Disclosure: I offer the idea of salutogenic consumer well-being for your consideration and comments. I tried and failed to have it published in several peer reviewed journals, but I am still convinced that the idea merits an academic and scholarly conversation. So I am placing it here as a scholarly monograph. My thanks to Dr. Daniel Fischer for inspiring me with this idea.

Cite as:
Abstract
Predicated on a pathological consumer society, this concept paper introduces salutogenic consumer well-being. After clarifying conventional definitions of consumer well-being, salutogenic theory is explained, followed with an exploratory discussion of salutogenic consumer well-being (scaffolded with a discussion of consumer stress). Salutogenics focuses on what promotes health, balancing the current focus on what causes disease (pathology). Instead of constricting well-being to an individual’s discrete purchase, salutogenics places well-being on a health-dis-ease continuum. It refers to anything that causes consumer well-being to emerge. The two key dimensions of salutogenic theory are explained and used to create the salutogenic consumer well-being concept: (a) generalized resistance resources (GRRs) and (b) a sense of coherence (SOC). Upwards of 10 new salutogenic-informed consumer well-being subconcepts are tendered. The monograph demonstrated that salutogenic theory is a viable option for enriching understandings of consumer well-being.

Keywords salutogenic, consumer well-being, consumer stress, generalized resistance resources (GRRs), sense of coherence (SOC), consumer society, pathology

Introduction
Consumer scholars have long been interested in consumer well-being (Pancer & Handelman, 2012; Sirgy, 2008; Xiao, 2015). Contemporary definitions of consumer well-being are being informed by such research areas as subjective well-being, quality-of-life, positive psychology, behavioural economics, and transformative consumer research (Ahuvia, Scott, & Bilgin, 2010; Pancer & Handelman, 2012). In the same innovative spirit, this concept paper introduces salutogenic consumer well-being. Salutogenics (first coined in 1979) focuses on what promotes health and well-being rather than what prevents a lack of well-being (i.e., pathology) (Antonovsky, 1996).

Conceptualizations of consumer well-being must be undergirded by theoretical or conceptual frameworks (Malhotra, 2006). One such framework is Antonovsky’s (1979, 1987, 1996) well-established Sense of Coherence theory. Accepted as a useful theory for taking a salutogenic approach to health, stress, and well-being, it is here considered a useful theory for undergirding consumer well-being, which is impacted by the pathology of the consumer society (stress, angst, and other dark emotions).

The notion of salutogenic consumer well-being is in its infancy. As a new concept, it is presented here in a concept paper. As a form of scholarship, concept papers play a fundamental role in research. They provide an in-depth discussion of an important topic, leading to future actions within a disciplinary field (Rocco & Plakhotnik, 2009). They are vehicles for sharing new perspectives that can stimulate wider discussion, debate, dialogue, and discourse (Bamber, 2014; European Health Psychology Society, 2004). Concept papers address research questions that cannot be answered with more facts, requiring instead a sound argument (Golash, 2005). They reflect the researcher’s theoretical thoughts and speculations about a topic. The researcher makes a case for the concept by providing supporting thoughts to substantiate their conceptual contributions (Dauber, 2014; Gilson & Goldberg, 2015; Golash, 2005), despite that the new conceptualization is abstract, and not yet proven (McLean, 2011).
As a caveat, because of the newness of the concept, it is premature to state cause and effects, or speculate on the processes involved in gaining or losing salutogenic consumer well-being. Thus, this monograph does not report a new theory, state propositions, suggest strategies for measuring salutogenic consumer well-being, or operationalize variables. But if effective, highly conceptual papers can change the way disciplinary scholars think about a phenomenon of interest (Whetten, 1989), leading to eventual theorization (Malhotra, 2006).

To develop the salutogenic consumer well-being concept, this concept paper begins with an overview of the pathology of a consumer society. This is followed with a general review of conventional approaches to conceptualizing consumer well-being, moving to an overview of the salutogenic theoretical approach. The monograph concludes with an exploratory discussion of the salutogenic consumer well-being concept (scaffolded with a discussion of consumer stress).

Pathology of the Consumer Society

The consumer society makes people very unwell (McGregor, 2010). Indeed, today’s pathology-centric world focuses on what makes people unwell, ill, and diseased instead of what makes them healthy. Pathology is a branch of medicine that follows the typical trajectory of a disease. It is concerned with what causes disease rather than what promotes non-disease, and overshadows a legitimate concern for salutogenics; that is, what makes people well, healthy, and at ease (Antonovsky, 1996; Dilani, 2012). The same notion can be brought to bear on consumption (Fischer, 2012). Recognizing that people experience stress, angst, guilt, and inadequacy in today’s consumer marketplace (McGregor, 2008, 2010), salutogenics would respect this stress, and what is involved in helping people to cope, adapt, and manage so their sense of consumer well-being is improved.

