984:55). Then, they would either consume such supplies and the prisoners' rations themselves or they would sell them to the prisoners with a significant mark up (Devon 1946:75). In such cases, the bilateral valuations became less sanguine. However, the prisoners also created perturbations in this final aspect of the dialectic of valuation as well.

For instance, during the preparations for Christmas in 1942, three yaks were added to the eight already procured from the Burmese by the Japanese for one camp (Fagan 1945:44). The yaks had been 'found' and claimed by the prisoners. Fagan (1945:44) cheekily commented that, "The Burmese owner will find they are gone and will go mad, but it's too late now—they're eaten." While it is true that eight yaks would not go far as food for fifteen hundred men, it is also true that the men could not, at this time, claim to have been in such dire straits that they could so lightly overlook the civilians' need for their farm animals; their families would depend on the fruits of these beasts' labours. Since they were unfairly taken without any recompense, this is especially true.

A first summation

To summarise, human relationships are, at least in part, constituted by dialectically linked valuations regarding the worth of the other. The extrinsic valuation of another has to do with a claim for my own care. An intrinsic valuation has to do with the other's claim to my care. This delineates the unilateral dialectic

that occurs when we are engaged with animals or other non-human beings. Thus, I have chosen to speak of the unilateral valuation dialectic in terms of *pastoral care*. This may seem a little odd at first. However, the term first began to impress itself upon me as I was working through the relationship between the various interest groups and the cattle which were left behind as the civilians fled the various cholera outbreaks. In this case, the word pastoral would relate to the sort of virtuous and compassionate care given to animals and fields cultivated according to the wisdom of a community which includes the living, the dead and those who are to come as was eloquently and vividly described by Virgil in his *Georgics* (Ferry 2005).

Yet, the unilateral valuation dialectic also occurs when we are dealing with those humans who are unconscious or are severely incapacitated. Here there seems to be a parallel with the pastoral image of the *Georgics* (Ferry 2005) in the sense that someone in this condition may be considered to be in a vegetative or animal state. While there is a temptation to label the care given at such times as medical, I believe that the term pastoral avoids limiting the offering of such care to those filling medical roles. Ironically, as heroic as the efforts of medical staff were on the 'Burma Railway', they often had nothing more with which to care than the many men who 'nursed' their dying and desperate mates. Somehow, other terms such as palliative care just do not adequately capture this dialectic.

This is more clearly seen when we are also alert to the metaphorical dimensions of this dialectic in terms of estrangement of consciousness. For instance, in our engagement with strangers, especially those who are isolated, there is often a displacement or estrangement in their ability to share our consciousness and make meaning of our encounter. As testified to by the civilians in Moulmein, our role in such instances is often to provide requisite care until such time as the others can meaningfully communicate their claims on us. We can anticipate their claims and accede to them without their having been made explicit. We also care when nothing can be returned by the other. I would want to use the term *pastoral* for this type of valuation and care as well. There need be no religious connotations in the use of the word. However, they are not necessarily excluded either.

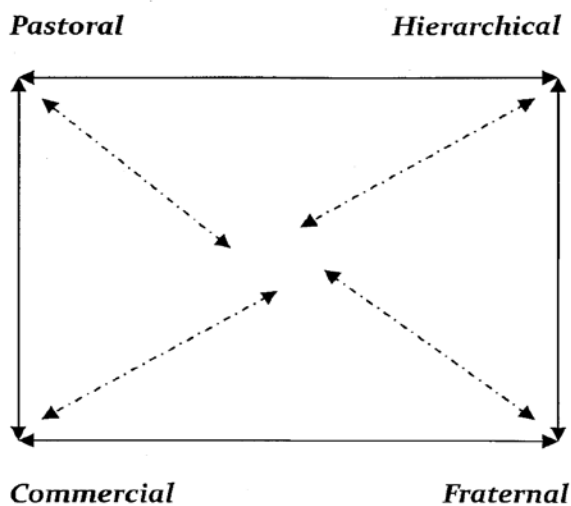
When the valuations are bilateral, the situation is more complex. However, there are three aspects which can be delineated as *hierarchical* (asymmetrical ordering), *fraternal* (sororal, consorial, i.e., fellowship) and *commercial* (fair trading together) *care*. With *hierarchical care*, extrinsic valuation is maximal on one side and minimal on the other without being altogether suppressed. Additionally, on the side where the extrinsic valuation is minimal, the intrinsic valuation is maximal. The opposite is true of the side upon which the extrinsic valuation is high; here intrinsic valuation remains both minimal and tacit. This allows for a human relationship in which care can be explicitly asked for and given episodically with minimal expectation of immediate reciprocity. However, there can be a reversal of expectation in another time and place. For instance, a feudal lord could be expected at most times to protect his tenants from thugs and receive a modest payment of craft and garden goods. However, should another lord seek to invade his domain, the lord could expect his tenants to band together behind him to fight the invader, even if this should cost some tenants their lives. The Japanese requirement that the prisoners work for the engineers and be managed by the guards to construct the Railway could be viewed a perversion of this hierarchical interdependence.

When it is a case of *fraternal care*, intrinsic valuation is maximal on both sides while extrinsic valuations remain tacit, but not necessarily suppressed. This allows for more intimate human relationships in which care is freely given and taken to the mutual benefit of both parties over extended periods of time. This is true whether this happens through either episodic or more continuous modes of contact. In other words, there is the expectation of enduring general benefits for all involved. Finally, with *commercial care*, extrinsic valuation is maximal on both sides while intrinsic valuations remain both minimally and tacitly present. This allows for human relationships in which care can be requested both explicitly and reciprocally on an episodic (either regularly or rarely) basis. They are also characterised by an expectation of very specific benefits. However, this takes place within a framework of fairness based upon a tacitly intrinsic valuation.

We are now provided with a 'multimodal model of care' (Figure 1) which includes *pastoral care*, *hierarchical*, *fraternal* and *commercial care* as pure forms.

The 'ground' between the sides of the figure represents a 'space' for the working out of the multilateral or vectored valuation dialectics that were in evidence in the earlier discussions. For instance, the mode of pastoral care stands in a dialectical relationship with the other three modes of care. Each shapes the possibility of the realisation of the other. They are extremely difficult to adequately describe and this would require more time and space than can be afforded in this thesis. So, in the next section, it will only be undertaken to the degree that it assists in understanding the essential structure of supporting and hindering relationships.

Figure 1 'Multimodal Model of Care'



Clarifying supporting and hindering relationships

This section will briefly explore what is meant by care before examining those relationships that either support or hinder engendering, accessing and using generalised resistance resources. This will prepare us for the final section which will explore these questions in the light of marginalisation. Again, we begin with phenomenological descriptions, comments and, then, a series of examples of *pastoral care* and *hierarchical care*, as well as one extended example of *fraternal care*, in order to continue to clarify the phenomenon of interest. As before, there will be no attempt to be comprehensive. The intention is to specify as succinctly as possible the essential structure of human possibility with regard to supporting and hindering relationships. The clarification of this essential structure is the result of

‘imaginative variation’ into what is required for such relationships to exist. An adequate articulation of the structure of both care and supporting or hindering relationships requires the careful and coordinated use of everyday language shaped and informed by the discipline of humanistic-existentialist social psychology.

A brief phenomenological description of ‘care’

It is not easy to capture the essence of care as found in these vignettes. A great deal of ‘imaginative variation’ is called for and, then, there is the struggle to find the right words. For this and the other descriptions, I will draw upon some fairly common words to aid in my articulation. They have been selected after careful consideration and comparison with other possibilities. There is one English word that, in part, captures two of the four essential aspects of care, deliberation. It calls to mind the image of weighing something up on scales and refers to both careful thought or consideration, and deliberate or intentional action. What is attended to, observed carefully, or critically considered, is the potential for enhancing capacities that allow for perfecting, both completing and fulfilling well, some appropriate purpose or end. Engaged awareness is essential to caring. Without it both the nature of the potential enhancement and the requirements for achieving this would be impossible to adequately ascertain. The limitations would be unrealistically ignored or the potential attainments excessively exaggerated. Each of these dimensions resonates with such phrases as “have a care”, “take care” or “be careful”. Yet, sooner or later, there is a shift from attending to actually tending, fostering or cultivating something.

Essentially, something is intended to change as a result of care. What must *specifically* take place is the intentional enhancing of capacity. This might mean seeking merely to increase existing potential or to actualise new dynamics from within past achievements. It can also mean determining to preserve something that could have been lost. It might mean endeavouring to enhance the likelihood that something would be remembered, honoured or cherished on the one hand or reframed and integrated into an emerging frame of reference on the other hand. In each case, there is a “stretching” (tending) towards something more than is

present under these conditions or towards something that could remain present when changing circumstances might have otherwise precluded this.

Finally, there are two further aspects that are not as clearly communicated in the word deliberation. The first is that of extending awareness beyond the narrowing confines of immediate interests. There is a willingness to entertain more of reality than is presently being engaged. We might speak of this as a certain general openness that one regularly reverts to throughout one's more focused activities. This directing of attention away from what concerns us immediately to something else to consider can be contrasted with the final aspect, that of ending. A potential is reached, an actualisation is achieved and a realisation occurs; things change or they remain the same when they might not otherwise have done so. This specific intentional action is complete. However, this does not mean that *caring* is ever wholly complete. There are new issues, possibilities and concerns that arise out of the changes and each new moment reshapes the horizons within which we discover something towards which our awareness can be extended, which can be attended to with consideration and which can be actively tended to. Again, a number of examples of *pastoral* and *hierarchical care* will be offered to elucidate the various aspects of the phenomenon. One extended example of *fraternal care* will also be provided from Giles' memoir.

In terms of *pastoral care*, one of the most emotive examples involved honouring and burying the dead. Even the Japanese comprehended the importance of this for the Australians. In fact, it might have even been the one social reality that both the prisoners and their captors shared most completely. Those Japanese soldiers who spent time at the front seemed the best guards in terms of their treatment of the prisoners and were particularly alert to the significance of such proceedings (Webster 1984:53). At another time, Webster was so taken by his scrutiny of one Japanese officer's response to their ANZAC Day observance with its service, cross and wreath, that he reported the incident to Lieutenant Colonel Ramsey, his force commander, for his consideration (Webster 1984:62). In another case, having executed a prisoner who had been convicted of being an escapee, the Japanese soldier exclaimed that he was the bravest man he

had ever shot because he died without a blindfold and cursed the Japanese defiantly to the end (Fagan 1945:48).

Still more striking, perhaps, was the behaviour of one of the notoriously brutal guards during one of the cholera outbreaks. The Japanese were terrified of cholera which might somewhat explain his actions. He would never fail to attend the funerals of the victims and was often the last one to be seen leaving the cemetery after having prayed and placed flowers on the grave (Giles 1970:71). Webster recounts that the Japanese became so concerned about the possibility of men being buried alive after one close call that, in the midst of some of the toughest conditions imaginable, they required the Australian medical officers to perform autopsies before burials. The Australian doctors were not pleased with the extra work, but they diligently performed their newly assigned duties (Webster 1984:82-83). Additionally, the Japanese required that one of their own be present to witness that a body was actually placed in the grave while the bugler sounded the Last Post at every funeral in 55 Kilo camp (Webster 1984:78). Perhaps they were worried about substitutions and the use of funerals as a potential ruse to cover for escapees.

Not all of the Japanese understood the Australian burial customs. In one camp, they were nonplussed when the prisoners would stop and stand to attention at work when they heard the bugler. However, after a short explanation of the military honour, the Japanese were happy for the brief interludes to continue (Fagan 1945:41). Great care was taken by the Australians to ensure that a proper account was taken of the men who died (Devon 1946:77; Jacobs 2002:78, 81, 92). They also learned to care for the Japanese dead.

When the rains came, there were many times when prisoners were required to unload materials from one side of a damaged bridge and reload them onto trains on the other side. During one episode, the prisoners were handling the parcels roughly. The Japanese reprimanded the prisoners and explained that their dead were cremated and the ashes of the fallen were returned to their families in Japan (Webster 1984:80-81). Given the large number of these small boxes and the numbers of wounded making their way back to Siam (Thailand), the prisoners had some idea of the conditions at the front. They had watched earlier as the soldiers

were driven mercilessly by their officers through the muck and mire to their deaths (Giles 1970:73; Webster 1984:66). So, with this explanation, the prisoners became quite careful in the execution of their task which they performed with due respect (Webster 1984:80-81).

And, when they fell into the hands of the prisoners, the Japanese even accorded respect for the bones of the civilian workers. Webster (1984:80) tells of a time when one of the men found the skeletal remains of a woman which were reconstituted and used as a teaching device by the doctors. When the Japanese learned of this, they confiscated the bones in order to ensure that they were burned and properly disposed of (Webster 1984:80). There was a great irony in this. In many of the camps, the civilian workers were so overwhelmed by cholera that they were only partially buried by their comrades (Giles 1970:57) or just left to lie dying on the ground where they fell without aid from the other civilians (Fagan 1945:42, 51). Babies were found dead under the huts when the Australians took over the camps (Chattaway 1945:8). Thus, both caring and lack-of-caring were found to dwell side-by-side on the 'Burma Railway'.

In the preceding paragraphs, illustrations of the various aspects of care in the *pastoral* sense have been offered. We see people changing their awareness from their own immediate concerns and enlarging their field of concern to include other issues, concerns and perspectives. Although the various cultural groups had somewhat different understandings of death and dying, the captors and the prisoners became willing to look beyond their everyday or commonplace understandings of themselves and each other. The examples drawn from Webster and Fagan in the first paragraph relating to *pastoral care* above illustrate this. In some cases, this new awareness led to a more careful observation of what was taking place; there was a more engaged awareness. This led to a greater insight into what the various needs might be and how these needs might be met by changes of behaviour or attitude. Changes of routine or practice often represented an attempt to enhance capacity after due consideration had been given. Flowers placed at and prayers said routinely over the graves of prisoners who died of cholera by a notoriously brutal guard, autopsies being performed to ensure that the 'deceased' were truly dead and properly interned with witnesses,

appropriately informing guards concerning Australian burial customs which allowed the custom to be repeated regularly without harassment, informing prisoners of Japanese burial customs to ensure that the war dead were treated with proper respect even in difficult circumstances, and the perceived callous use of bones and or the inadequate treatment of bodies discontinued with the intervention of others. When these new capacities were obtained and made sustainable, the focus of those involved shifted back to other issues and concerns. Yet, a new perspective seems to have been both opened up and sustained.

There are also three sets of examples of *hierarchical care* whose examination would contribute to our understanding of the essence of care. Again, there will be (a) shifts in awareness away from immediate or self-interested concerns, (b) deeper engagement of awareness that allows for the recognition of needs and possibilities, (c) actions to enhance various capacities in a more or less sustainable fashion and, then, (d) an end to any specific episode of care with the possibility of renewing the process as required. The first set concerns cooks and their roles as carers. Important collaborations occurred between the cooks and the medical officers concerning the nutritional needs of the men. Because of the insufficient supply of rations for a well balanced diet, it was difficult for the cooks at the 'best of times' on the Railway as will be seen in the material on the economics officers below. Occasionally, canteen supplies would afford an opportunity for the cooks to supplement the offerings. But, this became increasingly difficult as time went on. On one occasion when beri-beri was plaguing the men, the cooks and doctors were able to first consider the possibilities and, then, develop a form of yeast whose properties were such that large enough amounts could be made and distributed through the rations to prevent the further decline of the men (Devon 1946:68). In fact, within weeks, they were returned to what, on the railway, was reasonable health.

At other times, the collaborations might be between the Australian cooks and the men who were able to help procure the ingredients required to make special dishes for festive seasons. However, this could backfire and the possibility of offering care missed because important considerations were overlooked. One cook decided not to slaughter the Christmas sow when she threw a full litter.

Instead, he thought to fatten them all up for New Years and offer a real feast for the men. However, the Japanese commandeered the sow and piglets while they were still on the hoof for their own celebrations (Devon 1946:68). Additionally, the cooks were able to develop ways of making “coffee” (also known as “tea”) from burnt rice (Fagan 1945:42). While the latter might have been difficult for some to get used to initially (Webster 1984:57), it became quite a staple that lifted the men and was mourned when unavailable; it had really given them a boost (Fagan 1945:46). The Australian cooks also worked with personnel from the Dutch forces who were better able to identify and find plants to add to the diet to increase the intake of vitamins (Chattaway 1945:16-17; Devon 1946:84; Webster 1984:65). Their work was often difficult and they, at times, went to heroic degrees to supply the men with cooked food (Jacobs 2002:89).

