

COHERENT WITH WHAT? AN EXPLORATIVE ANALYSIS OF THE RELATION BETWEEN SENS OF COHERENCE, INTEGRATION AND IDENTITY IN A HEALTH CONTEXT

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Abstract: In order to increase the understanding on what determines health among immigrants, ethnic minorities and indigenous people concepts as acculturation, identity and sense of coherence (SOC) have become central for the analysis. The process of acculturation and the associated concepts of integration, assimilation, marginalization and separation have often been referred to when describing the health of immigrants and indigenous, of which integration has been considered to provide the better conditions for good health. The aim of this study is to explore the mutual relations between the concepts of acculturation, SOC and identity by an abductive reasoning based on an investigation on a group of Sami regarding their cultural and ethnic self-identification. By this explorative approach the study also seek to touch upon some of the relevant neighboring concepts such as cultural memory and position them among the more established social determinants of health. The study demonstrates that coherence as a psychosocial characteristic is appearing in different concepts and models in the area of acculturation and cognitive development as well as in cultural memory. It has an intra-individual dimension expressed in the theories of cognitive development and cultural memory and inter-

individual, social dimension noticeable in SOC and the process of acculturation. The mutual correspondence of these structures of thought, values and perspectives have yet to be clarified and understood, especially in relation to health.

Keywords: coherence, indigenous, acculturation, sense of coherence, SOC, health, cultural memory

I. INTRODUCTION

The explanatory value of social determinants such as income, employment, social support, education and gender could not be underestimated when it comes to studying and understanding inequalities in health among different indigenous, immigrant and ethnic minority peoples (Marmot, 2010 : 86). And along with a broadened view of what constitutes and determines health, doors to other areas of knowledge and research has opened up in order to contribute to the understanding of the complex web of causal links that determines the health situation of individuals and groups. Cultural and ethnic identities, value systems and coping abilities are examples of concepts that are

considered to have an important although not undisputed bearing on health (Waqar, 2007 : 796; Knibb-Lamouche, 2012 : 6). By today it has also been long recognized that intercultural contact raises significant health related issues for immigrant, indigenous and ethnic minority peoples in culturally plural societies (Ward 2011: 462).

A. ACCULTURATION

The concept of acculturation stems from an expansion of a model on how newcomers to America become incorporated into main stream society through three stages: contact, accommodation and assimilation (Padilla, 2003 : 35). This three stage model more or less equated acculturation with assimilation and was introduced by sociologists in University of Chicago in the early 1900s. Anthropologists later on expanded the model referring acculturation to all the changes that arises following contact between individuals and groups of different cultural backgrounds (Redfield, 1936 : 149) (Padilla, 2003 : 36), a definition that emphasized continuous first hand contact between individuals and groups as an essential ingredient for acculturation (Sam, 2006 : 11). Although acculturation is a concept commonly associated with discussions around immigrant and indigenous health its meaning within social sciences is still quite elusive (Sam, 2006 : 11). Efforts to adapt the concept to a postmodern reality has been made and a modern version of the definition is suggested by the International Organization of Migration (IOM) as the progressive adoption of ideas, words, values, norms, behavior and institutions of a foreign culture by persons, groups or classes of a given culture (Sam, 2006 : 11). This process of cultural and psychological adoption or change has often been referred to when describing the health situation of

indigenous peoples and migrants in relation to their health situation as changes in attitudes, culture and identity due to altered religious, social and political institutions may cause stress-related risk factors (Berry, 1990 : 142). With respect to the health outcome, Berry suggested four modes of acculturation based on different coping strategies by members of the minority group towards the majority society (Fig. 1). The strategy of integration leads to maintaining the minority culture while adopting the majority culture context; separateon keeps the minority culture and rejects the majority culture; assimilation adopts the majority culture at the cost of the minority culture while finally marginalization abandons all cultural identity (Berry, 2006 : 35).