McGregor (2010) elucidated the ills of a consumer society that can lead to unhappy and unwell people: alienation; dissatisfaction; disenchantment; a misplaced, illusive self-identity; and, false relationships. Succinctly, the consumer culture reflects a highly individualized order that is devoid of communal values. The resultant self-interests and material pursuits intensify people’s sense of loss and alienation. It promises everything, but never fully delivers. People are permanently disappointed, and deal with these failed expectations by shopping. Because a consumer culture co-opts people’s humanity and spirituality, people end up disenchanted and disillusioned. Longing for a sense of identity, they try to create this through consuming. Finally, individualistic spending in insolation creates false relationships with things, reflected in peoples rejection of the relationships between themselves, and the supportive collective. Fischer (2012) proposed that instead of focussing on the problems, dis-ease, and barriers in a consumer society, people should focus on opportunities, health-ease, potential, and resourcefulness (via salutogenics).

Actually, the salutogenic perspective has only recently been applied to the consumer arena. It is usually applied to health sciences, medicine, nursing, psychology, sociology, and the social sciences (Lindström & Eriksson, 2011). Using salutogenics, Fischer (2012) pioneered the development of a case for “positively oriented consumer education for sustainable development” (p. 239). He maintained that instead of helping people unlearn how to consume in ways that are unsustainable, people should learn to think positively about their role as consumer and citizen. They should learn to see themselves as resilient, resourceful, knowledgeable about their situation, and able to find meaning in their lives. In another vanguard paper, Maschkowski, Schäpke, Grabs, and Langen (in press) used the salutogenic model to examine grassroots social
movements focused on consumer sustainability. They concluded that salutogenics helps identify potential levers for sustaining engagement in consumer-related social movements.

Inspired by these two pioneering initiatives, this monograph begins with an overview of conventional approaches to consumer well-being, moves to a general review of salutogenics, and then shifts to an exploratory discussion of salutogenic consumer well-being.

**Consumer Well-Being Concept**

Although defining consumer well-being (CWB) is an open debate (Daskalopoulou, 2014), two leading CWB scholars have defined it as “a state in which consumers’ experiences with goods and services... are judged to be beneficial to both consumers and society at large” (Sirgy & Lee, 2006, p. 43). Sirgy and Lee (2007) further clarified that CWB is “a desired state of objective and subjective well being involved in the various stages of the consumer/product life cycle in relation to consumer goods” (p. 50). However, these well-established definitions were recently faulted for being “too narrow at the macro level” (Xiao, 2015, p. 13).

This purported narrowness exists because the definitions place a heavy emphasis on materialism; lack reference to consumer socialization, and engagement with society; and, negate consumers’ roles in the policy arena (Malhotra, 2006; Sirgy & Lee, 2006; Xiao, 2015). To address the prevailing economic, individualistic, and objective approaches to consumer-well-being, this monograph adds the salutogenic perspective to the mix. It focuses on what promotes well-being rather than what prevents a lack of well-being (Antonovsky, 1996).

**Consumer Well-being Subconcepts**

Sirgy and Lee (2006) tendered four CWB sub-concepts intended to capture the entire consumption phenomenon (but they too remain individualistic in nature). These include (a) process-based CWB, entailing people’s satisfaction with the entire consumption process, from acquisition to disposition. (b) Product-based CWB focuses on people’s perceptions of the impact of their product on various domains of their life (e.g., impact of a cell phone on social, leisure, family, education, health, safety). (c) Community-based CWB presumes that consumers’ well-being will be enhanced if they consume locally, thereby supporting their community. (d) Curiously labelled consumption-based CWB, this concept proposes that consumers’ well-being improves if the product or service they purchase meets the full spectrum of their human developmental needs (akin to Maslow’s Hierarchy of Needs) (see also Sirgy, Lee, & Kressmann, 2006; Sirgy, Lee, & Rhatz, 2007).

**Consumer Well-being Beyond Materialism**

Another CWB trend recognizes that because consumption generates important macro societal impacts (Daskalopoulou, 2014), the enhancement of one’s personal consumer well-being should not come at the expense of others, other species, or the environment (Sirgy & Lee, 2007). In that spirit, Mick, Pettigrew, Pechmann, and Ozanne (2012) defined consumer well-being as improving personal well-being while maximizing social justice, and the fair allocation of opportunities and resources impacting others. Similarly, Ger (1997) conceived consumer well-being as being larger than materialism, encompassing humane consumption. Mick et al. called this transformative consumer well-being, which is “a state of flourishing that involves health, happiness, and prosperity” (2012, p. 6).

Unique to their conceptualization of CWB is practical wisdom, which entails “developing plans and solutions that are well-reasoned and capable of action in regard to matters that are good or bad for humanity” (Mick et al., 2012, p. 9). They coined the phrase “practical consumer
wisdom” (p. xci), with Mick and Schwartz (2012) further explaining that being a wise consumer is more than cost-benefit analysis or knowing one’s personal preferences (similar to Ger’s (1997) humane consumption idea). Being wise is “about perceptive, context-specific judgements with a mission to maintain and enhance well-being” (p. 664) (see McGregor’s (2011) related concept of consumer acumen). Part of this wisdom in the marketplace may include building and sustaining a the salutogenic attitude, which presumes one is able to promote healthy self well-being, and by association improve the well-being of others (see Golembiewski, 2012).