Hygiene was another critical issue for which the men received *hierarchical care*. Like all modern military forces, the Australians had special squads of men commissioned with this task (Chattaway 1945:9). The need for their work was not only evident when they arrived at new camps. It was also critical to maintaining the health of the men on their journey between camps (Giles 1970:63). The men were often tempted to drink from what appeared to be a clear, pure stream. But, given that the rains often washed the infected faecal matter of the civilian workers carrying disease into the water system, this was a dangerous risk (Chattaway 1945:20). Some survived, but hundreds did not. In fact, according to a couple of memoirs, large numbers of members of ‘F Force’ were believed to have died because they either had incautiously accepted contaminated water from civilians at the train stations despite the efforts of their hygiene sergeant (Giles 1945:70) or had been forced to drink contaminated water in the jungle because the Japanese refused to provide utensils for boiling the water (Fagan 1945:55).

Unlike the civilian workers, when given the opportunity, the Australians on the ‘Burma Railway’ always ensured that latrines and other sanitary instrumentalities were properly created and maintained according to the best standards given the circumstances (Fagan 1945:42, 49, 51; Giles 1970:63). Here is an account of such an endeavour given by Giles who had also served in the First World War:

Ever since we had left Singapore I had been constantly drumming it into the men's heads that cholera was always present: that it was up to them whether they got it or not. On arrival in Burma they soon saw for themselves and they became cholera conscious, enforcing water discipline in their own ranks. All water was boiled and set out in drums from which water bottles were filled. A dipper was used that must not touch the water bottle and the bottle was held away from the drum so that any spilling over the bottle would not fall into the tub and maybe infect a couple of hundred men coming behind. The men were taught to consider every inch of ground surface to be infected so that any article placed thereon would be contaminated and if the contamination reached the mouth it could mean cholera...At meal times a tin of boiling water was placed on a small fire at the eating place and in this the dixies were washed and then stowed away in kits away from flies. The months of training saved "A" Force from the water-borne cholera but it was at Angenau that the disease first invaded our ranks. Camp Kilo 105 cost us sixty lives from cholera, all of them caused by contact with contaminated material or fly-borne, as they occurred in ones and twos over a period. (Giles 1970:70-71)

Unhappily, water was often in short supply and personal hygiene suffered. In one case, to obtain water for washing required an extended descent down a steep slope to a musty little creek before a climb back up the same slope (Devon 1946:79). It was impossible to get and stay clean under these conditions. However, some of the men were able to improvise at this point and stand under the runoff from an attap roof in the rainy season. Chattaway (1945:12) actually went one step further with a 12 gallon tin which was his prized possession. It was constantly positioned to collect rain during the work hours and this was used by Chattaway and his mates for washing. Considering the amount of pilfering that went on, it is amazing that this item was never taken by others (Devon 1946:3). It is possible that the camp hygiene staff kept a look out for it as they were typically relieved of responsibilities for line work and remained in the vicinity of the camp (Fagan 1945:39; Devon 1946:86-87; Giles 1970:58).

A final example of *hierarchical care* to be considered involves men, such as Jacobs (2002), filling the role of economics officer. The Japanese had committed themselves to paying the prisoners a very modest wage for their labours (Jacobs 2002:61). The officers were given a somewhat better arrangement regardless of

whether they worked on the line or not (Jacobs 2002:57). On the other hand, only the other ranks who worked were both paid and given a full ration of food. With thousands of prisoners working on the line, it was necessary for some of the officers and civilians such as Rohan Rivett, a newspaper correspondent (Webster 1984:54), to fulfil the role of paymaster. On a somewhat regular basis, especially when things were going relatively well early on, the economics officers took the paperwork relating to the officers and workers to the base-camp where the wages were calculated and the money distributed to the economic officers (Jacobs 2002:57). They would also take the personal effects of those who had died along the line to the base camp (Jacobs 2002:87). This trip to base allowed the various camps to be kept informed of each others' activities and for the economics officers to try and arrange for delivery of food and other items to the camps for the canteens (Jacobs 2002:80, 82, 88). They could occasionally obtain pilfered medical supplies (Jacobs 2002:88). Returning to the base camp gave them a chance to get better rations and medical attention for themselves (Jacobs 2002:57, 80). They could also enjoy the simple pleasures of being clean and comfortable (Jacobs 2002:88). Upon their return to the camps, the economics officers would distribute the monies and prepare the paperwork for the return visit.

They would also distribute the monies collected for the sick men who would otherwise be left with just a half ration. Brigadier General Arthur Varley had decided to add a further impost on the officers' pay (Jacobs 2002:57). The Japanese were already reducing their allotment to pay for food and accommodation, as well as what amounted to a superannuation premium that was sent to a bank account in Japan (Jacobs 2002:57; Webster 1984:52). In addition, the officers paid a progressive amount that saw the higher ranked officers paying more than the junior officers into the sick or hospital fund (Jacobs 2002:57). While not every officer may have been happy with this arrangement, they still received better wages than the workers who required more in their diets than the non-working officers. In fact, while it was rare for a variety of reasons, some officers did go to work on the line, as well as supervise (Webster 1984:52). While not as onerous as other roles that officers might undertake on the line,

being an economics officer was a very difficult administrative task as people became quite possessive of their pay privileges. At one meeting of the economics officers, some 22,000 entries were involved (Jacobs 2002:80). Care had to be taken at all points in the transactions so as to ensure that each was given their due. Additionally, the travelling was not always safe or easy; the economics officers often had to hitch rides from place to place and they could not always count on regular transportation options (Jacobs 2002:79-84).

Things deteriorated precipitously as the war continued and as the working groups moved further into the jungle and closer to Siam (Thailand) (Jacobs 2002:85). Yet, when canteen goods were available and the men had sufficient monies, a meal might make the difference between life and death (Jacobs 2002:61). The canteen items at least made life more bearable as Fagan indicates:

At last we have received a reward for our work and have had a pay day. For my 20 odd days work I received the large amount of 2 rupees, 23 cents, which equals about 4/- Australian. I could then afford to buy two eggs, two spoonfuls of curry powder, which turned out to be turmeric, one slab of Shindager which is a product of sugar cane. That day we had a tasty dinner as we fried rice in petroleum jelly and had two fried eggs. The eggs tasted lovely to us as we had not had any for so long. (Fagan 1945:43)

Finally, one extended example of *fraternal care* will be offered from Giles' memoir. Again, it well elucidates all four of the aspects of care in one scenario: a) a change in awareness from being closed in on immediate interests, concerns or typical ways of responding to reality to being more open to what is going on, b) deliberate consideration of the issues and of the potential for capacity enhancement, such as the very real possibility of providing more comrades with easier work or the more remote possibility of accessing stores with which to extend the health and well-being of one's friends, c) determined action relating to actually enhancing capacity by collecting and supervising the appropriate comrades for the work, preparing the hut to be entered by stealth with the intention of carrying of stores in a suitable fashion and even ensuring that one can continue to do this despite various interventions, and d) termination of the

specific activity of care at the end of each episode and being willing to discontinue all engagement along this line when it becomes wise to do so.

This example also highlights the courage, as well as the cunning that is often needed to care. Without the virtue of courage, it would be very difficult to care for one's friends in marginal circumstances. Without the virtue of prudence, one might get caught out and be beyond the care of others due to the perversion of *hierarchical care* associated with marginalisation. Again, notice how one activity encompasses more than one mode of care (*fraternal* and *hierarchical*) in the first half of the story. Finally, it is worth noting that this one story was originally divided into three vignettes for analysis as noted by the designators [a], [b], and [c].

[a] The senior Japanese NCO called me over. "You carpenter?" he asked. "Yes", I answered. There was no point in saying anything else. He wanted a storehouse for the Japanese rations to be erected alongside the Japanese kitchen and the guards' sleeping quarters. I asked for twenty men, hoping to get a few days easy work for some of my friends. "Ten," he snapped. So I collected ten of my mates, drew some tools from the railway stores and set to work.

Bamboo was the material for walls, attap (palm leaf) for the roof. We did a good job, making it spin out as long as we could. And the NCO was so pleased he gave us a tin of cigarettes. But he did not know what a good job it really was.

At the back, where the wall abutted on to the jungle, I made a secret door by breaking the insides of the bamboo joints so the smaller bamboos could slide up and down in them and so leave an opening.

Then we unloaded the Jap stores and stowed them away in the new building. There were casks of dried fish and sugar; bags of lentils and beans. All the things we so badly needed to ward off beri beri and pellagra, scurvy and the blindness caused by vitamin deficiency.

I carefully noted the position of everything and arranged them to suit my ulterior purpose.

The monsoon was on us in full force: strong winds and heavy rain. On nights like these I left my hut and crept round the edge of the jungle to the storehouse. The noise of the wind and rain drowned any sounds I might have made.

I lifted up my secret door and crept in, feeling my way in the darkness with a cautious hand in front of me, moving on hands and knees.

Into a satchel hung around my neck I stowed the things I wanted. The lentils were easy. A sharpened length of bamboo stabbed into the sacks and a stream of these valuable little peas flowed into the satchel. On the other side of the bamboo partition, by the flickering light of a hurricane lamp I could see the sleeping guards.

[b] One night, creeping between the rows of sacks, a hand feeling the way ahead, I touched the shins of a man. I seemed to have an immediate mental blackout, expecting a bayonet thrust. For some stupid reason I made a sound that I hoped resembled the growl of a dog: some vague idea of pretending to be one of the stray mongrels that strayed around the camp.

The man I had touched retreated into the darkness. So did I: back to my secret door. Outside, against the skyline I glimpsed the figure of what looked like an Australian soldier, his waterproof groundsheet flapping in the wind. He had been on the same errand as I was. I never found out who he was and he would not have known who scared him as much as he had scared me.

I shared my booty with a few friends. About ten trips were made in the next three months and it was this thieving that kept us alive.

[c] One night my probing had touched a cotton thread stretched across the narrow passage between the casks and sacks. I traced it to the end and found it attached to an empty tin precariously balanced. It was a trap. The Japanese had become aware that the store was being raided. I don't think I was alone but the others would have had to come in through the door. I am sure no one, not even my friends knew of my secret door. I had not told them for if they had ever been caught with the stolen goods the less they knew the better. The discovery that the Japanese knew frightened me off and I gave up my thieving.

Sometime later a Dutchman was caught. He was savagely beaten, and hung up by his wrists for a day as an example to the rest of the camp. Then he was sent to Tambuzait [*sic*]. We never learnt his fate. (Giles 1970:67-68)

Distinguishing between supporting and hindering relationships

We are coming to the end of this section and are about to look at the issue of marginalisation in the next. Now, I will specify what distinguishes supporting and hindering relationships in the light of the previous examples and the brief phenomenological description of care. In attempting to find the right words to undertake this articulation of the 'imaginative variations', it is useful that the

English words 'relation' and 'reference' (to) still carry something of the force of their origins. The root of 'refer' (from L. *re + ferre*), from which we also derive relate, means *to bear*. One way in which we currently use the term is with regard to directing attention to some object of interest, seeking information about the character of a person or the nature of a concern, and having recourse to the support of others. It is significant that both the root of the term relationship and a current use of the term refer both resonate with these three of the essential aspects of care as they were already described in this section. If the contention that an accurate structural description of human relationships includes dialectical valuations of intrinsic and extrinsic worth is correct, this is what we might expect.

A human relationship is that which also bears the *implications* of the valuation dialectics discussed above. Specifically, such relationships *qua* human are implicated in the intricate set of dynamics that involve the deliberation of possibilities and the intention to act to enhance capacities that ensure appropriate (from L. *proprius*, one's own, proper) ends or purposes are attained through acceptable means. So, in addition to the dialectics of valuation, an essential aspect of human relationships is the *obligation* to bring requisite resources to bear upon the consideration of any potentially valid claim for care. This can be, perhaps, better clarified by surfacing what is meant by a claim. A claim (as in, to clamour for) is a declaration of intent to take possession, to obtain what is *believed* to be both owned *and* owed. Warrants are required for both beliefs about and concessions to any claim and this will be explored in the next section in terms of validity.

By engaging in the process of 'imaginative variation' with the many examples given so far, it is possible to specify that the resources required to determine and actualise what is necessary for enhancing capacities fall into three basic categories: informational (*what*), motivational (*why*) and instrumental (*how*). Information resources are required to determine what is taking place and what might be needed to enhance capacity. For instance, a hygiene sergeant will require a wide variety of basic public health knowledge to even begin to know how to shift his or her awareness to focus on the most appropriate issues and concerns with regard to determining potential capacity. Additionally, such

information will be needed to actually act to create or enhance the desired capacity. This information will have been transferred through manuals and training courses. Or, as in the case of the cooks, it might be obtained through personal conversations with and the observation of others who have specialist knowledge.

Motivational resources are also required beyond the preliminary valuing of the other or one's self. They answer recurring questions such as, "Why should I do or keep doing these actions?" Typically, these resources will more closely relate to the actual actions that need to be taken to make the enhancement of capacity possible. For instance, one might originally value one's comrades and see that their need for food requires action. Through a variety of deliberations, one realises that building a false wall in a supply hut will give access to the required food stuffs if sufficient caution is taken. Still, each new attempt at accessing the hut brings a new possibility of capture and torture and any disinclination to act will require different types of motivational resources to overcome the tendency towards inertia. As Aristotle pointed out, we act in a manner that we feel fulfils some good; good is the ultimate motivator. Our understanding of the good can be more or less rich and commensurate with a wide variety of circumstances. However, it is possible for our experience of the good to be quite narrow or it can become distorted by various vices. Therefore, it is important to have around us people who continuously strive to work out how to act to achieve a wide variety of goods at various levels and in many types of circumstance. It is through our relationships with such people that we expand our motivational resources.

A final requisite resource is termed instrumental; it deals with the *how* of things. If a group wished to build a hut, they would need some idea of how they might go about it. They will certainly need materials; the know-how needed to obtain them will be essential as well. Someone would also need to know how to help a group of men to work cooperatively to achieve the task of building effectively and efficiently. For instance, a hut may be the GRR that a group of soldiers or civilian workers may be collectively seeking to engender or create, access, and use as a form of shelter from the elements and from the constant scrutiny of the guards. Yet, the group needs the requisite instrumental (physical and operational) resources to decisively act so as to bring about that capacity

which they wish to create or enhance within the time allotted to them. While this requisite resource is similar to the informational resources, instrumental requisite resources are often much more tacit and physically or materially oriented than requisite informational resources. What is typically required is the availability within a community or collective of competent practitioners who work towards the highest standards of their profession, vocation or trade. Such people share their expertise by working alongside of those who are learning the 'trade' as it were. For instance, any officer might be selected to fulfil the function of the economics officer. However, without the requisite expertise in maths, accounting, security, self-management and negotiation of conflict, the GRRs relating to pay disbursement and canteen services are unlikely to be operationalised by the men who are most in need of them.

Human relationships are the *potential* bearers of such requisite resources. And, this intuition, in the phenomenological sense of the word, provides us with a means of distinguishing between supporting and hindering relationships and further specifying their structure. Keeping in mind the complex reality being referred to by the 'multimodal model of care', a set of human relationships which are comprised of more adequately *negotiated valuations* and which increasingly *actualise requisite resources* are supporting relationships. A set of relationships which are comprised of less adequately negotiated valuations and which increasingly fails to actualise requisite resources is a set of hindering relationships. A caution is required here. Given the complex nature of the lifeworld, what is required in terms of adequacy and actualisation in each case can only be determined in one of two ways.

Firstly, as was indicated above, they are best determined in the actual working out of the relationships in specific situations by 'good' people (*who can best discern why*) with sufficient experience (*who can best discover what*) and expertise (*who can best decide how*). And, secondly, if sufficient evidence and experience is available, they can be determined to a more limited extent in retrospect by critically reflecting on the relationships and their contexts after the fact. The various war crimes tribunals held after the Second World War, including the *International Military Tribunal for the Far East* in Japan, were based on the

latter possibility. However, the men did not wait for such tribunals to make their own assessments of officers, 'natives', guards or comrades. These appraisals greatly influenced the prisoners' willingness to be open to new possibilities or to follow various routines.