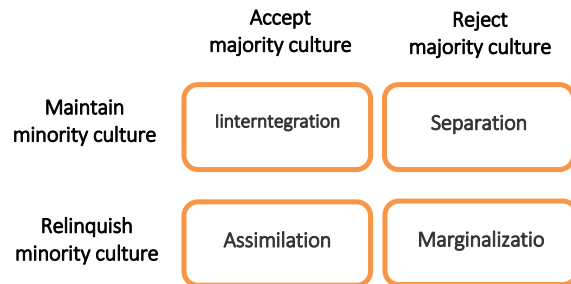


Fig. 1 Four modes of acculturation (Berry, 1990 : 144)

A plethora of studies on these acculturative strategies has shown that integration is associated with the best psychological and sociocultural adaptation (Riedel, 2011 : 556). Integration has been shown to correlate negatively with neuroticism, aggressiveness, impulsevity and anxiety and positively correlated to sociability, emotional stability and open-mindedness (Kosic, 2006 : 121). Consequently, cultural conflict defined as feeling torn be-

tween one's cultural identities, have been shown to cause to acculturative stress (Benet-Martinez, 2005 : 1026).

B. SENSE OF COHERENCE

Sense of coherence (SOC) was introduced by Aaron Antonovsky as a concept that captures the capacity of an individual to judge reality. He defined it as the long lasting way of seeing the world and one's life in it carrying both cognitive and affective components (Antonovsky, 1979 : 124). Antonovsky suggest that SOC is a crucial element not only in the basic personality structure of an individual but also in the whole ambience of a subculture, culture, or historical period (Antonovsky, 1979 : 124).

Thus, SOC is according to Antonovsky a concept that is applicable to groups as well as to individuals where a strong SOC can characterize any social unit such as a family, a neighbourhood, a city, a voluntary movement or a religious movement (Antonovsky, 1979 : 136).

To measure the SOC Antonovsky developed a SOC-scale based on a life orientation questionnaire that refers to an enduring attitude and measure how people view life. The SOC-scale consists of three principal dimensions on how individuals comprehend and manage their life and to what extent they find their life meaningful (Eriksson, 2006 : 378).

C. CULTURE AND ETHNICITY

The academic debate on the conceptualization of culture as well as ethnicity is widespread and voluminous and has resulted in a variety of suggested definitions and approaches to the matter. Perspectives that should be carefully valued and considered with regards to health is for instance that cultural and ethnic

identities are tied to historical experiences based on socio-economic stratification (Liebkind, 2006 : 80). Also the assumption that lies behind many acculturative approaches that ethnic minorities define their identity in relation to the dominant majority is disputable as in multiethnic societies there are a variety of groups to whom people define their identity (Liebkind, 2006 : 87). Empirically, cultural and ethnic identities have been treated as either a component of social identity, as self-identification and as feelings of belonging and commitment or as attitudes towards one's own group (Liebkind, 2006 : 80). As it is not within either the aim or scope of this study to scrutinize the academic debate on ethnicity and culture as useful concepts in research in general, the point of departure for the discussion in this paper is the operationalization of these concepts with regards to health. A pragmatic, empirically shaped stand point that in the case of this study makes the validity of the concepts tight connected to the questions asked to the individuals of the defined population about their cultural and ethnic self-identification (Hassler, 2013 : 985).

D. AIM OF STUDY

The aim of this study is to explore the mutual relations between the concepts of acculturation, SOC and identity by an abductive reasoning based on an investigation on a group of Sami regarding their cultural and ethnic self-identification. By this explorative approach the study also seek to touch upon some of the relevant neighboring concepts such as cultural memory and position them among the more established social determinants of health.

II. INDICATORS OF ACCULTURATION AMONG THE INDIGENOUS POPULATION OF NORTHERN SCANDINAVIA - THE SAMI

In a cross sectional survey indicators of acculturation with regards to Sami identity were identified and presented, indicators from which the discussion in the present study departs. The Sami are the indigenous ethnic population of northern Scandinavia and one out of five national minorities in Sweden. Their homeland is referred to as Sápmi and this land stretches from the Kola Peninsula in the east over into the northern tips of Finland, Sweden and Norway (Fig. 2).

Unlike many other indigenous populations in the Arctic that generally show a less favourable health situation than the majority population, the health and living conditions of the Sami are exceptionally good (Sjölander, 2011 : 9). Reindeer herding is an important cultural activity and source of income among the Sami living in the mountain regions. Reindeer herding is also associated with a more traditional Sami life style that has shown to contribute to a different health picture with specific health problems such as high risks for injuries but a reduced risk for developing cancer and cardiovascular diseases.