**Salutogenic Theory**

A medical sociologist named Aaron Antonovsky is the founder of the salutogenic theory (i.e., the Sense of Coherence framework). He was concerned with the relationship between health, well-being, and stress. In particular, he was focused on the notion of health promotion, to counter the pathological focus on disease prevention. As noted earlier, he coined the term in 1979, calling it “a conceptual neologism” (Antonovsky, 1996, p. 13), meaning a new word, concept, or doctrine. Salutogenic stems from two words, salutary (Latin salus, healthful and beneficial), and genics (Greek genes, that which produces or causes genesis, meaning emergence or creation) (Harper, 2016; Maschkowski et al., in press). It refers to something that produces or causes health and well-being, so it can emerge and be sustained. Antonovsky defined salutogenic as “the origins of health” (1996, p. 13).

In more detail, Antonovsky (1987, 1996) viewed human beings as a rich, complex system that is inherently flawed. He proposed that people’s responses to the demands placed on them each day help them grow as individuals, and allow them to cope with future stressors. Maintaining that stressors provide life challenges, he advocated that the best way to understand this complexity is with a balance of disease prevention (pathogenic) and health promotion (salutogenic) (see also Becker, Chaney, Shores, & Glascoff, 2015; Becker, Glascoff, & Felts, 2010). Antonovsky countered the prevailing pathogenic approach (focused on harmful disease and illness) with the idea of a ‘health ease/dis-ease continuum.’ He called for research and theory that focus on movement toward the health end of the continuum (Antonovsky, 1979, 1996; Lindström & Eriksson, 2005) (see Figure 1, used with permission from Jan A. Golembiewski).

![Figure 1 Antonovsky’s Salutogenic Theory (used with permission)](image-url)
In brief, a “salutogenic orientation ...directs both research and action efforts to encompass all persons, wherever they are on the continuum, and to focus on salutary factors” (Antonovsky, 1996, p. 14); that is, on healthful and beneficial factors. As well, from a moral standpoint, he argued that a salutogenic orientation must relate to all aspects of the complex person, and do so from the perspective of “a community of persons” (1996, p. 14) who are experiencing a similar set of life conditions. His approach to salutogenics involves two key concepts: (a) generalized resistance resources (GRRs), in relation to generalized resistance deficits (GRDs); and, (b) a sense of coherence (SOC) (Antonovsky, 1979, 1987, 1996) (see Figure 2).

Figure 2 Simplified Generalized Resources and Sense of Coherence

Generalized Resistance Deficits (GRDs)

From a salutogenic perspective, stress is understood to be omnipresent (i.e., everywhere, all at once), and not just a sporadic feature of, or an absence from, one’s environment (Antonovsky, 1987). In order to be healthy, and to increase their ability to adapt, people must be able to deal with stress (a state of mental, emotional or other strain). Antonovsky recognized the concept of generalized resistance deficits (GRDs). The term generalized is a pathology-related term referring to something that has spread throughout the entire system. It has become systemic, affecting the whole system (systemic is a medical term for the general symptoms of an illness).

GRDs are understood to be forces that erode people’s ability to cope with stress. These forces have become part of their entire system (i.e., generalized). The term deficit is used because the presence of these forces means people lose the ability to deal with stress (deficit means insufficient). There are no absolute GRDs, but they typically occur as underloads or overloads on people’s stress levels. Examples of GRDs include low self-esteem, isolation, low social class,
cultural instability, low material resources, and poor health (Ellery & Ellery, 2015).

**Generalized Resistance Resources (GRRs)**

Asserting that salutogenics is a resource-oriented concept, Antonovsky (1987) developed the concept of *generalized resistance resources* (GRRs) to balance the pathological notion of GRDs. “GRRs are resources which facilitate effective tension management [emphasis added] in any given situation” (Smith, 2007, p. 46). Examples of GRRs include money, ego-strength, social networks and support, knowledge, experience, hardiness, and learned resourcefulness (Lindström & Eriksson, 2006).

Strümpfer (1990) further classified GRRs as: (a) physical and biochemical; (b) potentiators (money, power, status, services); (c) cognitive (intelligence, information); (d) emotional (ego); (e) interpersonal; and, (f) macrosociocultural (culture, society, religion). When people regularly experience the availability of GRRs, a strong sense of coherence (SOC) develops (i.e., a disposition to understand, control, and persevere to deal with the situation), to be discussed shortly (Mlonzi & Strümpfer, 1998). A high sense of coherence means a strong belief in available coping resources. When the GRRs are insufficient, people cannot cope well with life stressors (Smith, 2007).