There is one important precursor to the *likelihood* of supportive relationships being present in a particular context. There will be a strong inclination among 'morally responsible' people (people who will stand up for what they think is right in the face of opposition) to encourage the advancing of arguments and to ensure that the various informational, motivational and instrumental resources are made increasingly available. They will also ensure that such requisite resources are increasingly equal to the issues and opportunities that arise. Hence, deeply rooted moral conflicts (such as war, forced labour, or interracial conflict) or the presence of 'morally deficient' people, especially in critical positions, will increase the likelihood of there being hindering relationships. Even a comrade who steals a pin begins to reduce the likelihood of supportive relationships in a community. It is now time to engage in a second summation before examining the specific issue of marginalisation and its impact on supportive relationships.

A second summation

Each one of us is unique. There are no others like us; not entirely (Moss 1981). How shall the end that we are to be perfected, be fulfilled or bettered? We shall be perfected by acceptable and necessary means; otherwise, we will either oppose being violated or be destroyed. What is considered acceptable will be discussed very briefly in the next section. What is necessary is supporting relationships. These are *sets* of relationships, because every consideration and each action has multiple vectors of influence which, to be supportive, must adequately negotiate relevant valuation dialectics and operationalised requisite resources for enhancing capacities. These enhanced capacities bring about appropriate ends, ends proper to who we are and what we need. And, it would seem that we are, at least in part, essentially constituted to care for and be cared for by others. This care requires deliberation and intentional action. Each discrete

episode of care begins with extended awareness and ends in a realisation or actualisation of capacities. But, caring continues. ‘Morally responsible’ people encourage the advancing of arguments and ensure that the requisite informational, inspirational and instrumental resources are increasingly made available. They will also endeavour to make certain that they are increasingly adequate for whatever arises for each and everyone who might make a valid claim for care. With the resurfacing of validity, it is time to turn to the final section before the conclusion.

Exploring the effects of ‘marginalisation’ on supporting relationships

This section will seek to further clarify the influence of marginalisation on supporting relationships. It will begin by briefly examining the phenomenon of validity. Then, the focus will shift to the phenomenon of marginalisation as experienced by ‘A Force’ on the ‘Burma Railway’. Again, the description will be limited to clarifying the basic concerns of the thesis. Finally, the important phenomenon of ‘leeway’, as a mitigation of marginalisation, will be explored. This will, again, highlight the importance of moral responsibility with regard to supporting relationships. Descriptions, comments and examples will be offered before the conclusion to the chapter.

A brief phenomenological description of ‘validity’

Again, it is important to find the right words for articulation. Many are possible; few capture the essence entirely. It is often necessary to find nests of cognates. The words valour, value and valid each has a common root. It is the Latin word, *valere*, which means to be strong or of worth. Whether or not someone has valour is determined by a test, often a contest. The worth of something is also often tested. For an argument or claim to be deemed valid, it must demonstrate the ability to stand up against counterarguments or counterclaims. The grounds or warrants for a claim must be tested to judge their worth. Usually, all of this assumes that there is some generally accepted basis for any judgment. Since claims for care always involve ourselves as interested parties, it is incumbent upon

us to ensure that we are capable of giving each claimant their due. This typically requires both 'morally responsible' people and morally stable contexts, relatively speaking. Such requirements are not always met with in life. The situation of the prisoners of war constructing the 'Burma Railway' exemplifies this.

Still, it would seem that some claims bear an apparently unmistakable strength. As we have seen, the most powerful claim for care seems to have come from the men who suffered from tropical ulcers. The ulcers, having advanced to a stage of gangrene, were almost impossible to ignore by either the Australian doctors or the Japanese force commander (Devon 1946:84). Because it clearly points out the sense of contest involved, it would be worth an extended description of one such situation related by Fagan:

We had a visit from Colonel Nagatoma [sic] yesterday. We all had to parade before him and show our ulcers; there were some terrible ones for him to see. The ulcers eat flesh away then eat into the bone. The smell that comes from them is horrific. The Colonel only looked at a couple as his stomach was too weak. Anyway, *we gained a point* and 800 men are to be evacuated to 55 kilo camp which is supposed to be the rail head. A hospital camp is to be opened and he has promised to get medical supplies and better food for the sick men. The death rate is creeping up here and will continue to do so until we get better conditions. (Fagan 1945:56, emphasis added)

Lieutenant Colonel Nagatomo, or Naggars, was known to all of the prisoners (Jacobs 2002:52). He had addressed all of the 'forces' as they arrived. His speech followed a set text which justified the actions of the Japanese in terms of their treatment of the prisoners who would be required to work on the Railway (Jacobs 2002:49-51). He was concerned particularly to justify this in the light of a shortage of material and of the imperative to work in order to eat. Additionally, he reiterated the strictures against seeking to escape and informed the prisoners that their "manners, deportment, salutation and attitude shall be strict and according to the rules of the Nippon Army, because it is only possible to manage you all, who are merely rabbles, by the order of the Military regulations" (Jacobs 2002:50). Because they no longer had any fighting power, he would treat them humanely and in accordance with the wishes of His Majesty the Emperor. Still, the prisoners were considered *resources* in Nippon's drive to become the leader of the East

Asiatic Nations which included the task of driving out the anti-Axis powers because of their arrogance and misrule.

The prisoners were to consider their sufferings an honour because of the greatness of the project and Nagatomo promised to “check and investigate carefully about your non-attendance, so all of you except those who are really unable to work, shall be taken out for labour” (Jacobs 2002:51). In effect, the Japanese would take the role of ‘overlords’ which would displace some of the normal functions of the Australian military hierarchy. It was a forceful and well delivered speech (Devon 1946:59-60) that clearly communicated to the men what the Japanese intended for the prisoners (Jacobs 2002:51). It was also a threat. Devon (1946:59-60), Giles (1970:58) and Fagan (1945:38) all report that Nagatomo stated that he would be happy to sacrifice the lives of all the prisoners to ensure success. However, according to Fagan (1945:38), the speech lost much of its power when, having berated the prisoners for the shabby state of their uniforms, Nagatomo “finished and turned round to get off the table from which he was speaking and the backside was out of his trousers” and this set the men laughing at him.

Was it merely the sickening sight of the ulcers that caused Nagatomo to take an interest in the claims of the sick men who he had been previously willing to sacrifice to build the railway? Or, had the strength of his claim on their lives weakened? Was there a counterargument with a stronger foundation now known to him? Had it put his previous comments into a new frame of reference? While there is certainly evidence for this from other sources, of all the memoir writers, Giles was perceptive enough to pick up on information from some unacknowledged source concerning the changes that occurred in Nagatomo:

Early in January Nagatomo [*sic*] returned from a trip to the Headquarters of the Japanese South-East Asia Command in Saigon. He was a changed man. At Tambuzait [*sic*] he stopped some of the senseless cruelty and introduced a system of pay for POWs, about one and a half cents a day. And with this we could buy a few little comforts. He said he was trying to get a Red Cross ship in with parcels. It never came but that might not have been his fault...But why the changed attitude? Was he reading the writing on the wall? That he might have to answer to a tribunal of victorious Allies? (Giles 1970:61)

A brief phenomenological description of ‘marginalisation’

Engaging in the process of ‘imaginative variation’ with the various vignettes of the six memoirs, marginalisation can be described as the process of being excluded from the possibility of adequately validating claims because all arguments are, to one degree or another, substantially diminished or unilaterally disallowed. This can occur because a supervening claim is deemed by powerful others to obviate any claim that threatens its realisation. It can occur because the exigencies of the situation effectively preclude any possibility of actualising the claim due to a lack of resources. Finally, it can occur because circumstances leave people isolated in habitats that are basically inhospitable to humans. This last reason is often created by, or at least exacerbated by the first two.

The archetypal example of marginalisation and its consequences relates to Lieutenant Colonel Anderson’s force at Hlepauk camp about 18 kilometres from the base camp. While it is told by others (e.g., Fagan 1945:45), Jacobs best relates the complicated story (Jacobs 2002:63-64). It involves the brutal guard mentioned earlier who would leave flowers on the graves of cholera victims; he was called “Pinhead” before the incident and “Dillinger”, by many, afterwards. The camp commandant was a corporal by the name of Tanaka who was disliked by the POWs as they all considered him “an arrogant, bad tempered little rat” (Jacobs 2002:53). The event itself will be related briefly because it is the aftermath regarding the validity of claims that is of greatest interest.

One day “Pinhead” ordered a Sergeant O’Donnell to join him on a quest to shoot an ox, or bullock, that had strayed (Jacobs 2002:63). O’Donnell would have preferred not to; but, they all knew that he really had no option. The other men, including Major Jacobs who supervised them, returned from their work to camp. As they made their way back, they heard three shots which were not unexpected given the guard’s intention to kill the ox. However, after they had been back at the camp for a time, all the prisoners were mustered and Lieutenant Colonel Anderson was told that a prisoner had escaped. The Colonel sought to explain the situation to Corporal Tanaka who, in turn, refused to accept the hunting story. The

men were all kept at roll call for two hours while Tanaka played out what Jacobs describes as a charade of trying to account for the missing prisoner.

The prisoners were eventually sent to their evening meal and the Colonel was told to accompany the Corporal and his guards into the jungle where the body of the Sergeant was to be found. This is what transpired according to Jacobs:

Tanaka said that O'Donnell had been shot while attempting to escape, but an examination of the bullet wounds clearly showed that he had been shot in the chest, and that two more shots had then been fired at close range while he was lying on the sloping bank. Anderson pointed this out to Tanaka, who would not listen to any explanation other than that O'Donnell had been shot while he was attempting to escape. When Anderson pointed out that a man wearing only a pair of shorts, boots and a hat, and carrying no food or water, would not be so foolish as to try and escape, he was told not to argue. A little later Pat Giddings and a couple of men were sent out under escort to bring the body back to camp. The story of the shooting soon spread like wildfire throughout the camp, and feelings ran very high. We were *impotent to take any action* against the murdering Pinhead, and we one and all felt sick with baffled fury. As I lay on the bamboo sleeping platform that night after lights out, I could hear our carpenters down at the tool shed making a coffin, and *I felt more depressed and sick at heart than at any time since being taken prisoner* ten months before. (Jacobs 2002:63, emphasis added)

Essentially, in a situation of marginalisation, one's arguments are not given the same hearing as those of your opponent who shares the same social reality as those who apparently possess the power to change life circumstances unilaterally (Devon 1946:75). What is obviously the case is no longer important. The supervening project of the powerful is what determines which claims will be acceded to by those who often have less experience, expertise or moral merit to judge the situation fairly. A corporal curbs a colonel and forces several hundred men to bear the burden of the injustice. They do so to avoid precipitating an even greater and graver loss of life. And, the corporal does this both because he has a great national and cultural project to accomplish *and* because the grounds for doing this are much more fragile than he would prefer. He has, at most, a dozen men to guard a very large body of prisoners whom he would culturally expect to seek to overwhelm the guards and destroy the project if they had any honour and

initiative (Webster 1984:68-69). He also has to deal with people who marginalise him such as the engineers and the officers at the base camp.

For the marginalised, the result is a suppressed fury that leads to both depression and a deep sense of oppression. They sense that they are powerless to effect the actualisation of capacities that lead to the perfecting of the purpose of one's life, which in part, includes caring for the needs of another, as well as one's own. Sergeant O'Donnell's death was neither avoided nor was his murderer brought to justice. This is paradigmatic of much that was experienced on the Railway.

The claims of the thousands of Australian, British, and American prisoners in Burma exceeded the capacity of the Japanese to meet them (Devon 1946:80, 84). To these were added the claims of the Burmese whose lands were confiscated for the Railway and whose goods were also requisitioned for the supervening project. For instance, the roadbed for the Railway was laid through many of the rubber tree plantations earlier on (Devon 1946:63, 66) and through majestic teak forests of great economic, cultural and ecological value later (Giles 1970:69). Thousands of men, women and children were pressed into labour from many countries (Devon 1946:62, 66; Giles 1970:63). They were not always paid or, if they were paid, were provided with nothing to purchase for their immediate needs (Jacobs 2002:85). They were left unprotected in terms of shelter deep in the jungle (Webster 1984:68). During the various cholera outbreaks, they had no help (Webster 1984:70) and died in their thousands, fouling both camps and creeks (Chattaway 1945:8). As the war progressed, the soldiers fighting on the front in Burma had first claim on the food, clothing and medicines (Fagan 1945:58-59; Devon 1946:88; Webster 1984:72). The further that the project pressed towards its conclusion in Siam (Thailand), the less capacity the Japanese had to provide supplies for the prisoners (Fagan 1945: 54; Devon 1946:72; Webster 1984:65).

Finally, even the elements and environment marginalised the prisoners as natural systems far beyond the bounds of civilisation are seemingly averse to acceding to the claims of starving and sick men. Supporting relationships are, in these circumstances, often made improbable, if not impossible. Yet, even in such situations of marginalisation there still maybe something of a 'leeway'.

A brief phenomenological description of 'leeway'

In a marginalised situation, a leeway is an opportunity for care afforded by the protection of another who is somehow associated with the dominant group. However, the one offering a leeway may also be marginalised in their own right. Yet, they are still able to use some dimension of their association with the dominant group for the benefit of others. In opposition to the larger moral conflicts exemplified by Lieutenant Colonel Nagatomo's shifting stance with regard the exigencies of the war or the moral deficiencies exhibited by Corporal Tanaka, it was possible for some of those associated with the dominant group to be 'morally responsible' from the point of view of the prisoners of war.

Examples of this are surprisingly numerous (Fagan 1945:47, 53; Devon 1946:62; Webster 1984:48, 52-53, 70-71, 75-76; Jacobs 2002:51-52, 72, 76, 79, 82ff, 87, 90). However, two will be highlighted. Jacobs clearly indicated that the Koreans were very much marginalised in their own right and this might have accounted for their overzealousness at times (Jacobs 2002:61). Their arrival on the Line meant that the Japanese engineers were mainly encountered at work and they were no longer the main contact in the camps. This was due to the fact that the Koreans took over most of the guard duties. Jacobs gives some indication of their situation when he alludes to the soldiers who followed Achilles, their king, to the Trojan War:

Most of these *myrmidons* of the Imperial Japanese Army were young boyish looking soldiers who had been pressed into Service [*sic*] and sent to all Japanese occupied zones as prison guards. They were forced to adopt Japanese names and were forbidden to use their native language. As their country had been under Japanese domination for over fifty years they all spoke Japanese in addition to their native tongue, which they often used among themselves when out of the hearing of the Japs. (Jacobs 2002:61, emphasis added)

Sometimes the animosity between the guards and the engineers saved the prisoners some difficulties (Giles 1970:59, 65). However, many of the Koreans were indifferent towards the prisoners and just passed on the brutality that they

had received from the Japanese (Fagan 1945:42; Webster 1984:55, 66-67). Others, as we have seen, were sadistically brutal (Giles 1970:60; Jacobs 2002:83). However, there was one Korean guard of whom it seems everyone was rather fond. His name was Ohio; but, everyone called him George (Jacobs 2002:73). According to Giles he was the guard scapegoat and was always in trouble for not being 'regulation' (Giles 1970:60). However, he was also the only one who spoke English well and was sufficiently on the ball to readily see through the Japanese propaganda. According to witnesses, he had a very plucky attitude towards things and a great sense of humour that often saved the prisoners from the letter of the law. The prisoners surmised that an aspect of Japanese psychology was that if work was done well, then someone had to be rewarded; and, if wrong was done, then someone had to be punished (Jacobs 2002:57). Jacobs relates a well known story about how George used this logic to the advantage of two stray Americans:

It appears that one day George was on the road outside the camp when he came across two Americans speaking to a Burmese who was seated in an ox-cart. The Americans of course were trying to buy some bananas and shindegar, and when they saw George approaching they thought that they were "for it", because speaking to the natives was an offence which could bring very severe punishment. George spoke to the Burmese, "You speak English?" The Burmese, not understanding, shook his head. George turned to the Americans, "You speak Burmese?" "No, we can't speak Burmese." Somebody tell ----- lie", said George, and he kicked the ox in the stomach. (Jacobs 2002:73)

The favour was returned at least once. Lieutenant Naito, a drunken camp commandant, once punished George for fraternising with the prisoners. The Lieutenant ordered him not to eat any food for twenty-four hours (Jacobs 2002:73). Without any self-consciousness, George asked Captain Drower if the prisoners would feed him. The answer was a very definite yes and George was sent to the prisoners' kitchen. There the cooks feed him rice and stew from the prisoners' rations. George returned to the interpreter and thanked him in the politest form of Japanese possible (Jacobs 2002:73). After George was promoted to camp quartermaster, this mutually respectful relationship continued. In his new position, he did everything that he could to keep his friends in the best rations

possible under the circumstances (Jacobs 2002:77-78). Jacobs (2002:73) opined, "It is a pity that the Japs in charge of railway construction were not as human as George."