The Sami language is an important carrier of cultural identity but is also a language under the threat of extinction. Of the Sami eligible to vote in the Sami parliament 55% claim to lack knowledge of any of the four Sami dialects while it is estimated that only 25% are fluent (Barruk, 2008 : 26).

The survey from which the discussion of the present study departs was based on a 31-item questionnaire on self-perceived integration and identity, SOC, value systems and an open question on self-perceived integration.

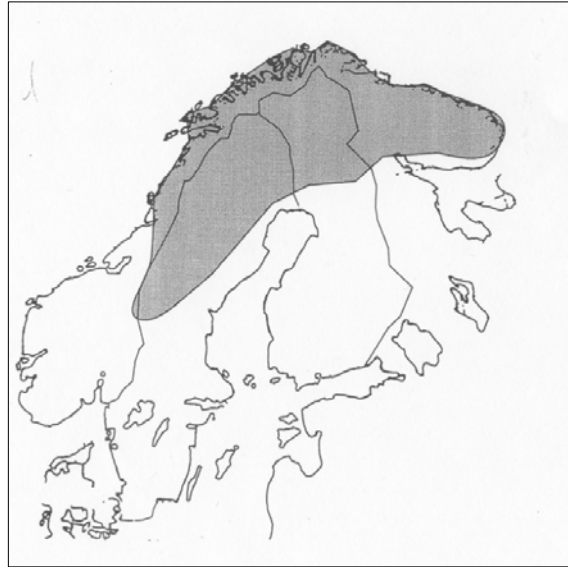


Fig. 2 Sápmi – the home of the Sami stretches over Norway, Finland, Sweden and Russia.

The SOC was assessed using the 13-item version of Antonovsky's original questionnaire, with a 7-point Likert scale format. All items were then summarized to create a total SOC-score which ranged from 13 to 91 (Pallant, 2002 : 44). The result in the present study is based on material gathered through a questionnaire that was distributed to a random sample (2,000 or 26%) of the 7,812 of the Sami eligible to vote in the Sami parliament in the 2009 election. Basic statistical analysis with chi-square tests and t-tests were conducted using SPSS to explore the associations between

SOC, self-rated health and indicators of acculturation such as self-identity and value-systems. The significance level was set at $p < 0.05$. A preliminary analysis of the material based on a first round (194 out of 315 respondents) of the survey has been presented elsewhere (see Hassler, 2013 : 985).

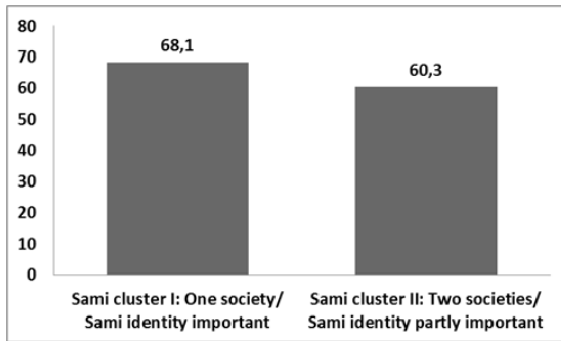


Fig. 3 The SOC-score of two different clusters of Sami. Cluster I: View the society as one and Sami identity as important. Cluster II: View the society as being either Sami or Non-Sami and Sami identity as partly important.

A. RESULTS

Of a total of 328 respondents, 315 completed more than 80% of the questions and were included in the study resulting in a response rate of 16%. The age span of the respondents was 22-92 years and the median age was 52 years (54 years for men and 50 years for women). Mean SOC-scores was calculated and compared for the clusters of Sami that was formed by the responses on two questions on acculturation: 1. 'Is it important for you to maintain a Sami identity?' and 2. 'How would you describe your experience of society?'

Of the clusters identified through the analysis, two appeared especially interesting with regards to their acculturative characteristics and their significantly different mean SOC-scores (Fig. 3).