By helping people resist dis-ease and support better health, these tension management resources ensure movement toward the health pole along the health ease/dis-ease continuum. Their use leads to an accumulation of life experiences by which people learn to identify internal and external resources, and use and re-use these resources to realize their life’s aspirations, and to meet life’s stressful challenges through readjustments (Eriksson & Lindström, 2007). GRRs are the stock pile of properties of a person, collective, or a situation that facilitates successful coping with the inherent stressors of human existence. They can be internal or they can lie in the social environment, and they can be material or non material in nature (Ellery & Ellery, 2015; Harrop, Addis, Elliott, & Williams, 2007). Using these resources fosters repeated life experiences that give people strength, and help them see the world as making sense (Antonovsky, 1996).

**Sense of Coherence (SOC)**

It is one thing to have resources at one’s disposal, or in the immediate environment, and quite another to have the ability and inclination to perceive and use them. Doing so gives people a better chance of dealing with the challenges of life (Lindström & Eriksson, 2006). People are more inclined to find and use GRRs if they have a strong sense of coherence (SOC) (meaning logical, orderly, and consistent) (see Figure 2). With coherence, people develop an overall sense of understandability of their world, and their circumstances (Eriksson & Lindström, 2008). SOC “relates to the way in which human agents make sense of their world, use the required resources to respond to it and feel that these responses are meaningful and make sense emotionally” (Harrop et al., 2007, p.7).

A sense of coherence is “a personal resource which develops over a life-span and crystallizes in early adulthood” (Smith, 2007, p. 45). To explain, each life transition is an opportunity to mobilize resources such that the situation is manageable. This success can be tucked under the proverbial belt, shoring up people for their next stressful life challenge (Becker et al., 2010; Eriksson & Lindström, 2008; Smith, 2007). Over time, as the stockpile of resources builds, people develop an attitude, which in itself is an essential coping tool (Antonovsky, 1979), with negative life experiences lessening this attitude.

Antonovsky (1996) further explained that a SOC is “a generalized orientation toward the
world which perceives it, on a continuum, as comprehensible, manageable, and meaningful” (p. 15). In more detail, when confronted with a stressor, a person with a strong SOC will (a) be motivated to cope (believe the challenge is worthy of engagement and is meaningful); (b) believe that the challenge being faced is comprehensible (predictable, explicable); and, (c) believe that the resources to cope with the situation are available (manageable) (Antonovsky, 1979, 1987).

**Meaningfulness.** A stressful situation is meaningful to people if they perceive it as challenging, worthy of their attention, and if it merits engaging with the stress to mitigate or ameliorate it. People have a developed sense of meaningfulness if they believe that things in life are interesting and offer a source of satisfaction, that things really are worth it, and that there is a good reason or purpose to care about what happens. If a stressful situation is meaningful, people are motivated to address it. They respond to stressful situations by seeking meaning, and they believe the events should be overcome with dignity because what happens does matter to them, as do the people and other issues affected by the outcome (Antonovsky, 1987). According to Antonovsky (1979), meaningfulness is the most important element in a sense of coherence, relative to comprehensibility and manageability. If people believe there is no reason to persist and survive so as to confront challenges, they will have no sense of meaning; hence, no motivation to comprehend or manage the event.

**Comprehensibility.** To comprehend something is to grasp what is going on, to understand the circumstances. Within the salutogenics approach, comprehensibility pertains to the belief that one has correctly understood the challenge being faced. It refers to the way people perceive information they are being exposed to pertaining to the stressful situation. People with a low sense of comprehension perceive information about their immediate situation as disordered noise, making it very difficult to make sense of it, or perceive it as meaningful. People with a high sense of comprehension believe that life happens in an orderly and predictable manner, and that they can understand events in their life, reasonably predicting what will happen in their future. They perceive information as structured, ordered, consistent and clear (i.e., coherent), even if life events come as a surprise. They are able to deal with the stressor because they are confident in their ability to make sense of the stimuli (internal and external) deriving from their environments (Antonovsky, 1987, 1996).

**Manageability.** Manageability is about control, being able to succeed despite difficulties. Within the salutogenics approach, manageability refers to people’s perceptions that resources are at hand that can be used to meet the demands of the problematic or challenging situation (Antonovsky, 1987). People with a highly-developed sense of manageability believe they have the skills and abilities, the support, the help and/or the material and non-material resources that are necessary to take care of things. They also have learned to believe that things in life are manageable, are within their control, and that they can handle the consequences of any life event. Life challenges are welcomed because they provide opportunities to learn, grow, and mature (Antonovsky, 1987). The feeling that one is in control of one’s life circumstances and one’s environment is very fortifying while the feeling that one is out of control is totally disempowering (Golembiewski, 2010). People with a low sense of manageability tend to believe that life is not fair, they are victims, and they cannot cope with life’s difficult situations and crises (Antonovsky, 1987).

