

ENGLISH ABSTRACTS
ENGLISCHE ZUSAMMENFASSUNGEN

ABSTRACTS

TEODÓRA TOMCSÁNYI, ROGER CSÁKY-PALLAVICINI, GÁBOR ITTZÉS, GÁBOR SEMSEY & PÉTER TÖRÖK (p.25)

Health Promotion Strategy and Primary Prevention Program at Semmelweis University: In contemporary societies, health is widely recognised as the most valuable personal asset. It has undergone significant reconceptualisation in recent decades, of which the *Ottawa Charter for Health Promotion* (1986) is a major document, advocating empowerment and community mental health thinking. Such concepts have fallen on fertile ground in East Central Europe, where a veritable community mental health promotion movement has sprung up, soon developing institutional means of disseminating the novel views. A discussion of the East Central European scene is introduced by an overview of the emergence and key elements of community mental health thinking and of the possible levels of corresponding intervention. An examination is offered of the deforming effects of dictatorship on community mental health, using the related notions of salutogenesis and sense of coherence to deepen the analysis. An exemplary graduate program was developed and established in Hungary even before the *Ottawa Charter* stated its directive on training. It is designed not so much to convey specialised knowledge as to impart a set of skills and competencies through which helping professionals are better equipped to practice their primary vocation and promote the mental health of the wider community. The program's goals, contents, structure and specific features are described in detail, emphasising knowledge of self and society, multidisciplinary, a holistic approach and society building.

Keywords: added knowledge, community mental health promotion, East Central Europe, graduate training program, Hungary, mental hygiene movement, multidisciplinary, primary prevention, salutogenesis, sense of coherence (SOC)

SÁRA JEGES & KÁROLY VARGA (p.45)

Unravelling the Mystery of the Sense of Coherence: This study reports the validation of Antonovsky's 29-item "Sense of Coherence" (SOC) scale through health criteria with the help of a representative survey of 1,400 people. The dependent variables were the score data of self-assessment of health, vegetative lability and chronic diseases, which were combined into the index of the Ease/Dis-Ease Continuum (EDEC). SOC significantly predicts place on the EDEC scale. We also found SOC predicting, in some cases, with a strength surpassing that of health criteria, the criterion data of well-being indices (cognitive satisfaction, affective happiness). Thirdly, the attitudinal and value system contents of SOC were explored through convergent validation, finding among them responsibility-taking – an element of the entrepreneurial attitude – and the integrative Maitreyan value, the proactive Promethean value and the Christian value, which fosters mutual social support. We sketch a further research task within the topic of Sense of Coherence as a group property: an examination, and a project for the development of, the SOC level of the

Hungarian national community. For this purpose we have validated the 6-item version of the SOC scale.

Keywords: chronic conditions, Ease/Dis-Ease Continuum, entrepreneurial attitude, health, quality of life, Sense of Coherence, social support, (subjective) well-being, value system, vegetative lability

MARTIN JÄGGLE (p.73)

Intercultural Communications: Globalisation – that has to be viewed critically as an ambivalent phenomenon with all its positive and negative features – is both a cause and a context of interculturality and transculturality. The effects of globalisation are, however, always elaborated at local levels: the encounter of the global and the local is often referred to as “glocalisation”. This term is also indicative of the need for a new, more differentiated view of culture. In the era of cultural plurality, it is interculturality and the permanent change of various societal and cultural identities that can be regarded as normal phenomena; a process in which cultural diversity entails mutual interdependence. Accordingly, intercultural communication, in the sense of communicational conciliation along societal interpretations, is conditional upon the perception, acceptance and recognition of cultural differences, and the possible avoidance of cultural attributions and typifications. Therefore, in the light of globalisation, migration, pluralisation of styles of living, identity diffusion and risk society, intercultural competence is a key competence that implies both social and communicational competences, such as the acceptance of the perspective of others and migration-specific knowledge.

Keywords: exclusion vs. inclusion, experience of strangeness, globalisation, ‘glocalisation’, intercultural competence, ‘(inter)cultural self-reflection’, interculturality, migration, ‘transculturality’, understanding and its limits

GYULA KASZÓ (p.91)

The Pastoral Counsellor at Work in the Prison: System Theory Considerations: Pastoral counsellors working in penal institutions try to fulfil their function within a problem – and conflict – laden composite system. To gain comprehensive insight into the nature of the issue, a system theory approach is used to map the nature of challenges addressed by the prison (as system) to those who take pastoral care in penal institutions (in Hungary). The prison pastoral counsellor is, by necessity, a part of two different complex systems. In this context, he must develop a communication system of his own, which allows him to be interactive in two ways, that is, to move consciously and dynamically between “Church” and “Law Enforcement” as Systems. Recognising and employing possibilities offered by dynamic interaction may contribute to the conscious shaping of pastoral counsellor identity.

Keywords: identity, law enforcement, prison pastoral care, prison pastoral counsellor, system, system theory

ADINA REBELEANU (p.109)

Health – The Most Important Dimension of Life Quality? A Rumanian Case Study:

In the last decade's literature it has become clear that in order to adequately understand people's quality of life it is necessary to use a set of indicators as different as possible. They have to include not only the global indicators, but also aspects that concern households, families and personal life, including the subjective dimension of current conditions, the degree of satisfaction felt as well as dissatisfaction and frustration. The idea of approaching health as a social phenomenon is on the ascendancy. One should not forget the fact that the social welfare of the population is often a precondition of somatic health. Neglecting or ignoring the social pathology aspects inherent to a society (unemployment, poverty, high crime rate, different family dysfunctions, alcoholism, etc.) or treating them in isolation, any health strategy shall only partially reach its major objective, the improvement of the population's health status. Although health reforms aim to increase the quality of health services, to raise the health status of the population, to reduce health disparities, Rumania had the lowest life expectancy among the ten East and Central European countries that applied for EU membership before 2004. The incidence of tuberculosis decreased until the mid-80s and then started to increase again. More than a decade after starting the reforms in the economic and social areas, and five years after beginning experimenting with the social health insurance system, Rumanians are most afraid of disease.

Keywords: health insurance, health perception, health status, health system, life quality, reform, subjective well-being, transition

PÉTER BÜKI, MIKLÓS VECSEI & MIKLÓS KOHÁNYI (p.125)

'Host Village' Program: Societal Reintegration of Homeless Families in Rural Environments (Initial Experience in the Village of Tarnabod, 2004–2006): The paper presents an alternative method of social care, still in the phase of model experiment. The method is effective both for homeless families or those threatened by housing problem, and for the reviving of deprived rural settlements. This model experiment is twofold in nature: it may alleviate the homelessness problem on the one hand, and contribute to community social work on the other. The paper briefly outlines the background and the evolvement of the model experiment as embedded in the history of the homelessness problem in Hungary in the period after the collapse of communism (since 1990). As a "social diagnosis", the Host Village, that is, Tarnabod in Heves County, and its inhabitants are presented. Then the main milestones of our practical work are reported from the village bus, through the launch of household farming, to the opening of a manufacturing plant in the village. Finally, we mention our plans for the future. In sum, the main pillars of the Host Village Model Experiment are social work, settlement development, employment policy, and, to some extent, rural development and agriculture as a result of the cooperation of several civil organisations and a local village government.

Keywords: community social work, cooperation of civil organisations and local village governments, deprived settlement, homeless families, settlement development, social work with families with multiple problems