Jacobs also thought that Lieutenant Yamada, who was the camp commandant at 35 Kilo, was one of the best Japanese officers that they encountered (Jacobs 2002:65). However, Devon opted for the commandant at 14 Kilo whom the prisoners affectionately dubbed 'Brother Jonathan' because of his greater age and his beard (Devon 1946:66). Devon believed him to be the most considerate of the various Japanese whom they had encountered. 'Brother Jonathan's' basic attitude was that there was work to be done. Yet, he would do everything that he could to make life for the prisoners as pleasant as possible. These were not just empty words.

He allowed the prisoners to have "concerts, lectures, church services, quizy [*sic*] contests and boxing" (Devon 1946:66). Once, when a guard struck one of the Australian officers, 'Brother Jonathan' bashed the guards in front of the assembled prisoners and said that he would have no such barbarism in his camp. Only he would do the bashing. If any prisoner was struck by any Japanese, they were to report it to him immediately. There were no further bashings in the camp. Finally, Devon may have had a very personal reason for his special regard for this Japanese camp commandant who considered the arguments of the prisoners:

Many chaps used to do the same and one evening while we were busy frying our rissoles, the "Boy Bastard" (a very nasty Jap guard) came along and confiscated some twenty pans and their contents which he lined up in front of the guard-house. Others he just kicked over into the fire. Brother Jonathan was called. He inspected and tasted some of our cooking and then made the "Boy Bastard" return all the pans to their rightful owners. Then he bashed the guard up and put him in jail, without any food, for one week. (Devon 1946:69)

Concluding Chapter Six

This chapter has presented the results of a phenomenological exploration of six non-commercially published memoirs of men who laboured on the 'Burma Railway' as prisoners of the Japanese on 'A Force'. The nature of the human relationships and the structure of those that hinder and support are complex and

has required considerable care in terms of their elaboration. This has been no easy task. It was necessary to engage in repeated attempts at 'imaginative variation' for the various phenomena of concern. Controlling for pre-understandings and expectations was difficult in many respects and in some cases there was the fear of unconsciously following the ideas of others. However, in the end, it has been possible to distinguish the mere holding of an idea from the more 'primordial' emergence of the essence of the phenomenon being investigated. Additionally, discovering the right words or sets of words to adequately and accurately articulate the clarifications has taken time, months in fact. There have been many false starts. However, some sense that it was the objects of intention that were being engaged with has been reinforced by the changes in understanding that occurred through the process.

For instance, I had originally thought, in one way or another, about dialectics, relationships and marginalisation. However, through the process of descriptive phenomenological analysis, previous understandings had to be discarded and newer clarifications *accepted*. Here are a few examples of what I mean. The dialectic with which I had started the research concerned issues of "us" and "them" between the officers and other ranks, or the Australians and the Japanese. What emerged was something much more highly nuanced than I had expected. Additionally, my expectation about what care would mean was very superficial and stereotypical compared to what was eventually clarified. I had thought that the care given by a group of mates on the basis of loyalty would be the primary focus. As can be seen, this was too restricted a notion and really did not get to the essential aspects of care. I had had no real idea of what relationships, either supportive or hindering, would entail and how they might relate to resources specifically. I just knew there must have been some connection. In the introduction, I have retained the initial "generic" definition of relationships in order to indicate how 'imaginative variation' has brought out wholly unexpected aspects. The same is true for the idea of marginalisation. While the concept of "leeway" is well known from Erik H. Erikson's (1977:17) use in developmental psychology, it was very much unexpected based on the previous thinking about marginalisation.

What specifically has been clarified?

The chapter began by generally elaborating a description of human relationships as exemplified in various vignettes delineated from the memoirs. Human relationships are, in part, constituted by various dialectics of valuation regarding claims for care. These dialectics described a 'multimodal model of care' which includes *pastoral*, *hierarchical*, *fraternal* and *commercial* aspects. Care was briefly described so as to specify a description of the structure of supportive and hindering relationships. Care requires engaged awareness that deliberates on the possibilities and the requirements of enhancing some capacity before intentional action is taken to bring this about. There is also a change of awareness that precedes deliberation. A specific intention to act also ends at some point. However, caring, or the overall process of enhancing capacities, can continue.

A supporting relationship encourages an adequate negotiation of the various dialectics relating to claims for care and endeavours to ensure the actualisation of the requisite resources of information, motivational, and instrumentation are each made increasingly available among claimants. Considering sound implicit or explicit arguments provides for the possibility to validate claims for care. This requires relative moral stability and moral responsibility on the part of key people. Moral conflicts such as are engendered by the changing fortunes of war reduce the likelihood of supporting relationships. In these situations, it is likely that powerful and interested persons and peoples will disallow or diminish reasonable arguments for care. When this occurs, people live in situations of marginalisation. In such situations, 'morally responsible' people associated with the dominant group, even when they are somewhat marginalised themselves, can create a leeway for those who are marginalised.

Chapter Seven: Discussing the dialectics of survival on the ‘Burma Railway’ and the problem of ethics in Antonovsky’s Sense of Coherence Construct

“It is the lot of the wild tribes of nature,” said Isabella, “but chiefly of those who are destined to support themselves by rapine, which brooks no partner; but it is not the law of nature in general; even the lower orders have confederacies for mutual defense. But mankind [*sic*—the race would perish did they cease to aid each other.—*From the time that the mother binds the child’s head, till the moment that some kind assistant wipes the death-damp from the brow of the dying, we cannot exist without mutual help. All, therefore, that need aid, have right to ask it of their fellow-mortals; no one who has the power of granting can refuse it without guilt.*”

The Black Dwarf (1816:320, emphasis added), Sir Walter Scott
Man of Letters

Introducing Chapter Seven

As was stated in Chapter One, the purpose of this investigation is to deepen our understanding of *salutogenesis* and to clarify its potential as a governing idea for practising, as well as thinking and teaching about health promotion within the broader ambit of public health. I contended that this would be important for people working from within a humanistic-existentialist perspective due to the significance of values in this tradition (Keen 1970:10-11). The thesis has taken up the suggestion of Eriksson and Lindström to consider the use of qualitative research to explore questions regarding Antonovsky’s delineation of the Sense of Coherence (SOC), the key construct undergirding his approach to *salutogenesis*. As has been stated already, I have chosen to do so with a particular focus upon that which Antonovsky designated by the term Generalized Resistance Resources (GRRs). In this way, it is possible to more readily examine the problem of ethics in the SOC Construct.

A descriptive phenomenological approach was used in the previous chapter to examine the memoirs of six Australian men who worked on the ‘Burma

Railway' as prisoners of the Japanese. This choice was based on an insight of William James. He proposed that extreme cases afford opportunities to explore the structure of human possibility more readily than mundane instances. The clarifications regarding relationships that supported or hindered the engendering, accessing and using of Generalised Resistance Resources (GRRs) in marginalised circumstances provided for the emergence of important conceptual 'tools'. In this chapter, these 'tools' will be used to examine Antonovsky's claim that a 'scientific' investigation of the SOC Construct can prescind from value claims or preclude prescriptions of the 'good life'. They will also be used to answer other questions that have arisen such as the integrity of the Construct and the viability of using a Quality of Life Model for health promotion and public health based on a salutogenic orientation.

The three sets of conceptual 'tools' have to do with a) the various dialectics of valuation, b) the phenomenon of care associated with these valuations, and c) the nature and structure of supporting and hindering relationships in marginal circumstances. The first set of 'tools' will be used to discuss Antonovsky's delineation of GRRs as sources of feedback that establish and maintain the basic aspects of the SOC Construct: comprehensibility, manageability and meaningfulness. Antonovsky had used the work of Cassel to initially explicate the nature of this feedback. It will be possible to show that Cassel and, indeed, Antonovsky (1979:98-122) were both heading in a direction that clearly demonstrated the social dimension of such feedback which included a values orientation. However, through time, Antonovsky (1993a) moved towards increasing abstraction and a deeper commitment to an 'information-processing' approach to understanding feedback which theoretically obscured the social and ethical domains associated with Generalised Resistance Resources. I will use the dialectics of valuation to call attention to the fallaciousness of such an approach. In fact, I would argue that an approach which takes account of values and prescriptions of the 'good life' provides for a more adequate understanding of the relationship between GRRs and the SOC Construct.

A second set of 'tools' relating to the descriptive clarification of care obtained from examining the six memoirs will be used to explore the plausibility of

Antonovsky's contention that the three aspects of the SOC Construct are integrally related and that they represent a global disposition. Some critiques of the SOC Construct examined in Chapter Five question the coherence of aspects of the Construct such as manageability. Others questioned the integrity of the Construct itself. If the first set of tools can help us to establish the intimate connection between values and the SOC, this second set of tools can help us to appreciate the dynamic interconnectedness of the various aspects of the Construct. Also, it is possible to offer a reasonable explanation for why a stronger correlation is often obtained between the relative strength of a person's SOC and mental health, as opposed to physical health. This appreciation and reasonable explanation will further strengthen the cogency of arguing for the complementary use of human and natural science approaches with regard to health promotion teaching, research and practice within the larger ambit of public health. By the same token, it weakens Antonovsky's case for claiming that questions about the 'good life' are irrelevant to a 'scientific' approach to the SOC Construct.

The third set of 'tools' emerging through further clarifications of the nature and structure of relationships that support or hinder engendering, accessing and using GRRs in marginal circumstances will be used to explore a proposal of Eriksson and Lindström (2007). Strictly speaking, this is not an issue that relates directly to Antonovsky's work *per se*. In fact, he may not have wholly approved of the venture (Antonovsky 1995:7-8). However, it is one way in which Antonovsky's thinking is being deployed by some proponents of the concept of *salutogenesis* and the SOC Construct who ostensibly seek to maintain the 'scientific' approach championed by Antonovsky himself. Lindström (1992) and Eriksson and Lindström (2007) have proposed a salutogenic approach to a Quality of Life Model for guiding health promotion and public health practice. Again, the importance of the moral and ethical domain will be explored and concerns regarding unacknowledged assumptions will be raised. What will be of particular concern is how valid professional claims can be ignored, at least inadvertently, by approaches that focus on the application of new '*technologies*' of practice without adverting adequately to the underlying contestation of values. I will, again, argue that a human science approach that explicitly acknowledges the importance of ethics

and morals for engendering, accessing and using GRRs is a more adequate foundation for health promotion practice within a larger public health ambit.

Reconsidering the significance of Antonovsky's understanding of GRRs

There was a moment when Antonovsky gained an important insight into the relationship between GRRs and the SOC, the 'mystery of health' as Antonovsky referred to it. He identifies the insight as relating, in some manner, to the relationship between GRRs and feedback. As was discussed in Chapter Three, Antonovsky initially posited that such feedback from GRRs provides for experiences that are interpreted as meaning that one is (a) heading in the right direction, (b) ably handling the situation, and (c) worthy of appreciation (Antonovsky 1990:78). He had considered Cassel's earlier proposal that the enhancement of host resistance could be brought about by the social environment. According to Cassel, this was achieved through both social supports *and* appropriate feedback about how to behave (Cassel 1976:113-114). Cassel refers to these two as 'twin themes'; in fact, I will argue that they are *entwined*.

Antonovsky would later clarify his understanding of the SOC Construct as relating to a global disposition involving the three interrelated components of: comprehension, manageability and meaningfulness (Antonovsky 1990:78). The plausibility of this later clarification will be explored in the next section. It is necessary to do this because Antonovsky's move towards greater abstraction endangers the cogency of his earlier arguments regarding the connection between GRRs, as sources of feedback, and the SOC Construct. For now, the idea of feedback will be dealt with. It may be that Antonovsky failed to fully apprehend the suggestiveness of Cassel's proposal. The crucial question to be reflected upon here relates to how this 'feedback' is put into effect and what this might mean. There is certainly scope for considering this in the light of the dialectics of valuation of worth. Such is my purpose in this section.

The feedback that Cassel was discussing had to do with the provision of adequate clues to actors that their "actions are leading to *anticipated* consequences" (Cassel 1976:113, emphasis added). Yet, it is possible for this

feedback to be either non-existent or inadequate. According to Cassel, this might happen in one of two different, but related, ways. In the first situation, a person might not be aware of the expectations of the group with which he or she must deal. The cues and clues 'fall' on deaf ears or dull eyes, as it were. It is as if the feedback were non-existent. The second situation is one in which a lack of adequate feedback occurs due to increasing social disorganisation. Again, the expected consequential responses are not forthcoming when feedback is given. For instance, in cases of overcrowding, Cassel describes one response where animals:

...form their own deviant groups that apparently ignore the mores and codes of behaviour of the larger group. Thus, "gangs" of young male rats have been observed invading nests, attacking females (the equivalent of gang rapes has been reported), and indulging in homosexual activities (Cassel 1976:113).

What is clear from Cassel's discussion is that both the clues and their consequences are social and not, merely, material or physical. Also, it is clear from the article that Cassel believed that the failure to gain and use clues appropriately leads to increasing stress and illness. It would seem that this arises from two sources. In the first case, one is affected directly by the stress caused through a lack of *predictability* in terms of action and response with regard to others and one's self. Secondly, it becomes increasingly difficult to access, engender or use effectively resources that might be gained through social support. What are of particular importance, in Cassel's research, are those supports provided by the primary groups with whom one is related (Cassel 1976:113). At a minimum, the mere presence of another whom one understands and by whom one is understood might reduce the severity of stressors. Here one thinks of Major Jacobs and the older Chinese gentleman whose gentle admonishment and smile meant so much to Jacobs in the months that followed. Additionally, their presence might provide for discrete resources that could be used to deal with the immediate situation or the larger circumstances. Again, the plethora of instances reviewed in the previous chapter illustrates this point.

While Cassel does not explicitly advert to this phenomenon, the dialectics of valuation would seem to be a significant aspect of the process of providing both

feedback and social support. Antonovsky gets close to this when, after remembering Cassel's work, he suggests that GRRs are that which "provide a person with a set of life experiences involving feedback, sending *messages* like: Here is the *right* track; you can *ably* handle things; you are of *worth*" (Antonovsky 1990:78, emphasis added). He is seeking to develop an analogy between social supports and other GRRs. But, just at this point two issues arise. The first has to do with that fact that critical distinctions have to be maintained in order to avoid a fallacy in the use of the 'communication' analogy. The second is a related matter. It has to do with the fact that no GRR can be *wholly* separated from a social context.

The fallacy to be avoided is the impression that feedback communicates meaning independent of previous and continuing social relations. Meaning is created, or recreated, by the dialectical engagement of two or more parties, either directly or indirectly. As was seen in the previous chapter, these parties set or reaffirm the terms of what is the appropriate way ('right track') and the proper manner of acting ('ably handling things'). They especially determine, to one degree or another, the worth of the one who is endeavouring to follow this way in just such a manner. Cassel manages to avoid the fallacy. His feedback or 'adequate evidence' has to do with *anticipated* consequences played out among, at least, sentient beings. For rats, these are instinct-based expectations and their consequences. As has been stated earlier, unless there is a breakdown in *social* order such as that deriving from conditions of overcrowding, this seems to work routinely.

For humans, they are, at least in part, cultural and social expectations about actions, outcomes and consequences. These expectations are learnt. Additionally, they seemingly require some acceptance and honouring of custom and prescription. This is due to the fact that not everything can be made up, nor *fully* negotiated, in the moment. Furthermore, a non-human GRR *cannot* communicate anything beyond its own reality. It can only indicate that which has come to be understood by *people* with regard to the *values* implicated by the various anticipations of rightness, ableness or worthiness. Yet, just here there is the very real danger of a subtle anthropomorphism developing. This can occur when a person inappropriately, and perhaps inadvertently, abstracts and isolates

sets of GRRs from social contexts. Then, they attribute to the GRRs qualities or capacities only possessed of persons, such as the ability to communicate or recognise meaning. As Straus (1963:viii) has pointed out, thinking of communication primarily in terms of cybernetic feedback construed merely as 'information-processing' is one avenue open to the unwary. In addition to this specific fallacy, there are other related dangers to avoid as well.