**Summarizing sense of coherence.** Antonovsky (1996) explained that his approach to the concept of a sense of coherence is a unique contribution to health promotion theory. He
combines the concepts of cognitive (comprehensibility), behavioral (manageability), and motivational (meaningfulness). This approach pushes beyond the conventional, singular concepts of locus of control, self-efficacy, the will to live, empowerment, and problem solving. Succinctly, “people have to understand their lives..., perceive that they are able to manage the situation and deepest and most important perceive it is meaningful enough to find motivation to continue” (Lindström & Eriksson, 2006, p. 241).

“Under normal circumstances people have a great deal of ability to adapt to new surroundings- even in stressful situations- and such changes can actually support the overall robustness of well-being. However, [when a general sense of coherence is eroded] – when meaning, control and comprehensibility are lost – resistance to [dis-ease] weakens..., often creating a vicious circle of increased vulnerability and anxiety” (Golembiewski, 2010, p. 114). Lindström and Eriksson (2006) described a sense of coherence “as a ‘sixth sense’ for survival” (p. 241). They described GRRs as resources “that lead to life experiences that promote a strong SOC - a way of perceiving life and the ability to successfully manage the infinite number of complex stressors encountered in the discourse of life” (p. 241).

A sense of coherence “reflects a person’s view of life and capacity to respond to stressful situations. It is a global orientation to view life as structured, manageable, and meaningful or coherent. It is a personal way of thinking, being, and acting with an inner trust, which leads people to identify, benefit, use, and re-use the resources at their disposal” (Lindström & Eriksson, 2005, p. 441). This salutogenic effect moves people along the health/dis-ease continuum toward the health pole, toward an optimal state of well-being and quality of life (Becker et al., 2010; Golembiewski, 2010). Golembiewski (2012) noted that “salutogenic theory treats the state of well-being as a continuum, with death at one end and a more meaningful, more fulfilled, more connected life at the other” (p. 77), see Figure 1.

**Consumer Stress**

Both generalized resistance resources (GRRs) and a sense of coherence will now be applied to reconceptualize consumer well-being as salutogenic consumer well-being (to balance the longstanding pathogenic, individualistic, objective approaches to consumer well-being). But, given that the salutogenic approach is founded on the link between stress and well-being, as a conceptual preamble, the notion of consumer stress will be examined. Stress in general has a large impact on well-being (Moschis, 2007). However, stress, as it relates to consumer behaviour and consumer decisions, is an under researched phenomenon (Moschis, 2007), virtually ignored by consumer researchers (Mathur, Moschis, & Lee, 2006). Yet, consumer behaviour is inherently stressful with the potential to profoundly affect objective and subjective well-being. For clarification, subjective well-being is internal, and refers to human and spiritual well-being associated with one's personal characteristics and features. Objective well-being is external, focused on one’s perception and evaluation of human society (Alatartseva & Barysheva, 2015).

Stress is an inevitable part of being human; what matters, however, is how people cope with it (deal effectively) (Antonovsky, 1979; Lazarus & Folkman, 1984; Moschis, 2007). Stress refers to a state of mental, emotional, or other strain (understood to mean excessive and severe demands upon someone). Stress stems from life conditions, situations, or events that portend change, which requires readjustments. For clarification, acute stress refers to discrete, observable events or situations (i.e., life events, life transitions, natural disasters, or accidents, with degrees of predictability) that require adjustments in a relatively short span of time (e.g., buying a house.
Chronic stress is continuous and persistent over a long period of time, necessitating adjustments over prolonged periods (e.g., a disabling injury that interrupts income flow and purchasing power). Both acute and chronic strains lead to stress, with the former more short lived than the latter (Mathur et al., 2006; Moschis, 2007). Also, some view stress as a set of psychological processes and reactions rather than a demand from one’s environment (Moschis, 2007).

An event is perceived to be stressful when people believe it taxes or exceeds existing resources at hand to deal with it (cope). Coping involves any cognitive and behavioural effort to manage stress (i.e., tapping available resources), regardless of how well or badly the coping effort works out (Lazarus & Folkman, 1984). It refers to any thoughts and actions that enable people to handle difficult situations (Mathur et al., 2006; Moschis, Lee, & Mathur, 2005). Coping strategies include information seeking, problem solving, avoidance, tension-reduction behaviours, social support, professional help, reframing the situation, and religiosity (Stone, Helder, & Schneider, 1988). Lazarus and Folkman (1984) further characterized coping strategies as problem-focused, and emotional-focused. The former manages the stressful situation, and the latter manages the attendant emotions.

Within the context of consumer behaviour, Moschis (2007) speculated that consumption-related stress presents only in consumption situations that are important to consumers; that is, acute stress. But, this monograph proposes that living in a consumer society leads to chronic stress. Furthermore, an acute stress can exacerbate any ongoing chronic stress and vice versa (Moschis, 2007). For example, people living in a consumer society feel constant pressure to define themselves by what they own (materialism) (McGregor, 2010). This pressure places relentless strain on consumers (whether they are aware of it or not). This is a form of chronic stress. If consumers become indebted while trying to cope with the pressure of buying things to define themselves, the debt represents acute stress, which in turn exacerbates the chronic stress of materialism. It becomes a vicious circle.