	Sami Cluster I: One society/ Sami identity important	Sami Cluster II: Two societies/ Sami identity partly important
Reindeer herders (portion)	Higher*	Lower
Sami language skills (level)	Higher*	Lower
Sami identification	Stronger*	Weaker
Connectedness to society	Stronger*	Weaker
Age	Equal	Equal
Self-reported health	Equal	Equal
Education (level)	Equal	Equal
Sex (distribution)	Equal	Equal

Table I Sociocultural and demographic characteristics of two clusters of Sami

* $p < 0,05$

Cluster I (SOC=68.1) comprised of Sami that regarded society as being a common one for Sami as well as the non-Sami majority population and considered it to be very important to uphold their Sami identity. Cluster II (SOC=60.3) comprised of Sami who thought of the Sami society and the other majority society as two different entities and they considered it to be somewhat important to uphold their Sami identity. The sociocultural characteristics of these two clusters

of Sami showed that Cluster I had significantly more reindeer herders, were more fluent in the Sami language, felt a stronger Sami identification and connectedness to society than Cluster II (Table I). There were no differences in sex distribution, age, self-reported health or level of education between the two clusters.

III. DISCUSSION

In terms of acculturation, Cluster I shows clear signs of being integrated (Berry, 2006 : 35). To consider society as being representative for both the Sami and the majority group, and at the same time value the importance of a Sami identity very high indicates that this group have found a position of their cultural identity within the overall society of which they find themselves a part of. Cluster II on the other hand seems to slide away from the integrated mode in Berry's model in a diagonal direction (see Fig. 1). First, viewing society as two folded, with a Sami part and a majority part is indicating a more separatist position. Second, valuing the Sami identity as somewhat important rather than important could indicate a process of releasing the Sami identity and therefore heading towards a more assimilated position (Fig. 4). Although Cluster I show a significantly stronger SOC than Cluster II, the self-perceived health was not reported higher in Cluster I. This somewhat contradicts the most general trait of SOC being strongly related to self-perceived health regardless of ethnicity and nationality (Lindström, 2006 : 379). The Sami have in previous studies shown a somewhat inconsequent picture when it comes to SOC in relation to health where for instance reindeer herding despite being a carrier of culture and identity, does not seem to be favorable to SOC (Abrahamsson, 2013 : 8; Daerga, 2008 : 26).

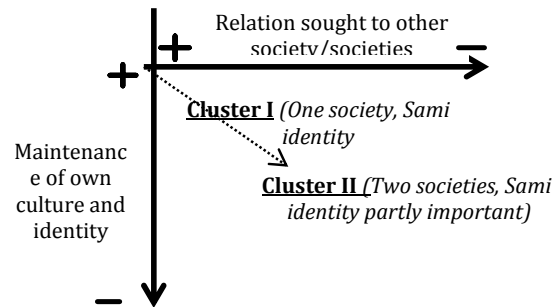


Fig. 4 Clusters of Sami respondents positioned in relation to acculturation strategies (Berry, 2006 : 35).

Besides Antonovsky's conviction that SOC is a cross-cultural concept, studies has also shown that levels of SOC is quite different for various cultural groups and explain stress reactions differently (Braun-Lewensohn, 2011 : 540). That there are more reindeer herders and Sami fluent in the Sami language in Cluster I than Cluster II fits well into the map of acculturation, both reindeer herding and the Sami language being strong carrier of Sami culture and tradition. Along the same line of reasoning, there should come as no surprise that connectedness to society and the self-perceived Sami identity is stronger in Cluster I than in Cluster II. So the question arises, does strong SOC, the mode of integration and a strong cultural or ethnic identity come as one package? Are they just indicators of the same basic structure on how to view the world and the position of oneself in it? The data material on which the discussion in this study is based is insufficient to disclose these questions empirically but could nevertheless suggest directions towards the theoreticall premises where further knowledge could be sought.

In an investigation on how different identity structures affects well-being in multicultural societies, the importance of achieving coherence between identities while maintaining a strong identification to the original cultural group is highlighted. (Carpentier, 2013 : 11). One of the theories behind these arguments is the cognitive-development model of social identity integration (Amiot, 2007 : 368). This model emphasize the coherence between different forces of integration rather than on the strength of identification itself. An argument that somewhat challenge the acculturation model that rather stress the strength of identification to the cultural group and its relevance for the well-being of the individual (Carpentier, 2013 : 3). The intra-individualistic version of integration that the cognitive-development model represent, describe how individuals perceive their own multiple social identities and how this multiplicity is represented within oneself, a description of integration suitable not least in a pluralistic or multicultural context (Amiot, 2007 : 368).