For instance, on the one hand, the promoters of the 'Copenhagen Interpretation' are concerned that the *normative* value of 'predictability' has been freighted into the SOC Construct inappropriately. They believe that this privileges a *static* understanding of reality that seems inherently flawed. Yet, these commentators apparently fail to appreciate that some amount of predictability, *within acceptable limits of variation*, is crucial for adequate human functioning. They also seemingly overlook the extraordinary lengths to which human beings will, both unconsciously and consciously, collaborate dialectically to create and maintain the conditions for such predictability by means of various *pastoral, hierarchical, fraternal or commercial* relationships. On the other hand, Antonovsky seems to be in danger of *theoretically* obscuring the fact that, without a robust social collaboration among persons, there can be no real *sensibility* with regard to such predictability. As Scott-Moncrieff (1956) suggests in the quote that introduces Chapter Five, this is true not merely during our developmental years. It would seem to be true throughout the whole of our lives. All of our *perceptions* are shaped by memories of our personal and social past and our anticipations of a future with and for others. They are also shaped by our present life amongst others.

It bears emphasising that context independent GRRs are inconceivable in the real world. And, by the use of the term context, I am not merely referring to the material environment. I am also meaning the community of persons. It would seem that the dynamic reality of the various dialectics of valuation precludes my ever authentically considering a potential GRR apart from my obligation to respond to the possibility of another claiming my care. Every person in my community has a potential claim to my care that implicates each resource that I can engender, access or use. As was seen in the vignettes of the previous chapter

relating to marginalisation, I might be inauthentic and ignore the claims of another. I might reduce their personhood in order to do so. However, by doing so, I am necessarily shrinking the community of persons. I can only do this to a limited extent and for a limited time without suffering the consequences for myself, as Scott suggests in a quote at the head of this chapter. Giles also reflected that Colonel Nagatomo must have seen the writing on the wall with regard to the changing fortunes of the war. He was seemingly considering the potential consequences of having failed to act decently towards the prisoners. As they were under his protection in terms of what has been delineated in this thesis as the hierarchical dialectic of valuation, he had had specific obligations towards them.

In mentioning Scott, it is important to bear in mind the cultural inheritance that shapes both the understanding (and, therefore, the pre-understandings and perceptions) of the author of this thesis and of the men upon whom this thesis is relying for a description of the phenomenon. This was clearly the position of Almedom (2005) as was outlined in Chapter Four when discussing her view of the importance of Antonovsky's work as a ground for interdisciplinary engagement with those who have faced traumatic circumstances. It is also in keeping with the humanistic-existential approach to social psychology that is being used as the discipline for orienting the phenomenological analysis of this thesis.

Scott is not the only man of letters, a person who reflects deeply on his culture and society and articulates his clarifications through his writings, to consider this. The protagonist of Daniel Defoe's (1719) *Robinson Crusoe* (which was written in part as a journal) found it necessary to both remember his socially constructed past (What is an axe and how is it to be used?) and anticipate his future life with others (Just who or what will they find when he is discovered?) in order to maintain his capacity to function in isolation for an extended time. Otherwise, his own personhood was in danger of diminishment, if not dissolution. When 'Friday' arrived on the scene, the dialectics of valuation were brought back into Crusoe's present with a vengeance. He understood and responded to 'Friday's' claim for care in the heart of a brutalising situation. However, the dialectics were never wholly absent. Truly, the need to determine the necessary things to do, as well as the right means and the worthiness of doing them, *in*

terms of who I am with and for others, remain essential for the process of orienting “oneself in the world” and coping “successfully with stressors” (Antonovsky 1990:78). This was the point of the quote that Hunter (1978) extracted from the paper by O’Connell (1976) which is found in Chapter Two; we are ‘being-with-others’ beings.

Even in Defoe’s extreme thought experiment, our ‘lifeworld’ is one which always remains social, to one degree or another. Without others, we would not have developed the capacity to be ourselves in the first place. And, we cannot continue to be ourselves without them. This is why, as Captain Bill Drower and others discovered, solitary confinement is one of the most terrible forms of punishment that prisoners of war can be forced to endure. Those men who endured, or even risked, this sort of punishment in order to protect others were greatly esteemed by the men working on the ‘Burma Railway’. Also, this is why those who were dumped in ‘hospital camps’ with hundreds of other men who were often unable to care for themselves much less others either felt so hopeless that they gave up living or determined to struggle on and care in any way that they could. Finally, this is why prisoners who were hard pressed to work under the conditions that they found themselves in could find themselves carefully handling the ashes of their fallen enemies as they were being transported back to their homes and families.

In sum, I would argue that GRRs are instrumentalities through which we both recognise and fulfil claims for care. They are an essential resource for communicating the necessity, means, and value of fulfilling these claims. In other words, they assist us in *concretely* negotiating and fulfilling the dialectics of valuation. If there were no resources, there could be no claims for care. It is worth taking some time to consider the significance of this. The various dialectics of valuation (pastoral, hierarchical, fraternal and commercial) are involved in our very formation as human persons from conception until our death. People iteratively consider, to one degree or another, our needs and theirs. As was seen in the previous chapter, they seek to strike and communicate a culturally, socially and existentially *appropriate* balance between the various claims in terms of the resources required. Or, they eliminate us as claimants, either wholly or partially;

they marginalise us. Thus, Generalized Resistance Resources (GRRs) can never be entirely separated from who we are as embodied persons inhabiting a 'world'; that we are also individual organisms interacting with our environments is only part of the story. We cannot wholly objectify GRRs. Nor can we be ourselves without them. And, they can never be considered as being independent of a social context. So, Antonovsky (1972:542) was wrong to speak of initially choosing GRRs that obtain through social relations, as if he were implying that there could be any other type. He was also incorrect when he contended that the "content of the components of the SOC Construct – *perceiving the world as comprehensible, manageable and meaningful*" are neutral in terms of morality (Antonovsky 1995:10, emphasis added).

The fact that seemingly little systematic work relating to GRRs has been published to date has already been discussed in Chapter Four. However, it is important to note that those studies that have been conducted lend support to the argument of this section. They highlight the social dimensions relating to GRRs and the SOC that are so significantly related to health and well-being. In addition to the work of McCubbin and his various colleagues mentioned in Chapter Two, one also calls to mind the work of Menzies (2000) as she realises that the most important GRR that a psychiatric patient might have is the psychiatric nurse. Additionally, those doing GRR research in such diverse areas of concern as palliative care (Milberg & Strang 2007), university students (Wickens & Greeff 2005), child protection (Taylor 2004), maltreated children (Sagy & Dotan 2001), youth (Vuori 1994) and work related circumstances (Holmberg et al. 2004) all comment on the importance of the primary group, those closest to the persons of interest in their particular circumstances. But, can a psychiatric nurse merely be considered a GRR? How far can analytic distinctions go before they become fallacious abstractions?

Antonovsky sought to take a "tough-minded scientific" approach to his work. He thought it necessary to separate out the domain of values relating to 'well-being' and the 'good life'. As a construct, the SOC was deemed by Antonovsky as necessarily standing apart from such value systems. Yet, I would contend that this cannot be done. Some GRRs were obviously conceived of by

Antonovsky as obtaining from social relations. Therefore, of a necessity, values beyond merely 'functioning' and 'surviving' at all costs play a critical aspect in their being engendered, accessed and used. If the argument of this thesis is sound, then *all* GRRs obtain from social relations to some degree. However, even if this argument is not wholly accepted, it is still evident that a science which can deal with human values beyond mere 'functioning' and 'survival' is necessary when dealing with the decisions and actions of persons.

One can, perhaps, avoid the issue of values when exploring human 'functioning' at the level of anatomy and physiology. This might accord well with accounting for some aspects of 'dis-ease' in terms of *homeostasis*. However, one cannot avoid values in the domain of human action and interaction (Bronowski 1965). A science amenable to engaging the fullness of human reality is required to inform research into *salutogenesis* and constructs such as the SOC with its critical relationship to GRRs. Antonovsky's penchant for privileging the conceptualisation of cybernetic feedback, as articulated in generalised systems theory, may have been an attempt to legitimise his work in the eyes of the medical profession (1991a, 1991b, 1993a, 1995). Purporting to be 'values-free', it may have seemed scientific enough. Yet, it left Antonovsky with nightmares and compounding moral dilemmas (Antonovsky 1991a, 1993a, 1995). As a result, he tried to argue convincingly that morals and health are and should remain mutually independent. There is another approach to science that does not require this stance. While it may seem counter to much of the thinking of our modern age, human science is an appropriate complement to natural science. More will be said about this later.

Yet, there is another matter to be dealt with before moving to the next section. This has to do with the fallacy discussed earlier in this section. I had argued that it is fallacious to attribute to non-human GRRs the capacity to communicate, rather than merely indicate, meaning beyond that of their own reality. Some might question whether or not I have done just this very thing concerning claims for care by the unconscious person or those whose consciousness is considerably estranged from those around them in the previous chapter. This was not the case. Simply put, in delineating the unilateral dialectic of valuation specified in this thesis, I indicated that it is the one who could potentially

offer the care who ultimately determines the nature of the claim to be acceded to or not. As I have argued earlier, much of this is informed by society's inculcation of specific value sets. So, when I suggest in this thesis that non-human beings or unconscious humans are said to make a claim upon us, this is because we make the claim on their behalf. We do this in the light of certain expectations. This is perfectly in accord with the capacities possessed of persons. It is also in keeping with the well-known experience of human-beings across various cultures and ages. No fallacy is being asserted. No subtle anthropomorphism is being employed deliberately, or inadvertently. All appropriate distinctions are being maintained. So, we are free to move to the next section.

Re-evaluating the general structure of the SOC

If the researchers behind the 'Copenhagen Interpretation' were not entirely right about the issue of predictability, they were not entirely wrong about the issue of interpersonal relations. In Chapter Four of this thesis, I recounted how Flensburg-Madsen et al. (2006a:170) had argued that Antonovsky's category of *interpersonal relations* should not be considered as a separate sphere because it was integrally associated with the other three: inner feelings (self), existential issues (life), and major activities (external world). These spheres all have to do with the three aspects of the SOC: comprehensibility, manageability and meaningfulness. Given the clarifications made by this thesis, the 'Copenhagen Interpretation' seems correct on this point. However, Flensburg-Madsen et al. (2006a, 2006b) were also concerned to separate out mentalist components relating to psychological health from emotional components that had to do, as they claimed, with physical health. It is not entirely clear what this would mean in terms of maintaining the integrity of the SOC Construct as opposed to the appositeness of merely using the three 'explanatory' concepts of comprehensibility, manageability and meaning somewhat independently of each other. However, I contend that the insights gained in this thesis concerning the phenomenon of care support maintaining the integrity of the Construct.

In Chapter Six, as a result of phenomenological clarification of the six memoirs, I argued that the essence of care regards enhancing capacities that allow

for the perfecting of some appropriate purpose or end. And, to perfect something is to bring it to its completion in an excellent manner. For instance, the appropriate end of hygiene training on 'A Force' was to enable the men to avoid death by diminishing the likelihood of cholera infection. To teach well enhances the likelihood of the end being achieved. Many other examples were offered in the previous chapter. They clarify the point that care is that which enhances the capacity to bring about a desired end. Therefore, both the nature of the potential enhancement and the requirements for actually achieving this must be adequately ascertained. Thus, deliberation was identified as a key word for capturing two aspects of care. Care involves a close consideration of the situation and a determined intention to act. I also noted that there are two aspects of care that are not well denominated by the word deliberation. The first involves the capacity to extend awareness and interest beyond one's immediate concern. The second aspect of any particular instance of care is recognition that the task has been completed approximately as intended. Through an act of care *something* has been changed. Indeed, new possibilities of meaning have been created.

As I have pointed out previously, this should not be taken to imply that caring, as an ongoing process, is ever complete. It simply means that, in any particular instance, there has been some *integral* process involving the raising of awareness, consideration of the situation, intention to act, and completion of an appropriate end in an acceptable manner. This seems significant in terms of the integrity of the SOC and this is further supported by considering this process of caring and being cared for through time. Antonovsky (1987:89-127) considered the development or formation of the SOC over the life-span from the point of view of a individual interacting with his or her 'environment'. As was the case in the last section with regard to the 'dialectics of valuation', I would like to briefly explore this process from a viewpoint which sees the person as embodied within a 'world'.

After a multitude of such instances of caring and being cared for occurring throughout a person's life, it would seem reasonable to assume that a certain *sensibility* would have been developed concerning what it means to care. There would also be some sense of how it is or, at least, ought to be done and why. However, what will also have been experienced are many instances of failing to

care. Both the successes and failures will help to clarify the dimension of meaning or meaningfulness for a person. Because this is a dialectical process, each person gains some appreciation of the nuances of value that exist for them as a person. This will have occurred in various situations and circumstances. It will also have been occurring for the *whole* community of persons with whom one lives, works and plays. In other words, each person develops a sense of what is meaningful to themselves *and* others. They also gain a sense of the importance of being able to disengage from one's immediate interests in order to consider the interests of others. Moreover, one learns how to disengage from one's immediate interests in order to consider one's own long-term concerns.

This growing flexibility of awareness is of great importance in terms of maturation and issues relating to attachment. As was mentioned in Chapter Two, both of these seem to have been important aspects both of initially surviving and, later, coping with the after effects of trauma among prisoners of war (Solomon 1993; Solomon et al. 1994, 1995, 1998). Such flexibility is, of course, aided by our limited powers of concentration. And, it is furthered by our animalistic tendency to be alert to changes in our environments vis-à-vis the presence of prey or predators. Finally, it also has to do with our human need to re-evaluate the weave of our lives from time to time as this is appropriate to our more ultimate purposes and those of our communities. In other words, people often find it necessary to rethink their values and their valuations.

As the meaningfulness of a situation or circumstance changes and as new claims for care impinge upon us, we often consider the possibility of extending these new meanings to their fullest extent. Antonovsky well understood this. As he spoke to others about what he was discovering, they too recognised the fundamental need to comprehend what is happening around us. This is required in order to decide how we should *and* shall act for our own benefit or the benefit of others. As was demonstrated in the previous chapter, care requires that we consider both what can be enhanced and how it can be enhanced. To care with some regular degree of success requires a growing capacity to understand the situations and circumstances in which we find ourselves. Yet, there are limits to our personal capacity to comprehend. However, we often sense that others

understand many situations much more thoroughly than do we. When we are treated with respect, they also value us sufficiently to act on our behalf in terms of care. Of course, this situation is often reciprocated. Through our mutuality, we gain further capacities for comprehension as we trace the thoughts of others and as they explicitly trace ours.

Similarly, we learn how to act by having been a party to earlier instances of being cared for by others. This is extended as we learn to care for others in situations and circumstances where we had already achieved some level of mastery. We gain an increasing sense that we can manage to achieve our aims in both old and new circumstances. Of course, this will have been guided by the expectations we had in terms of appropriate outcomes and the acceptable means of achieving them. These expectations may change through time. In other words, customs, habits, mores and prescriptions may be modified as a result of the continuing experience of individuals and communities. However, the interaction of each member of the community will establish or re-establish some *social* SOC. In fact, our very survival depends on our having been born into just this pre-existing social coherence. Yet, care changes the way things are. Therefore, we gradually learn that we have the capacity to manage our personal, communal and material existence at different times and under different conditions.

It would seem that our past experiences of care give us some hope for the possibility of care continuing into the future. There is a sense that things will cohere through time. As Antonovsky has argued, in terms of our life experiences, we each personally develop a global disposition (or, habit) to comprehend, manage and make meaningful. Yet, some people seemingly develop this SOC to a greater degree than others. This might be due to inherent advantages in the physical, psychological, emotional, intellectual, social, cultural or spiritual domains. It does not appear that we are all equal in these regards. So, we should expect variations across a population even when there is relative stability in the external environment. Additionally, we cannot prejudge how the relative variations in the 'strength' of the SOC may play out in terms of physical health.

We are perhaps better able to account for a correlation between a high SOC and more robust mental health. As George Thomas of Soho so ably

demonstrated in the 1930s, the mental, emotional and spiritual health of a person can often persist long after their physical health has declined precipitously due to the co-morbidities associated with a degenerative disease (Thomas 1931, 1938; Corrigan 1970). In fact, nearly two hundred years earlier, Joseph Butler (1736:25) had observed in his treatise that people in such circumstances can possess “the highest mental enjoyments and sufferings even to the last gasp and these surely prove even greater vigour of life than bodily strength does.” This was repeatedly demonstrated on the ‘Burma Railway’ and one only has to remember Dan Fitzgerald from Wamboyne raising his arm at Webster’s call just before Fitzgerald died in the hospital camp.