To continue the example, from a pathological perspective, consumer laws have been passed to rehabilitate debtors, ideologically assuming they are financially ill, and in need of treatment. It is assumed that their well-being is in jeopardy because they are not financially healthy. Presumably, their behaviour has deviated from the expected norms of a consumer society; that is, be a good consumer and spend money. They have a disease, defined as an impairment of health, and they need to be returned to a former state of good health; that is, rehabilitated so they can resume spending. This word rehabilitate actually appears in consumer bankruptcy and insolvency legislation (McGregor, Klingander, & Lown, 2001).

To further confound matters, life stress can lead to unhealthy consumer behaviour, and unhealthy consumer behaviour can lead to life stress. Respectively, people consume to deal with stress or their consumption causes them stress (Moschis et al., 2005). To illustrate, people buy status products to deal with peer pressure and expectations. If, in this process, their spending exceeds their income, their consumption can cause them stress from indebtedness and insecurity. So, not only is their economic well-being now compromised, but so is their emotional, and likely physical, well-being. Consumption-related stress makes people ill, and ill at ease. Again, from a pathology perspective, an entire industry has sprung up to deal with this pathological phenomenon, the credit and financial counselling industry.
Conceptualizing Salutogenic Consumer Well-Being

Salutogenics is concerned with the manner in which people successfully and positively function and cope with daily living given the complex stressors that inhibit progress toward health and well-being (Smith, 2007). In a complex and stressful consumer society, consumption is the crux of daily living. McGregor (2014) estimated that people enter into at least a million consumer transactions over the span of their lifetime. The magnitude of stress inherent in this aspect of daily life is staggering and profound. Finding a positive way to theoretically and conceptually reframe consumer well-being within this reality is long overdue.

Figure 3 represents preliminary, exploratory musings about what might comprise salutogenic consumer well-being reflecting an integration of SOC, GRRs and GRDs, and consumer stress. Salutogenics provides a way for consumer researchers to rethink how they conceptualize consumer well-being. Being well in one’s role as a consumer can now be framed as being dependent on how people (a) build confidence to recognize and address the stress inherent in consumer situations (i.e., gain strength and a positive outlook); and, (b) use available resources to cope with, adapt to, and manage this stress. Using the salutogenic consumer well-being framework, new assumptions emerge for studying the phenomenon of consumer well-being (see Table 1) (not the same thing as research hypotheses, which can be operationalized). To clarify, this is a concept paper, and concepts and constructs are theoretical variables grounded in a combination of facts and assumptions that have not yet been tested (Castro-Palaganas, 2011; Imenda, 2014).

Figure 3 Components of Salutogenic Consumer Well-Being
Table 1 Salutogenic-informed consumer well-being concepts (italics)

Undergirded by salutogenic theory, it is suggested that consumer well-being:

- can be enhanced when people legitimize the ubiquitous consumer stress in the contemporary marketplace
- can be improved when people develop a consumer tension management-orientation toward their stressful consumer world
- can be conceived as comprising inherently interdependent acute and chronic consumer stress
- is affected by people’s system of consumer generalized resources, which support and/or sabotage them when they confront consumer stress (pathology defines generalized as spreading throughout the body, or the whole system)
- can be viewed as comprising a salutogenic consumer attitude (i.e., people view their marketplace behaviour through a health promotion lens)
- can be conceptualized as a salutogenic consumer well-being continuum (rather than product or service dependent). Peoples movement along this continuum (consumer illness or consumer wellness) is predicated on their evolving consumer maturity, referring to someone who is willing and able to acknowledge and manage marketplace-dependent stress and access resources to deal with it
- can be improved when people develop a sense of consumer coherence in the marketplace (i.e., they believe that some consumer scenarios are stressful, and that they can be meaningful (worth paying attention to), comprehensible (able to be understood and appreciated as a stressful situation), and manageable (resources are available to cope with this consumer stress)
- can be enhanced when people use their marketplace coherence to correctly read the marketplace (actually recognize stressful situations), adjust to these situations, and accumulate positive consumer life experiences (stock pile resources for the future) This stockpile increases resources to resist consumer stress, and minimizes the perpetuation of consumer life resource inventories that stymie stress reduction

Per Table 1, researchers can assume that people who hold a strong sense of coherence have the ability to bring available resources into play to address (cope with, adapt to, and manage) the challenges and stressors they face in the marketplace. Over time, the use of these resources provides consistent consumer life experiences that promote the development and maintenance of a strong sense of coherence in the marketplace, supported by feelings of comprehensibility, manageability, and meaningfulness. Furthermore, consumers will believe they can cope with, adapt to, and manage the stress inherent in the marketplace. This stress-coping ability and adaptive attitude enhance their consumer well-being, moving them along the continuum.