If the investigation undertaken in the present study have focused on the attitudes or views of the minority group, the importance of the host country or majority culture has quite recently come into focus in understanding the acculturation process (Carpentier, 2013 : 11). In the case of Sweden, immigrant policies has quite recently shown tendencies to move towards an interpretation of integration less focused on a major society but rather as a more general pluralistic policy of equal rights, responsibilities and opportunities for all, regardless of ethnic and cultural background (Prop 2013/14:1 : 13). A context of integration where according to the cognitive-development model, ethnic identities should be maintained and come to coexist within a superordinate identity, such as a multicultural

country (Amiot, 2007 : 368). To find the common denominators for this superordinate identity must be a challenge to meet for all pluralistic societies. A common cultural ground loose enough to include all groups but tight enough to be salient and meet the necessary levels of adherence of identity (Sussman, 2000 : 369). Cultural memory defined as an exploration of a shared identity that unites a nation or a social group could certainly be an important tool in that process (Confino, 1997 : 1390).

It's beyond the scope of this study to determine whether the individuals in Cluster I of the present study have found a coexistence of different social identities at a lesser cost of well-being than individuals in Cluster II but the higher mean SOC-score of Cluster I indicates that coexistence capabilities could be interpreted in terms of coherence. But what may be expressed as coexistence and a horizontal coherence of identities, have also in a somewhat different theoretical context been described as a structural organization of social identities and how they are represented cognitively within oneself; A complex structure of incorporated group memberships (Roccas, 2002 : 88).

Jean Piagets ideas on psychological development has inspired several of the theories behind social identity integration and his perspectives concurs with a social cognitive view of the self as a structure capable of differentiation of its subcomponents yet as striving toward the coherent integration of this diversity (Amiot, 2007 : 367). The neo-Piagetian developmental models such as the cognitive-developmental model suggest a hierarchical order of modes which imply that coherence could be lined horizontally as well as vertically (Amiot, 2007 : 367). One of the modes within these hierarchical models is the merger, which is de-

scribed as a superordinate principle that makes the inconsistent cognitions compatible, thus it carries both differentiation and integration within an inclusive social identity (Roccas, 2002 : 91). Perhaps another way of expressing the coherence indicated in Cluster I?

As have possibly been shown, the path of reasoning around the concepts of coherence, identity and acculturation may lead to a variety of psychosocial concepts and models. Another set of theories with kinship to the neo-Piagetian models mentioned above is centered round the idea of adult development. These theories claim that there are structural differences in how individuals view their own experiences in life and how they create meaning for themselves (Commons, 2008 : 305). What we can comprehend and how we make sense of things is subject to our level of social maturity (Kegan, 1994 : 181). Structures that indicate that also adult development could provide a theoretical framework in which to position sense of coherence as well as integration and identity.

IV. CONCLUSIONS

Coherence as a psychosocial characteristic is appearing in different concepts and models in the area of acculturation and cognitive development as well as in cultural memory. It has an intra-individual dimension expressed in the theories of cognitive development and cultural memory and an inter-individual, social dimension noticeable in SOC and the process of acculturation. The mutual correspondence of these structures of thought, values and perspectives have yet to be clarified and understood, especially in relation to health. With the starting point in two clusters of Sami with different sociocultural and identity characteristics, the aim of this paper has been to explore different paths of reasoning through and around these struc-

tures and within them try to position the concepts of integration, SOC and identity. This study is merely a starting point of the path undertaken and with its quantitative approach, limited in conclusive power. By a quote of one of the Sami representing Cluster I, the potential of explanatory value in a qualitative approach of the subject matter is demonstrated. An approach forth coming studies perhaps should consider.

"To me being integrated means that my culture adapts to the majority culture, and that my culture is given attention and not weakened, that society looks upon it as being a natural part of society." (Woman, 45 years old, Cluster I)

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