With regard to physical health, there is a considerable confounding factor that is difficult to control for in any large-scale population study. It can significantly affect the various correlations between physical health and the strength of the SOC. It all comes back to values (cf. Antonovsky 1995). For instance, a person with a relatively high SOC might find that they are in a position to use this capacity to care for another, or many others. Thus, they might deliberately, at different times and places, put themselves into ‘harm’s way’ to bring about a beneficial change. Or, they may do so in order to maintain a situation of benefice in the midst of other changes. The ramifications of this may have enduring effects. The experiences of many of the officers of ‘A Force’, particularly the medical officers, and the men in general lend support to the thought that a high SOC may be used by a great many to care for others. This may often be done in circumstances that lead to their own diminishment, or indeed, demise. So, it is fairly easy to understand why the positive correlation between a higher SOC and mental health may be more strongly discerned in the research than a strong positive correlation between SOC and physical health. If this is the case, then what will be required is longitudinal research that uses purposeful sampling to determine what happens to those who *choose* to care for others in onerous situations or circumstances through time.

To begin to summarise the present section, I would contend that this qualitative research goes some way towards countering arguments favouring the demolition of the SOC Construct. Antonovsky’s initial ill-ease with merely trusting

the face validity of the SOC Construct caused him to develop and deploy a questionnaire based upon facet theory to test the Construct in a robust manner. After extensive testing, he concluded that both the instrument and the Construct were valid. The attempt of this thesis to qualitatively clarify the phenomenon of supporting and hindering relationships has reached similar conclusions concerning the likely integrity of the Construct. Although denominated somewhat differently in this thesis, comprehensibility, manageability and meaningfulness all seem to be integrally linked in the phenomenon of care. It is highly plausible that this is also true of a global SOC.

It would seem that clarifying the various dialectics of valuation and care gives us greater insight into a means by which the SOC is developed and deployed throughout a lifetime. It also gives us some insight into why there may be many cases where a strong SOC does not correlate positively with physical health. Since this was an unanticipated consequence of the research, this is especially useful in terms of supporting Antonovsky's claim about the coherence of the SOC Construct without supporting his contention regarding moral values or the problem of ethics. In fact, I would hold that, with regard to the latter, Antonovsky's (1995) claims that the content of the components of the SOC are morally neutral are further weakened by the cogency of a human science approach. More specifically, I would argue that his claim (Antonovsky 1995:11, emphasis added) that "*there is no relationship* between one's values about how human beings should live and a strong SOC" is both highly implausible and essentially incoherent.

Rethinking issues relating to a salutogenic Quality of Life Model

It is now time to rethink issues relating to a salutogenic Quality of Life Model for public health and health promotion. This will be done primarily, but not exclusively, with regard to the nature and structure of supporting and hindering relationships. As I said in the introduction to this chapter, strictly speaking, this is not an issue that relates directly to Antonovsky's work *per se*. Given his concerns about imposing value systems on people in the name of health, he may not have approved of it entirely. However, it is one important way in which his thinking is being deployed by some proponents of the concept of *salutogenesis* and the SOC

Construct who seek to maintain the 'scientific' approach championed by Antonovsky himself. Lindström (1992) and Eriksson and Lindström (2007) have proposed a salutogenic approach to a Quality of Life Model for guiding health promotion and public health practice. There is wisdom in doing so. For, considering the SOC Construct as merely an explanatory device is of little practical use. What provides *salutogenesis* with its general applicability is its fundamental relationship with Generalised Resistance Resources (GRRs). Ostensibly, the Quality of Life Model proposed by Eriksson and Lindström provides a means of combining the new '*technologies*' of the Ottawa Charter for Health Promotion (1986) with Antonovsky's GRRs in order to provide a robust guide to practice, teaching and research in the real world. Yet, here again, the importance of the moral and ethical domain will be raised. So will concerns regarding unacknowledged assumptions.

As was outlined in Chapter Four, Lindström developed a salutogenic Quality of Life Model that encompasses *global* (macro-environment, human rights, policies), *external* (work, economy, housing), *interpersonal* (family, intimate, extended), and *personal* (physical, mental, spiritual) dimensions relating to life resources (Lindström 1992:304-305). Together, Eriksson and Lindstrom (2007:949) contended that Quality of Life refers to "the total existence of an individual, a group or a society describing the essence of existence as measured objectively and perceived subjectively by the individual, group or society." Importantly, they suggested that, in the light of this definition of Quality of Life and the Quality of Life Model just delineated, a salutogenic approach to health promotion within a public health ambit would involve 'creating supportive environments' and 'societies' which are comprised of 'clear structures' and 'empowering environments' where the various internal and external resources mentioned at the beginning of the paragraph would be used and reused "to realise aspirations, to satisfy needs, to perceive meaningfulness, and to change or cope with the environment in a health promoting manner" (Eriksson & Lindström 2007:943). Given Antonovsky's (1995:7-8) own ill-ease about the World Health Organization's approach to health, this is all somewhat ironic.

At this point, a serious question arises. How does this all hang together? If prescriptions of the 'good life' are disallowed, then this is a truly vexing question.

One can legitimately wonder how the ‘essence of existence’ can be discussed without asking what makes for the ‘happiness’ (Greek: *eudaimonia*) of individuals, groups, communities and societies. How do we know that realising aspirations, satisfying needs, perceiving meaningfulness and coping with or changing an environment are what is most important to specific individuals, groups, communities and societies? So, one can also ask how the ‘essence of existence’ will be determined. Who will determine what it is and how will this be done? As Robbins has contended (2008), just this point has been the concern of many humanistic-existentially oriented practitioners. It is certainly of concern to the social psychology perspective which has informed this research. I would contend that certain fundamental ethical and moral assumptions are required to make this account coherent in a manner that avoids a totalitarianism of ‘technologies’ that Antonovsky feared (1991a, 1993a, 1995). I will seek to make these assumptions explicit in what follows.

However, before examining the proposal of Lindström (1992) and Eriksson and Lindström (2007), I would like to return briefly to my account of the growing significance of *salutogenesis* that I outlined in Chapter Three. Specifically, I would like to review concerns raised by Michel O’Neill. They indicate that this issue of assumptions and its affect on consensus building is worth considering carefully. As we have seen, O’Neill himself was alert to the various ‘gravity wells’ relating to health promotion and public health. To adjust the metaphor somewhat, he was also sensitive to the tectonic shifts that were taking place in terms of what was being construed as acceptable ‘technologies’ due to the influence of the first international conference on health promotion held in Ottawa in 1986.

Given these shifts, he wanted to know when ‘health promotion’ was ‘health promotion’ and when it was something else (O’Neill 1988). He was concerned that the shift to an ecological approach was obscuring the value and values of a more behavioural and educational approach. His ill-ease was not ameliorated over the ensuing decade. He recognised an ideological conflict between the more traditional stance and the newer position that was gaining the allegiance of a growing number of practitioners (O’Neill 1998). So, he continued raising questions about whether it was possible to collaborate in ‘health

promotion' research and whether it was feasible to teach 'health promotion' across such a diverse set of understandings and assumptions. In the end, he stopped trying to engage his peers in a constructive dialogue about the matters which concerned him. He deemed that consensus was the exception rather than the rule (O'Neill & Hills 2000). In effect, O'Neill and his views had been marginalised. The reason for raising this again now has to do with highlighting Antonovsky's (1995) point that the value assumptions associated with alternate views of health promotion are often left inadequately examined. I intend for this not to be the case in what follows.

To begin with, it will be necessary to recall something that I insisted upon in my previous chapter. We should always endeavour to keep in mind the complex reality being referred to by the 'multimodal model of care' that emerged from clarifying the memoirs of the six prisoners who worked on the 'Burma Railway'. Two aspects are of particular importance when speaking of supporting and hindering relationships which have a great deal to do with the Ottawa Charter's 'supportive environments'. The first has to do with their definition. The former involves "a set of human relationships which are comprised of more *adequately negotiated valuations* and which increasingly *actualise requisite resources*". The latter are comprised of sets of human relationships characterised by less adequately negotiated valuations and less success in actualising requisite resources.

I also specified that the resources required to determine and actualise that which is necessary for enhancing various capacities can be delineated into three fundamental categories: informational (what), motivational (why) and instrumental (how). Finally, I stated that human relationships, because they are at least in part comprised of the dialectical valuations, are the potential bearers of these very requisite resources. It should be clear to the reader that these required or requisite resources are closely aligned with the components of Antonovsky's SOC: comprehensibility, meaningfulness and manageability. Resources are required to allow for the comprehending, meaning making and making manageable of a situation within a set of circumstances. And, I am arguing that these requisite resources are *entwined* with the dialectics of valuation. It should

be also readily apparent that this thesis has taken the concept of GRRs somewhat beyond Antonovsky's delineation by clarifying a 'requisite' dimension of such resources.

Further, I stated that an important precursor to the very likelihood that supportive relationships would obtain in a particular context had to do with the presence of 'morally responsible' people. No attempt was made to completely specify what was meant by this. However, through the process of clarifying the phenomenon of interest described in the memoirs, it is evident that they are at least people who will stand up for what they think is right. They will often do this in the face of brutal opposition (Antonovsky 1995). There is a purpose to their standing up. First, it is to ensure that arguments relating to claims for care are advanced and heard. Secondly, it is to ensure that the various informational, motivational and instrumental resources are increasingly made available to individual persons and to the whole community of persons.

There seem to be two conditions especially associated with the rise of hindering relationships. They have to do with deeply rooted moral conflicts and the presence of 'morally deficient' people. This is especially the case when such people are in positions of authority or have other power over people (Antonovsky 1995). Cassel's earlier discussion about appropriate feedback from social situations should be readily recalled at this point. Under the influence of moral failing, there is diminishing concern for ensuring that requisite resources are increasingly adequate to the issues and opportunities that are faced by various people in their particular circumstances. Also, there is a tendency to diminish the importance of arguing for adequately negotiated valuations for all the stakeholders in a community. When this continues to occur within a community, marginalisation of a group is likely to occur. It is also possible for a community to be marginalised within the larger society.

But, what have these conceptual 'tools' have to do with a Quality of Life Model for health promotion within the broader ambit of public health? They specify very clearly what *might* be involved in using such terms as 'clear structures' (for negotiating claims for care), 'empowering environments' (that are focused on ensuring requisite resources) and 'creating supportive environments'

and 'societies' (where relative moral stability is created and maintained) (Eriksson & Lindström 2007). I would argue that they also clearly specify the ethical and moral assumptions involved far more explicitly than is the usual case by placing embodied persons in 'worlds' rather than just 'environments'. This helps me to make my own understanding of the relationship between GRRs and health promotion more coherent. However, I am not entirely sure what Eriksson and Lindström mean by the various terms and their relations. Neither am I sure of their assumptions about value(s). In part, as I have sought to demonstrate earlier in this chapter, this is due to unnecessary degrees of abstraction associated with a particular understanding of 'science'. There is another approach to 'science'.

For instance, generalising from specific qualitative clarifications of concrete descriptions of the various phenomena of interest would go a long ways toward both shaping and reshaping our practical and theoretical understandings. Moving from the concrete to the abstract and back again in an iterative manner may create sediments of mutual understanding through time. This iterative process might provide us with bedrock upon which to build our collaborative efforts. Thus, it might help us to avoid the sort of circumstance that O'Neill experienced. However, simply recognising that to speak about Quality of Life is to ask about its *properties* and *characteristics* is an advance. Reflecting on life's *capacities* and their *enhancement*, and *deliberating on the ends* towards which these capacities might be directed, moves us further still.

Yet, this cannot be merely the work of specialists; it is essentially the work of both whole societies and their constituent parts. This includes the whole community of 'plain-persons'. So, discovering what makes this endeavour possible and supporting it should be one of the chief tasks of *public* health. Of course, this will need to be done in collaboration with people working in other disciplines. However, for this to occur fruitfully, the value and legitimacy of complementing the findings of the natural sciences with those of the human sciences will need to be recognised. But, can we go no further than this?

At this point, I would remind readers of the sentiments of Drew and Dahlberg (1995:340) with reference to the practice of holistic nursing care. For these two researchers, such care seeks to understand the person and their

experiences of health in the context within which health care is being sought. Such understanding requires an engagement with the 'lifeworld' of each person in order to learn what is of fundamental meaning for them. This type of understanding better enables us to discern each person's resources for supporting health. This is true whether we are concerned about its recovery, maintenance or promotion. We can also better discern that which hinders. What seems essential to all of this is care. And, the understanding of care developed in this research gives some indication of the *processes involved in enabling people to take control of the factors influencing their health* so as to improve their health (WHO 1986). The clarifications of this thesis may provide us a more essential grasp of what care means. It may also help us grasp the nature of the relationships that hinder or support care.

Yet, if we are talking about health promotion and public health, we are speaking of a much larger context than that which is the scope of nursing care. In fact, it will have to do with the whole of life. Still, as I have also argued, it simply has to do with enhancing the capacity to achieve an appropriate end that is pursued in an acceptable manner. Learning to attend intelligently and systematically to the dialectics of valuation may help us to sort out the complexities sufficiently to act with responsibility at the various levels involved in the *five priority action areas* of the Ottawa Charter for Health Promotion (1986). This will be a process that unfolds through the generations and across diverse people groups. It will not be completed in a moment. Additionally, while part of these dialectics will have to do with claims for care relating directly to health, it is possible that health will be, most often, an indirect concern. It is likely that *most* people will value it in order to engage in some other set of concerns. As Antonovsky himself ironically contended, health is not, or at least should not be, everything (Antonovsky 1995).

Therefore, the more ultimate purposes for which health might be sought and maintained are important indicators of what the true essence of existence is for any person, group, community, society or civilisation. And, discerning the essence of existence is something that the human sciences may more competently pursue than the natural (Sokolowski 2008; Giorgi 2009). This is especially true

when we consider what we have already learned from historical and political studies of the decisions that people and societies have made with regard to personal, communal and societal ends and the resources that are required to attain such ends (Voegelin 1952). Once more, we build on the past and towards a future shared with others.

Then again, perhaps the answer is already before us. Possibly the essence of human existence is merely care. If this is plausible, then a complementary model for a salutogenic approach to Quality of Life could be basically a 'multimodal model of care'. Practitioners, teachers and researchers involved in health promotion within a public health ambit may derive significant benefit from considering whether Eriksson and Lindstrom's personal, interpersonal, external and global resource domains might be supplemented by the 'dialectics of valuation' relating to care for those who are: a) vulnerable or estranged (*pastoral*), b) within intimate relationships (*fraternal*), c) involved in the fair exchange of goods (*commercial*), and d) within necessary asymmetrical orderings (*hierarchical*). The *three principles for guiding action* (enabling, mediating and advocating) take on a new specificity when we remember the concrete situations and circumstances in which these four dialectics unfold with all of their complexities. In this paradigm, the principles also require that practitioners not remain aloof from the dialectics as 'technicians'; the practitioners themselves are also and always implicated.

Concluding Chapter Seven

Three sets of conceptual 'tools' having to do with a) the various dialectics of valuation, b) the phenomenon of care associated with these valuations, and c) the nature and structure of supporting and hindering relationships were used in this chapter. They were derived from a phenomenological clarification of the marginal circumstances experienced by six men on the 'Burma Railway'. Their use allowed for a discussion of the problem of ethics in Antonovsky's SOC Construct as it relates to GRRs and *salutogenesis*. There were three main areas of discussion as outlined below.

The first set of 'tools' was used to discuss GRR as sources of feedback that establish and maintain the basic aspects of the SOC Construct: comprehensibility, manageability and meaningfulness. Antonovsky had used the work of Cassel to initially explicate the nature of this feedback. This chapter has demonstrated that both Cassel and Antonovsky were heading in a direction that clearly demonstrated the social dimension of such feedback which included a values orientation. However, through time, Antonovsky moved towards increasing abstraction and a commitment to an 'information-processing' approach to understanding feedback which theoretically obscured the social and ethical domains associated with GRRs. I have used the dialectics of valuation to draw attention to the fallacious nature of this approach. In fact, I argued that an approach which takes account of values and prescriptions of the 'good life' provides for a more adequate understanding of the relationship between GRRs and the SOC in terms of feedback. This is due, in part, to the humanistic-existential perspective that we are not merely individual organisms interacting with our 'environments'; we are also embodied persons living within 'worlds'.