In response to cumulative, positive marketplace experiences, stemming from successful use of GRRs, people will develop an attitude that in itself is an essential tool for future stressful consumer scenarios. They will gain a sense of confidence that their environment is predictable,
that the stressful consumer scenario is worth addressing, and that there is a good chance that things will work out as well as can be reasonably expected. They will have a stockpile of tension management resources at their disposal (GRRs), and will draw on their inner sense of coherence (a personal resource), understood to be their orientation toward the consumer world. This orientation respects the meaningfulness, comprehensibility, and manageability of consumer scenarios, positioned along a continuum.

In more detail, respecting the role of GRRs, it is assumed that consumer well-being is increased when people are able to recognize, stockpile, and draw upon an array of stress-management resources, including their physical health, money, power, intelligence and information, a healthy and balanced ego, interpersonal assets, and supportive cultural, societal, and faith connections. Salutogenics is a resource-oriented concept, meaning consumer well-being becomes a resource-oriented concept. Resources that draw people toward the health-end of the continuum enable consumers to resist stress by making sense of and managing their consumer experiences and events. Repeated use of these well-being-enhancing resources leads to an accumulation of consumer experiences whereby people become convinced they can realize consumption aspirations and meet consumer stressful challenges through readjustments (i.e., adaptability and change management).

Regarding the construct of a sense of coherence (SOC), it is assumed that consumer well-being will be enhanced when people can see stressful purchasing situations as meaningful. This means they will perceive them as challenging, worthy of their attention, and believe the situation merits engaging with the stress to mitigate or ameliorate it (meaningful). Consumer well-being will be enhanced when people can correctly understand the challenge being faced, and are able to deal with the stressor because they are confident in their ability to make sense of the stimuli (internal and external) deriving from their consumer environments (comprehensible). Finally, consumer well-being will be enhanced when people believe they can manage the consumer stress. They perceive that resources are at hand, which can be used to meet the demands of the problematic or challenging consumer scenario. Moreover, their well-being is ensured when they can welcome consumer challenges because the latter provide opportunities to learn, grow, and mature as a consumer citizen (manageable).

Succinctly, salutogenic-informed consumer well-being holds that in order to increase well-being, people have to understand their own consumer lives, and they have to be understood by others. They have to perceive that they are able to manage stressful consumer situations, and believe there are resources at hand. And, they have to perceive the consumer scenario as meaningful enough to find motivation to continue dealing with the stress attached to the situation.

Moreover, a salutogenic framing of consumer well-being applies to both acute and chronic consumer situations. As an example regarding acute consumer stress, consider the environmental footprint left when journeying to a destination. Salutogenic consumer well-being holds that consumers have to first perceive this as a stressful consumer situation; that is, they have to believe their well-being will be compromised if they do not effectively deal with the stress inherent in making this consumer decision. Their well-being will also be affected by their ability to make sense of the complex myriad of information (pros and cons) about whether to fly, take a train, boat or ferry, drive, walk, use public transportation, or not journey at all. Then, they have to perceive there are resources at hand to manage the tension that is associated with making
this decision. And, they have to believe that this decision will help them grow and mature as a person. All of these factors amount to movement toward the health pole of the salutogenic consumer well-being continuum.

On the other hand, chronic stress is continuous and persistent over a long period of time, necessitating adjustments over prolonged periods. Living in a consumer society is an example of chronic stress, which has a profound impact on consumer well-being. Salutogenic consumer well-being holds that until people view living in a consumer society as a stressful phenomenon, they cannot adequately deal with the tensions that build over time, taxing their mental, physical, and financial health. Furthermore, well-being is severely compromised if they are unable to make sense of the nuances of a consumer society (i.e., alienation, disenchantment, identity issues, dissatisfaction, and false relationships). Without these insights, they lose the ability to perceive and draw upon the GRRs at hand to deal with the stressors of a consumer society.

To continue, without a sense of coherence, it can be assumed that their well-being declines, exacerbated by their inability to view life in a consumer society as rich with opportunities to learn about themselves, and to mature. This scenario places people toward the dis-ease pole of the salutogenic consumer well-being continuum. People are not at ease in a consumer society (McGregor, 2010). When experiencing dis-ease, people’s consumer well-being declines. The chronicity of this stressful situation is pervasive and compelling. As Golembiewski (2010) explained, when meaning, comprehensibility, and control are lost, resistance to dis-ease weakens, and a vicious circle ensues, replete with increased vulnerability and anxiety. To deal with the chronicity of living in a consumer society, the focus has to shift to what promotes healthy consumer well-being instead of what causes disintegration or lack of well-being (see Table 1).

**Salutogenic Continuum**

To bring the discussion full circle, the salutogenic approach to consumer well-being augments conventional approaches to defining consumer well-being. The latter focus on people’s satisfaction with all stages of the consumption process for a product or service, their perceptions of the impact of the product or service on various aspects of their life, the ability of the product or service to meet their basic needs, and their ability to support their local community thorough purchasing said product or service (Malhotra, 2006; Sirgy & Lee, 2006; Sirgy et al., 2006, 2007).

