Comparing Sense of Coherence, Depressive Symptoms and Anxiety, and Their Relationships with Health and Health Behaviours

Sociologist Aaron Antonovsky was among the first who was interested in factors that maintain and enhance health instead of risk factors for different diseases. He developed the sense of coherence (SOC) construct, which is the core concept of his salutogenic theory, to explain how some individuals stay healthy despite the numerous stressful situations they encounter during their life. Sense of coherence is a global orientation towards life that characterizes the extent to which an individual appraises his or her internal and external environments as comprehensible, manageable and meaningful. In previous studies, there has been a strong inverse association between the SOC scale and the measures of depressive symptoms and anxiety. This is in accordance with Antonovsky’s theory but the size of the correlations raises the question whether the SOC scale measures similar construct to depression and anxiety measures.

The aim of this thesis was to investigate what is the relationship of the SOC scale (short form) with the measures of depressive symptoms (Beck Depression Inventory) and anxiety (Spielberger’s State Anxiety Scale), and if they are similarly related to health and health behaviours. The participants of the present study were 25 – 74 years old Finnish men (n=2351) and women (n=2291) from the national cardiovascular risk factor survey (FINRISK) conducted in 1997.

The SOC scale had strong and inverse correlations with the measures of depression ($r=-0.62$ among men and women) and anxiety ($r=-0.57$ among men and $r=-0.54$ among women). In addition, sense of coherence was similarly associated with health and health behaviours as depressive symptoms (cognitive and affective) and anxiety. These results suggest that the SOC scale overlaps with depression and anxiety measures. Nevertheless, there were also small differences between these measures: education was related only to sense of coherence, and in factor analysis, items of the each scale defined their own factors. The SOC scale was more normally distributed than the measure of depressive symptoms as depression measure did not create variation among those respondents who did not have depressive symptoms. However, the low end of the SOC distribution was more important in the prediction of different health variables than the high end of the SOC distribution. This finding questions the status of sense of coherence (as measured by the SOC scale) as a protective factor for health that is qualitatively different from risk factors.

It is concluded that the items of the 13-item SOC scale should be reconstructed to reflect better the SOC construct and be less confounded with negative emotional states.

Most important references:

Relevant articles from scientific peer reviewed journals.

Most important references:

Relevant articles from scientific peer reviewed journals.