A second set of 'tools' relating to the descriptive clarification of care obtained from examining the six memoirs was used to explore the plausibility of Antonovsky's contention that the three aspects of the SOC Construct are integrally related and that they represent a global disposition. Some critiques of the SOC examined in Chapter Five had questioned the coherence of aspects of the Construct such as manageability. Others had questioned the integrity of the Construct itself. If the first set of tools helped to establish the intimate connection between 'non-survival' values and the SOC, the second set of tools helped to develop an appreciation of the dynamic interconnectedness of the various aspects of the Construct. Also, a reasonable explanation for why a stronger correlation is often obtained between the relative strength of a person's SOC and mental health, as opposed to physical health was offered. This appreciation and reasonable explanation both further strengthen the argument for the complementary use of both human and natural science perspectives in terms of health promotion teaching, research and practice within the larger ambit of public health. By the same token, Antonovsky's case for claiming that questions about the 'good life'

are irrelevant to a 'scientific' approach to the SOC Construct has been weakened. Importantly, this section has demonstrated the implausibility of Antonovsky's assertion that there is no relationship between morality and a strong SOC. It has also, again, called into serious question Antonovsky's claim that *perceptions* regarding comprehensibility, manageability and meaningfulness are morally neutral.

Finally, the third set of 'tools' emerging through further clarifications of the nature and structure of relationships that support or hinder engendering, accessing and using GRRs in marginal circumstances was used to explore a proposal of Eriksson and Lindström (2007). Strictly speaking, this is not an issue that relates directly to Antonovsky's work *per se*. In fact, he may not have approved of it. However, it has to do with a practical way in which his thinking is being deployed by some proponents of the concept of *salutogenesis* and the SOC Construct. This is being done by people who ostensibly seek to maintain the 'scientific' approach championed by Antonovsky himself. Lindström (1992) and Eriksson and Lindström (2007) propose a salutogenic approach to a Quality of Life Model for guiding health promotion and public health practice that combines the '*technologies*' of the Ottawa Charter for Health Promotion (1986) and Antonovsky's GRRs. Again, the importance of the moral and ethical domain was explored and concerns regarding unacknowledged assumptions were raised. What was of particular concern was how valid professional claims can be ignored, at least inadvertently, by approaches that focus on the application of new '*technologies*' of practice without advertent adequately to the underlying value assumptions. I sought to demonstrate that a human science approach that acknowledges the importance of ethics and morals for engendering, accessing and using GRRs is a more adequate foundation for health promotion practice from a humanistic-existential perspective within a larger public health ambit.

Chapter Eight: Concluding the thesis

The field of health promotion needs to revive and reorient its practices toward bringing people together as citizens and community members to decide for themselves the kinds of lives they think are most worth living, rather than continuing to develop the “technologies of prevention.” Explaining the shortcomings of the current approach and establishing the foundations for an alternative approach will take us into complex philosophical issues, but we ignore them at our peril...The lack of philosophical training among social scientists in general has been lamented; the problem is probably even greater for behavioural scientists in the health field, due to their proximity, allegiance, and perhaps envy of the successes of medical science. But greater familiarity with the ethical and epistemological assumptions underlying current practices and with the merits of an alternative approach is essential in order to establish a more propitious and principled ethic for health promotion.

An Ethic for Health Promotion (2000:5), D.R. Buchanan
Founding Director of the Office of Public Health Practice and Outreach

Introducing Chapter Eight

This thesis began with the contention of Gerth and Mills (1953:76) that the difference between life and death in some circumstances had to do with one's attitude towards one's self and one's relations to others. Particularly, they were countering the idea that those who sought to save their own lives were more likely to survive in prison camps. Instead, they had observed that those who survived had cared for both themselves and others. In fact, many of those who thought that survival was a game in which some must win and others must lose created the conditions for their own potential extinction (1953:76). Gerth and Mills represented one line of thought which proposed that surviving in such marginalised situations as prison camps can be something more than a physical feat of the individual. Rather, such survival can be an accomplishment of both a social and spiritual nature as these terms were once understood in both the Classical and Scholastic traditions.

This raised the ethical and moral dimension of such accomplishments.

Considering this thought carefully led to an insight about how the contention might be examined fruitfully. Antonovsky had pondered the survival of Jewish women who had experienced the Holocaust. I began to ponder the lives of male explorers and prisoners of war associated with the history of Australia. Indeed, the writings of Australian explorers seem to have often demonstrated the point about survival being social and spiritual (Mawson 1930; Laseron 1947; Hurley 1948). But, this seemed to have also been demonstrated in the writings that focused on the horrors of war and captivity (Adam-Smith 1998; Mitchell 2007). In fact, Australian society seems to be genuinely intrigued by this and there has been a growing industry recounting such stories. The stories of the prisoners of the Japanese during World War Two seem to be particularly featured of late. These stories are important both historically and culturally. Yet, as we have seen, these stories, particularly those relating to Burma-Thailand Railway should also remain of interest to us all in terms of what can be learned. Ultimately, the stories transcend their historical and cultural contexts. If people take the time to consider them, the stories can provide everyone with insights leading to greater understanding of the 'human condition'.

This conclusion will begin by recalling the key premises, initial definitions and the research questions. Then, a summary of the findings and some of the limitations of the thesis will be presented. Finally, some of the possibilities arising from the thesis will be elaborated. These are related to practice, research and education. The findings of this thesis can be used and the possibilities can be undertaken by people working in a variety of circumstances. They need not be limited to those working with men or those working in Australia.

Recalling the key premises, initial definitions and research questions

This research proposed that analysing the stories of survival on 'A Force' in Burma (1942-1943) should: (a) increase our understanding of the relationships that support or hinder people engendering, accessing and using 'Generalised Resistance Resources' (GRRs), (b) help us to appraise Antonovsky's Sense of Coherence Construct and the place of ethics and morality, and (c) better inform

health promoting practice with people in marginal circumstances. Thus, the following research questions can be outlined:

- By phenomenologically analysing the 'stories' of the men of 'A Force' in Burma (1942-1943), what can be learned about and from the relationships that supported or hindered the engendering, accessing and using of GRRs?

More specifically:

- What is the nature of these relationships?
- How are they structured?
- What is the place of ethics or morality in these relationships?
- What does this tell us about the adequacy of Antonovsky's construal of the Sense of Coherence and its relationship to GRRs in terms of working with people in a salutogenic fashion when practicing, teaching or researching health promotion from a humanistic-existentialist perspective within a broader public health ambit?

The underlying premise of the thesis has been that the social determinants of health include the nature and structure of the relationships that either support or hinder the engendering, accessing and using of the GRRs required to relieve the tensions that can lead to stress-related breakdowns. And, relationships were tentatively defined, from a humanistic-existential social psychology perspective, as the ongoing interactions of sentient beings mediated by personal, communal, societal and cultural expectations. They may be implicit or explicit; direct or indirect. They may have both intended or unintended consequences, such as the supporting or hindering the engendering, accessing and using of GRRs.

Additionally, mindful of the limitations of the concept as delineated at the beginning, I also proposed that marginalisation could be thought of as that process of becoming or the condition of being diminished in one's standing compared with another person, group or society that one must 'live with'. This understanding was developed by considering Antonovsky's proposals about marginalisation and the responses of various interlocutors (Antonovsky 1956, 1960, 1967a; Kolaja & Kaplan 1960; Henderson 1964; Dickie-Clark 1966). I also

proposed that this diminishment can effectively reduce the capacity to fulfil the aspirations required to *thrive* personally, socially and culturally. In the extreme, marginalization may also inhibit the ability to *survive* (Antonovsky 1967b).

Summarising the findings and limitations of the thesis

This thesis has presented the results of a phenomenological exploration of six non-commercially published memoirs of men who laboured on the 'Burma Railway' as prisoners of the Japanese on 'A Force'. The nature of the human relationships and the structure of those relationships that hinder and those that support are complex and require care in terms of their clarification. However, it is possible to elaborate a description of human relationships exemplified in various vignettes delineated from the memoirs. In doing so, we discover that human relationships are, in part, constituted by various dialectics of valuation regarding claims for care. These dialectics described a 'multi-model model' of care which includes *pastoral*, *hierarchical*, *fraternal* and *commercial* aspects. Care can be briefly described so as to specify a description of the structure of supportive and hindering relationships. Basically, care requires engaged awareness that deliberates on the possibilities and the requirements of *enhancing some capacity* before intentional action is taken to bring this about.

A supporting relationship encourages an adequate negotiation of the various dialectics relating to claims for care and endeavours to ensure the actualisation of the requisite informational, motivational, and instrumental resources are each made increasingly available among claimants. Considering sound implicit or explicit arguments provides for the possibility of validating claims for care. This requires relative moral stability generally and moral responsibility on the part of key people specifically. Moral conflicts such as are engendered by the changing fortunes of war reduce the likelihood of supporting relationships. In these situations, it is likely that powerful and interested persons and peoples will disallow or diminish reasonable arguments for care. When this occurs, people live in situations of marginalisation. In such situations, 'morally responsible' people associated with the dominant group, even when they are somewhat marginalised themselves, can create a leeway for those who are marginalised.

Having phenomenologically described supporting and hindering relationships, the thesis sought to fulfil three further intentions. Firstly, the thesis endeavoured to specifically consider the GRRs, as delineated and explored by Antonovsky, in the light of the findings of Chapter Six. It has become clear that GRRs cannot be wholly separated from their social contexts and that there is a requisite dimension to them. Such considerations call into question fallacious abstractions that distract us from significant aspects of concrete reality. Secondly, it was also argued that these dilemmas are raised to further clarity through an evaluation of the general structure of the SOC Construct in the light of the description developed in Chapter Six. Antonovsky sought to have a 'scientific' approach to the topic that prescind from all judgements about what might constitute a 'good life'. However, these judgements are already an intrinsic aspect of relationships that either support or hinder the engendering, accessing and using of the GRRs in the first place. This is because we create, gain control over and operationalise resources in order to care, to enhance the capacity for something to be different by working through acceptable means to appropriate ends.

Finally, this thesis has sought a way to retain the value of the SOC Construct, as generally posited by Antonovsky, without being limited by the narrowly construed conceptual frameworks that he implicitly and explicitly used. An attempt was made to generalise from the description of supporting and hindering relationships and their implications in order to critique the salutogenically oriented Quality of Life Model for public health briefly outlined by Lindström (1992). The issue of the ethical or moral domain and its relationship to *salutogenesis* increasingly became a focal concern of Antonovsky towards the end of his life. As a result of all these considerations, it has been possible to argue cogently for the importance of a foundation for health promotion research, teaching and practice within a public health ambit that incorporates both natural and human science perspectives and processes. This is due to the essentially moral nature of care. I have proposed that a 'multimodal model of care' be considered an important complement to other Quality of Life Models used by

those seeking to promote the health of people. This would be especially useful when working with people in marginal circumstances.

To summarise, I contend that those who follow a humanistic-existentialist orientation in their disciplines should be able to use Antonovsky's Sense of Coherence (SOC) Construct and *salutogenesis* with integrity. They do not need to give up their commitment to values beyond those of 'functioning' and 'survival'. It is not necessary to avoid prescriptions of the 'good life' in order to be 'scientifically' oriented in their work. It is more than possible to discuss and use the concept of GRRs, the SOC Construct and *salutogenesis* in their approach to health promotion within a public health ambit while maintaining a humanist-existential perspective. In fact, it is the argument of this thesis that adverting to the ethical and moral domains explicitly provides for a more adequate understanding and a more integral practice. Therefore, I would contend that the problem of ethics in the SOC Construct is on the side of those who believe that we must prescind from values or preclude prescriptions of the 'good life' in our work as theoretical and applied scientists. Just because Antonovsky says that morality and health are orthogonal does not make it so. However, I would agree that we must become aware of and adequately negotiate the values underlying our endeavours so as to avoid marginalising people considered as individuals or as groups, communities and societies.

There are specific limitations to this thesis. First, it is based on six non-commercially published memoirs written by Australians who had worked on the 'Burma Railway' as members of 'A Force'. On the one hand, this is more than sufficient to begin to describe the phenomenon under consideration. On the other, further work with other memoirs, diaries and interviews of people surviving in marginal situations should help researchers further clarify the descriptions articulated in this thesis. Descriptions developed from sources obtained in a wider variety of cultural contexts would also help to specify the essential structure over against accidents of time and place, as well as ethnicity. Working to articulate descriptions drawing on the experiences of women, as well as children who were prisoners of war would also be useful. Again, it would also be important to work

with materials which relate to other major events and explore the experiences of other cultural groups, including the Japanese. Finally, it would be useful to explore the experiences of the men who worked on the Railway in Thailand. There were also work camps in other parts of the Asia-Pacific region, including Japan.

Considering some of the possibilities arising from the thesis

If we follow Lin et al. (2007), then public health can be delineated as the organised activities that a public undertakes on behalf of the health of its 'publics' using public *resources*. Thus, a more comprehensive and cogent understanding of how such resources generate and sustain health is important. Health promotion is one aspect of public health alongside of surveillance, monitoring, protection and prevention. It sits at the intersection of both the personal and public spheres and requires a means of handling this dialectical dimension. Antonovsky's thinking ostensibly does this by considering the individual organism in relationship to its internal and external environments. Such conceptualisation provides some insight into what may be required to reduce the likelihood of stress breakdown and to improve health. However, this thesis has demonstrated the limited usefulness of the Sense of Coherence Construct when it is construed in a manner that is ethically or morally neutral. Additionally, while the work of Lindström and Eriksson endeavours to make the Construct useful through a morally neutral Quality of Life Model that seeks to operationalise resources through the technologies of the Ottawa Charter, this has been shown to be problematic as well.

While these are somewhat negative outcomes of the thesis, there are three *key* ways in which the findings of this thesis might be put to positive use with regard to health promotion within a public health ambit. The first has to do with the manner in which survival stories such as those relating to the 'Burma Railway' might be used to help illuminate possibilities for human action among men and women seeking to promote their own health (practice). The second has to do with building bridges between those fostering a salutogenic approach to men's health promotion and those whose work is informed by a feminist orientation towards the ethics of care (research). Finally, there is the possibility of enhancing the

development of health promotion theory itself (education). Each of these possibilities will be discussed in what follows.

Possibilities with regard to practice

The stories of survival on the 'Burma Railway' have a particular historical setting and cultural currency. However, they have the power to captivate and move people living in a variety of contexts; they can potentially transform lives (van Manen 1990:120-121). They have been deemed significant enough to entice publishers and producers to invest funds for their articulation and distribution in the form of further cultural products (Bourke 2006). Additionally, there are a plethora of similar stories in the many cultures of which I have first hand experience or academic knowledge. While it is possible to read, watch or discuss such stories parochially and in a naïve fashion as a form of distraction, it is also possible to do more.

One way of using the stories is as a resource for cooperative learning groups (Johnson & Johnson 2009; Sharan 2010). The stories can be read as a whole and discussed by groups as vignettes (van Manen 1990). Participants can ask about the conditions which are required for the stories to be meaningful to both those who originally told them and their hearers/readers. As the various dialectics of valuation are discerned, processes could be facilitated that more or less explicitly cast light on how the various dynamically linked structures of human possibility actually unfold in the lives of discussion group members. Facilitators can explore with both men and women the nature of valuing others and one's self. In a manner typical of a critical pedagogy (Green & Tones 2010:342-353), they might gently raise a number of questions such as: How is this valuing managed or mismanaged, as it were, in our own lives? In what ways do we either foster or hinder the conditions for hearing claims for care? Are there dialectics that we favour and are there any that we eschew? Why might this be, what are the consequences, and how might this change? What new resources could be skillfully and generously created, reused or redeployed as we pay more careful attention to ourselves and one another?

It would be possible to ask questions about how such orientations and issues influence the lives of the participants in their actual kith and kinship networks. This can be extended to considering what might happen in other contexts such as their relationships in educational, employment or other sectors. It may be easier to raise general questions about marginalisation and its consequences when reflecting on these larger contexts. Through this process participants can identify practical ways in which claims for care, their own and those of others, may be more adequately responded to in their affiliation groups and networks (Ibáñez & Íñiguez 1997). Group participants can become more practiced in their own reasoning and in the public arguments that they put forward. They can gain greater facility with being more or less interdependent in the various situations and circumstances of their lives. Greater inclusivity may become a natural outcome of learning how to avoid marginalising others in order to feel secure in one's own projects and perspectives. Real differences can still be respectfully acknowledged and accommodated. It is also possible for the marginalised to find the leeway and exploit it to their best advantage. They may do this until such time as they are able to change oppressive social structures more permanently.