However, more than being a desired state of objective and subjective well-being in relation to the consumer good or service in question (Sirgy & Lee, 2007), salutogenic consumer well-being expands the concern to well-being as it relates to consumer stress in general. This moves above and beyond constricting well-being to an individual’s discrete purchase by placing well-being on a health-dis-ease continuum. For clarification, a continuum is a continuous sequence in which adjacent elements are not perceptibly different from each other, but the extremes are quite distinct. The concept of a continuum assumes that people can move through a gradual transition from one condition to a different condition, without any abrupt changes; yet, change still occurs (see Figures 1 and 3). Bringing this assumption to consumer well-being is a conceptual innovation.

**Summary and Discussion**

Salutogenics is described as a sixth sense of survival that generates well-being-promoting abilities (Lindström & Eriksson, 2006). Salutogenic consumer well-being encompasses resources that lead to consumer life experiences that promote a strong sense of coherence. This sense of
survival in the marketplace involves a way of perceiving life, and of being able to successfully cope with, adapt to, and manage the infinite number of complex stressors encountered in the discourse of consumer life. Accepting that human beings comprise a rich, complex system that is inherently flawed (Antonovsky, 1987) (especially in the consumer arena, see McGregor 2008, 2010), salutogenics reframes consumer well-being as the responses to the consumer demands placed on people each day that help them grow and mature as individuals, and allow them to cope with future consumer stressors.

The salutogenic approach enables consumer scholars to place people on a consumer well-being continuum, and then act accordingly to understand people’s predispositions and abilities to cope with, adapt to, and manage the stress of modern day consumption. At one end of the continuum, people could be viewed as well (a condition of prosperity and comfort), and predisposed to view their consumer life in a positive, affirming, educative light. They could also be viewed as the polar opposite, as disadvantaged marketplace players, with the inability to perceive adequate stress-management resources, and no inclination to manage the situation.

Or, people could view consumption as totally disconnected from their well-being, thereby perpetuating chronic consumer stress by living in denial of any links between health, stress, and consumer well-being. “The beauty of the conceptual world of the salutogenesis is its dynamic and flexible approach and the persistent focus on ability and capacity to manage. ... It is a major life orientation always focused on problem solving [and adaptation]” (Lindström & Eriksson, 2005, p. 440).

Although still in the conceptual stage, consumer scholars may be interested in how the concept could be empirically measured in future research using validated and reliable instruments. One suggestion is to draw on the validated multidimensional Salutogenic Wellness Promotion Scale (SWPS). This instrument measures engagement in health-promoting actions in the physical, social, spiritual, intellectual, vocational, environmental, and emotional areas of life. Currently, the use of salutogenesis to create assessments of well-being entails measuring for factors that create or are precursors to physical, mental, and social well-being (Becker et al., 2015). Consumer scholars could add consumer well-being to the mix, and work toward validating a new SWPS that reflects the well-being of consumers. Malhotra (2006) advised that researchers ‘in the [CWB] field need to be confident that the measures they are using are valid and reliable” (p. 79). The same holds for policy makers, educators, and other consumer-related actors.

**Conclusion**

The pathological consumer society is not healthy. People’s consumer lives induce stress, requiring stress management efficacy and positive-oriented attitudes, which impact their well-being. Their future consumer well-being is affected by their past, cumulative success (or not) when encountering consumer-related stress. This relationship implies that consumer scholars need to conceptualize, and then theorize this phenomenon. In that spirit, this concept paper tendered the idea of salutogenic consumer well-being. Consumer scholarship can benefit from this conceptual innovation. Salutogenic refers to anything that causes consumer well-being to emerge and be sustained. The salutogenic consumer well-being concept reframes CWB as falling on a health/dis-ease continuum, with the health pole representing people who are resilient, adaptive, resourceful, knowledgeable about their consumption situations, and able to find meaning, and sustained success and maturity in their consuming lives.
Malhotra (2006) asserted that “we need a theoretical framework for conceptualizing constructs such as CWB [which] should be supplemented and integrated with relevant theories... from various disciplines” (p. 78). This concept paper proposed salutogenic theory (from the health discipline) as a viable option for enriching understandings of consumer well-being, using the new concept called salutogenic consumer well-being (see Table 1 and Figure 3).

References
Dauber, D. (2014 January 13). What is the difference between a research article and a concept paper? [Web log post]. Retrieved from https://www.researchgate.net/post/What_is_the_difference_between_a_research_article_and_a_concept_paper

European Health Psychology Society. (2014). *Instructions for authors.* Retrieved from EHPS website:
http://openhealthpsychology.net/index.php?option=com_content&view=article&id=248&Itemid=326


http://www1.american.edu/dgolash/conceptpap.htm


Smith, G. (2007). The psychofortology of post-graduate learners in the Faculty of Health