By collaboratively documenting these processes and engaging in critical reflection with others in a dialogical fashion, the larger concerns of life might also become better clarified. The essence of life becomes something for which everyone is increasingly accountable. This emerging awareness and understanding might be expressed through visual and other forms of art and community engagement through time. A rich tapestry can be woven from the threads of thought and of heartfelt responses to the good engendered in common. The resulting enculturation of workers, managers and the decision-makers in funding bodies may change the very foundations of our more 'impersonal' relationships. This may also change the engendering, accessing and using of resources in a larger community or society. If the length of our lives is not longer as a result, we may still live better, and, therefore, more happy lives. This is something that will influence the orientation, aspirations and well-being of the next, as well as the present generations.

Possibilities with regard to research

Reflecting on the stories of the 'Burma Railway' in 'dialogal' (Strasser 1969; Rowe et al. 1989; Halling et al. 1994) groups comprised of men and women may raise some interesting possibilities for discussion about the nature of care giving and receiving. Additionally, such groups can more specifically explore the role of care givers. This discussion might take place in different ways depending on whether the groups are homogenous or heterogeneous. Issues and questions about the gendering of care may arise. Additionally, the definition of care outlined in this thesis may be *challenged* in those discussion groups where the participants move beyond the dialectics of valuation of worth. These two ideas, the gendering and defining of care, are often interrelated. Each aspect will be briefly discussed as a potential area of research.

I have already indicated that two scenarios might emerge in relationship to the stories of the 'Burma Railway'. Other stories could obviously give rise to different configurations of dialogue. One of the scenarios would see a group of men or a group of women moving beyond the natural attitude by listening to, *dwelling* in and responding more critically and systematically to both the stories and each other in their dialoguing. What might happen in these groups will vary considerably based on the (a) backgrounds of the men and women, (b) the skills and sensitivities of the facilitators, (c) the purposes of the groups and (d) the contexts, situations and circumstances in which the dialoguing takes place. However, it is plausible that there could be very different reactions to the stories. Each type of reaction may be either beneficial or harmful to the group members and the group as a whole. This will depend upon the willingness of the participants to be present to each other respectfully. It will also depend on their willingness to explore the sorts of horizons that might make the stories meaningful in a variety of ways.

For some men, these stories may be quite challenging. They could call into question settled and cherished understandings of acceptable types of relationship and the obligations that they entail in various circumstances (Townsend 1994). Then again, it may be novel to realise that men have the capacity to intimately care for each other in situations of great vulnerability (Hudson & Jacot 1991). On the

other hand, it may be an opportunity for some men to express their actual experiences of caring or being cared for in a significant way (Meth & Pasick 1990). As a result, they may be better able to articulate what this has meant for them and their relationships with others (Levant & Pollack 1995). Such discussion may lead to questions about why care plays out in different ways in various circumstances. Awareness may more readily emerge regarding how communities with specific social histories and cultural systems have organised responsibilities and rewards around production and reproduction in particular ways (Segal 1990; Archer & Lloyd 2002). Asking further questions as to why this might be so and in what manner this might be acceptable or not may raise new possibilities for taking responsibility for care (Edgar 1997). This would seem to be a very important area in which to pursue further investigations in terms of men's health (Sabo & Gordon 1995; Luck, Bamford & Williamson 2000).

It is clear from the stories of the 'Burma Railway' that men can provide care for others. And, as Gilligan (1982) discovered from her research, a group of women might have responses to this realisation that differ from those of the men. Yet, if the findings of researchers such as Clement (1998) are anything to go by, then the variety of responses might be greater among the women than between the women and the men, generally. The importance of various roles and their significance in terms of personal and social status and prestige can be interpreted differently by women from relatively similar backgrounds as has been demonstrated by various feminist interactions (Benhabib & Cornell 1987; Benhabib et al. 1995).

Broadly speaking, there are a range of possibilities. There are those who believe that caring and empathy are the essence of what it means to be a woman and the roles of women should be narrowly delimited to reflect this (Martin 1994; Schumacher 2004). There are other women who would agree that caring and empathy are the heart of what it means to be a woman. However, they believe that this should not limit what their head and hands can do in the larger world (Martin 1994, Schumacher 2004). Instead, as Edith Stein (1996) contended, it means that women should be educated differently from men in order to fulfill similar roles as each one chooses. Other women hold that essentialism is a form of

oppression for both men and women. They would construe gender wholly as a construction of social reality that is permeable within the boundaries of a social change process that precludes engendering worse forms of oppression (Tong 1989, 1998). Still other women would hold that there are no worse forms of oppression than biological and other determinisms. They might hold more radically that any risk taken in righting the wrongs of both the present and the past is obligatory in a society seeking to be just—no social institution is sacrosanct when compared to the cause of equity (Tong 1989, 1998). As Clement (1998) contends, such views begin to consciously and unconsciously shape the moral reasoning of the larger community as it considers the allocation of resources. Therefore, I would argue that it is worthwhile investigating the relative merits of each of these views with the findings of this research in mind.

It is conceivable that groups of men and women might also explore these issues together. Again, for this to take place in a manner where each person's view is heard and respected requires careful co-facilitation as the work of Aries (1996) indicates. There are some things which are both deeply held and felt. They are not easily dealt with in public where much is at stake and when little hope for the 'safety' of participants is perceived. However, despite the differences of view-point or perspective that each interlocutor in the 'dialogal' research groups brings, there might be a way to create a shared space for collaboration. For some of the participants, the common ground might be based on a commitment to the importance of ethics. Still, there can be salient differences (a) in understandings with regard to both the relationship between care and ethics and (b) in the manner in which they are to be instantiated, explored and discussed (Bowden 1997; Held 2006). Another place of mutual agreement might be created by adverting to the requisite process of (a) becoming aware of the need for care, (b) deliberating about the issues relating to determining what needs to be enhanced and how, (c) acting to enhance capacity, and (d) ending care episodes as the specific capacity has been enhanced to avoid the issue of dependency.

For instance, one area of potential collaboration could be a shared exploration of the phenomenon of empathy in the light of this process. If we follow Edith Stein (1989) and consider empathy as the capacity to think or feel

along with another person without losing our own primordial sense of embodiment in a particular situation or circumstance, then we can ask how this is shaped by the 'movements and moments' of caring. Research in this area might be quite useful in terms of clarifying the conditions under which men and women are best able to become aware, deliberate, act and conclude the care process using this duality of thought and feeling explicated by Stein. She (Stein 2000, 2006) extended such explorations even further and provided the outlines for a philosophical anthropology that takes the person and the totality of their lifeworld seriously. More recently, her line of thought has been taken up again and expanded upon by those who believe Stein's work has been too long overlooked (Beckmann-Zöller 2008; Calcagno 2008; Lebech 2009). Of course, we can also research other paradigms of empathy and care such as has been articulated by Michael Slote (2007).

It would also be helpful to explore whether the contention that men are more likely to be 'empathetic' in anticipation or reminiscence rather than in the presence of another has any merit. It could be that there are important individual and group advantages in not being empathetically 'coupled' with another in the present. For instance, this might allow for greater attention to be paid to the larger environment with both its dangers and opportunities. However, 'worlds' might be created where this is moderated by cultural and social prescriptions of how males should act in the presence of others who require care. By way of example, an explorer may be better at anticipating future needs for care in the provisioning of an expedition based on memories of past experiences than on actually caring for someone in the present. However, certain codes of honour may moderate this and guide activity without requiring emotional 'over-investment' in the moment. There are potential survival values in this 'distancing' when hazardous conditions are being dealt with by the men. The writings of Antarctic explorers such as Amundsen, Mawson, Shackleton and Scott provide rich resources for researching this sort of question. So do the stories of the men who endured much worse circumstances working on the 'Burma Railway'.

Possibilities with regard to education

In my own roles as a teacher, researcher and practitioner, people are sometimes surprised when I contend that the Ottawa Charter for Health Promotion (1986) does not offer an explicit theory of health promotion. In fact, I do not believe that it even provides us with an adequate model. Instead, it provides a powerful set of integrated technologies or strategies with which to get things done. Granted, there are specific tacit assumptions behind the Ottawa Charter that might direct a particular practitioner in their use of these technologies. However, the technologies themselves have a utility rather than a theory function. So, where do health promotion practitioners go for theories that support their practice? Again, in my experience, it seems that many practitioners will resort to their specific discipline for relevant theories. These are generally drawn from psychology, sociology or anthropology. Or, they may adopt any number of domain specific theories to help inform particular practices pitched at different levels of intervention such as the 'theory of planned behaviour', 'social cognitive theory' or 'communication theory' (NCI 2005). Green (2000:125-126) observes that these typically fall into two categories: explanatory theories (providing insight into the nature of the problem) and change theories (informing development and implementation of various strategies for intervention).

In the early 1990s, Milton Terris (1992) suggested that this confusion with regard to the concept of health promotion is due to focusing on *either* specific *or* general causes of disease. He proposed that the Ottawa Charter should help clarify the concept of health promotion. I obviously do not believe that the Ottawa Charter can do anything of the sort by itself. Additionally, Terris was focused on the very thing that Antonovsky was trying to escape from, disease. More recently, Crosby and Noar (2010) have argued that there are three reasons for the lack of adequate theory development in the field of health promotion. First, theory development typically takes place in an evidence-based paradigm rather than one that is practice-based. Second, the health behaviour related theories tend to focus on the individual to the detriment of considerations regarding the context. Third, the relative ability of practitioners to access theory at levels appropriate for practice lags the actual exigencies of seeking to prevent disease through health

promotion. Again, while there are important truths expressed here, the focus is on disease prevention. Additionally, Crosby and Noar (2010) mean something different by the term 'practice-based' than is meant by someone concerned with the moral and ethical dimensions of our *human* practice (Buchanan 1994).

David Buchanan (1998, 2004, 2006a, 2006b) has also explored this issue from a health education perspective. What he observes is that the usual approaches to theory development are heavily biased towards a scientific model founded on the investigation of nature. What he proposes instead is a model based on a humanistic philosophy of education. Specifically, Buchanan (2006b) contends that what is often referred to as a health education model is really a medical model; its goal is explanation and prediction. On the other hand, he argues that a humanistic perspective would conceive of theorising as a process of (a) making assumptions explicit, (b) developing understanding, (c) creating contextualised meaning, (d) sensitizing researchers and others to the contingencies specific to a situation, and (e) critiquing the present situation with a more ideal conception of what might be both feasible and desirable (Buchanan 1998:443-447). Since people are not things, the motives and meanings of people should be the focus of health promotion theorising. From a humanistic perspective, research and practice would "clarify basic social values and...strengthen one's faculty for making value judgments" and research results would be used as a "stimulus for dialogue about the role of good health habits in living the kind of life that community members find most valuable" (Buchanan 2006b:290).

Buchanan provides an important corrective to the penchant for *uncritically* adopting paradigms of theorising based on the study of nature at either the *micro* (individual) or the *macro* (ecological) system levels. Even using terms such as *meso* (communal) system level brings a surfeit of natural science concepts in its train. This thesis has sought to demonstrate the importance of a human science approach that takes ethics and morality seriously. To that degree, the thesis supports Buchanan's argument. However, if he is asking them to wholly disregard the importance of natural science with reference to theorising, Buchanan is asking too much of health promotion researchers, teachers and practitioners. Technically,

he has not done this. He specifies that he is critiquing the proclivity for subverting health education with a medical model. Still, it would be easy to overlook this delimiting of his position (Buchanan 1998, 2000). While I would agree with Buchanan (2006a:2715) that having greater regard for the “ethical dimensions of human agency” would go a long way towards developing a “more coherent body of knowledge to advance both research and practice in health promotion”, this cannot be at the expense of the natural dimension of our humanity. The work of the existentialist psychiatrist Viktor E. Frankl (1969) has demonstrated rather well the need to keep the several dimensions of our humanity in mind at all times when talking about or dealing with people.

To speak of the concept of *salutogenesis* and to develop a construct such as the Sense of Coherence is to use a paradigm of science oriented towards variable analysis which intends to provide explanations and predictions. For instance, one can hypothesise that a person with a higher SOC will typically engender, access and use Generalised Resistance Resources in a more flexible and contextually appropriate manner. These resources are used more routinely to relieve the tensions caused by life's stresses and, thereby, return the human organism to a more appropriate *homeostatic* equilibrium. Thus, people with a higher SOC will more likely avoid stress breakdown and enjoy better health than those with a weaker SOC. But, one must always add, at least under one's breath, “all things being equal”. There is obviously a great deal of explanatory power in this elegant construct. Additionally, there is also considerable usefulness in the theoretical concept of *salutogenesis*. This has been demonstrated by its ability to change both the focus of activity and language used with regard to health promotion in certain quarters. For example, many of us no longer think of health promotion as merely *disease* prevention. Additionally, we have adopted a strengths-based rather than a deficits approach and language.

However, it is also important to consider the phenomenological dimension. We can speak of the structures of human possibility that can be clarified around ‘comprehensibility, manageability and meaningfulness’. We can realise the ethical and moral dimensions of the relationships that engender Generalised Resistance Resources and that either facilitate or hinder their being accessed and used. As a

result, we increasingly understand that our own sense of the world cohering results from the moral reasoning undertaken by each and every one of us throughout our lives (Luijpen 1967). I may *choose* to use my stronger SOC to help the more vulnerable members of my community until I am exhausted by the effort and diminished in my physical health. This is a possibility that must be clarified and considered when seeking to understand our shared lifeworld and its influence on our own health and the health of others. Distinguishing between *individual organisms with their internal and external environments* and *embodied psychosocial beings creating and inhabiting their worlds* need not require disassociation in our thinking. As human beings we are able both to understand and explain as may be appropriate to the exigencies of our health promotion related enquiries (Strasser 1985).

Learning to manage the 'leeway' that has been opened up by Stephan Strasser (1963) and Amedeo Giorgi (1970) with regard to human science in a society dominated by natural science paradigms can greatly assist us. They have provided us with some additional 'space' for maneuvering during our attempts to develop more coherent accounts of what we are seeking both to be and to do with our health promotion research, teaching and practice. This thesis is one way of reorienting our discussions and activities. However, we will need to do more than merely respond to Lindström and Eriksson's invitation to use qualitative methods for researching *salutogenesis* and the SOC. In general, we will need to regularly reconsider what it means to 'scientifically research' human beings. Specifically, I would argue that such an undertaking requires a more adequate philosophical anthropology than is typically made available to us through our higher education institutions (von Eckartsberg 1971, 1981; Straus 1982; Lebech 2009; MacIntyre 2010). Therefore, I would argue that the possibility of more coherent and cogent health promotion theorising will require a re-examination of how we intend to educate our present and future researchers, teachers and practitioners.

Appendix 1 Example of a vignette and transformation to structural notes

Giles Vignette 2 (GV2), 166 words

Next day the working parties went out onto the line. They had been set a task of a cubic metre per man to be dug out of a hill and carried in baskets to fill in the hollows or build up the embankments. This had been quite a severe task for the coolies but the Australians, British and Dutch, stronger in physique and able to organize manpower better soon showed they could do one metre easily and be finished work by two o'clock in the afternoon. This was a stupid thing to do as it turned out. The Japanese immediately raised the task to one and a half metres. There were to be times when the task was to reach three metres. Bridges had to be built; great bulks of timber cut in the jungle and hauled out to the line, though here sometimes the elephants helped. The pile-drivers were manned by long lines of prisoners on ropes, often standing chest-deep in the river for hours.

Relationships that hindered the engendering, accessing and using of GRRs MUs:

- this was a stupid thing to do as it turned out
- the Japanese immediately raised the task to one and a half metres
- there were to be times when the task was to reach three metres
- bridges had to be built
- the pile-drivers were manned by long lines of prisoners on ropes
- often standing chest-deep in the river for hours

Relationships that supported the engendering, accessing and using of GRRs MUs:

- but the Australians, British and Dutch, stronger in physique
- and able to organize manpower better
- soon showed they could do one metre easily
- and be finished work by two o'clock in the afternoon
- bridges had to be built
- great bulks of timber cut in the jungle
- and hauled out to the line
- though here sometimes the elephants helped

Transformed Giles Vignette 2 (TGV2H & TGV2S) 65 words

Hindering

The Japanese took advantage of the greater strength and organizational skills of the Allied prisoners by increasing their workload which reduced their free-time and by requiring that they work collaboratively in inhospitable circumstances.

Supporting

The greater strength of the Allied prisoners was organized effectively to reduce the work hours of the prisoners initially and this relief from heavier toil was augmented by the assistance of elephants.

Structural Notes Giles Vignette 2 (SNGV2C) 28 words

The prisoners' ability to cooperatively organize their work resources effectively allowed them greater personal resources which were lost when the Japanese appropriated this capacity for their own purposes.

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