

# SALUTOGENIC COMMUNITY BUILDING

Khamphira Viravong

Computer Science Department, University of Oslo  
Postbox 1080 Blindern, 0316 Oslo, Norway  
khamphiv@ifi.uio.no

## ABSTRACT

This paper explores a new approach to community building. It is based on the concept of *salutogenesis*; a proactive approach to community health which seeks preventative measures instead of the traditional reactionary corrective and curative culture of public health care. Increasingly organizations are concerned with sustainable healthy work forces but they often lack a coherent mechanism for doing so. Salutogenesis focuses on the ability of coping, social cohesion and community development by increasing health and social capital. This critical-interpretive research is based on data collected in a 9 month ethnographic study of social workers, health professionals and information technologists of a Norwegian-based non-government organization involved in community health promotion. The main aim was to develop a well-formed understanding of the three salutogenic criteria; comprehensibility, manageability and meaningfulness in terms of community building processes. It was found that collaborating, planning (and organizing), and defining (a vision for) the community were the key areas of salutogenic community building. The other incentive was the adaptation of process philosophy into a coherent conceptual framework for modeling practices. It is an action-based world view and focuses on the context of change and action. As such, my contributions are two-fold; the identification of generic salutogenic practices in community building, and a research framework founded on process ontology. This paper offers an explanatory account of salutogenic community building at a fundamental level and a non-compositional, non-substance semantico-ontological framework is put to use.

## KEYWORDS

Community Building, Information Design, Contextual Semantics, Process Ontology, Methodology.

## 1. INTRODUCTION

Traditional interpretive research has an information use or passive-recipient view of Information Systems (IS) (Schultze, 2000) and Information Design (ID) (Karabeg, 2003). This view of information is inadequate and misleading (Karabeg, 2003). It is misleading as it results in a ‘paradoxical convenience’ (Karabeg, 2003). In stark contrast, information creation or design is vital for transpiring our dynamic and social reality (Karabeg, 2002). Although the object-based world view is structured, it is metaphysically inconsistent (Seibt, 2001). Much of the inconsistency is due to one ontological presupposition. This limited world-view (ontology) causes conflicts in content, structure and therefore, implementation. Not surprisingly, the notion of ‘ontological mismatches’ is widespread. Even though computational ontologies are hierarchical data structures containing some of the relevant entities and their relationships and rules, they remain interpretive propositions based on particularistic epistemologies which are *ontological commitments*. According to Gruber (1993), ontological commitments “communicate a domain of discourse without necessarily operating on a globally shared theory.” The limitation and root problem of IS is the presupposition of compositional-substance ontologies; object-oriented analysis and design. This is the predominant culture or world view in IS. Similarly, public health care systems focus on the identification (and eradication) of the objects or causes of ill health; the pathogens which may be cured or corrected by treatment. However, the focus on the one cause (object) of ill health at the one instance overlooks health as a continuum.

The problem with interpretive IS research is its dependency on particularistic epistemologies and substance ontology. It is a strong form of *cultural relativism* and it means that all science is nothing more than ethno-science (Spiro, 1986). If we are to accept these suppositions, we cannot purport to draw any valid or nonvacuous generalizations (Spiro, 1986). Furthermore, such *epistemological relativism* is only true in the

relativists' own conceptual framework. However, in IS research we are interested in modeling the 'real world' and gaining *epistemological objectivity*; valid and nonvacuous knowledge. Furthermore, things are only true or objective only if it exists independently of the human mind. This is *ontological objectivity* and is the *sine qua non* for epistemological objectivity. Accordingly, epistemologically objective research begins with ontological realism. Information Theory is a cynosure of this form of realism, insofar as it presupposes that information is an objective and mind-independent entity since it can be generated or carried by words (words and sentences) or other products of mind-endowed, reasoning beings (*Cambridge Dictionary of Philosophy*, pp.435). It is precisely the mind-independent nature of information which gives it such flexibility and versatility in its representation.

Even though process philosophy offers a basis for identifying metaphysical reality with change and dynamism (beyond a world of objects), its acceptance, understanding and use in IS research is limited. In process ontology, the fundamental element of the universe is 'occasions of experience' (Whitehead, 1929). Subsequently, an alternative view of 'concrete objects' is successions of these occasions of experience (sequences of processes or activities). As such, process philosophy is an *exegesis* of the real world as characterized by experience. Thus, all parts of matter involve mind as they are perceived and understood in human consciousness and not of anything independent of human consciousness. Nonetheless, there are very few examples of the process ontological approach in IS. One reason for maintaining the metaphysically questionable object-based world view is simplicity, in modeling and therefore implementation. However, object-based models and design will never capture the essence of our social reality since it negates the experiential dimension of the *social nexus* of the cultural, economic and political *milieu* (Pomeroy, 2000).

Unlike the predominant cultures who celebrate with unreserved euphoric mania 'the miracle of medicine' and 'the free market,' I am more reserved and critical of the curative, corrective culture of public health care and capitalism, since they are fundamentally part of the same social nexus (Pomeroy, 2000) – object-based or commodity-based world views. There has been a steady decline of the healthy workforce (Tellnes, 2005) and social capital (Putnam, 2000), in spite of the advancements in the free market and medical technology. Since community health is central to all economies, community health promotion and prevention is at the core of the social and economic fabric of any society (Tellnes, 2005). This is precisely why globalization and urbanization presents a challenge - not only as cultural complexes but also in terms of community health. The main problem with globalizing and urbanizing societies is that it causes inequalities in the access to health care and lifestyle related stress, illness and disease (ibid.). According to Potapchuk *et al* (1997), social capital is the binding element of community, and is pervasive in all levels of society. Nevertheless, community health and social capital development initiatives are still targeted at just one level; the individual.

The aim of this research is to develop a well-formed understanding of *salutogenesis* as an approach to community health promotion and prevention, *in situ*. The main objective is to determine whether or not the key salutogenic criteria are commensurable with the key community building practices. The other objective is the integration of process ontology into a conceptual framework for modeling practices. This research is based on data collected in a 9 month ethnographic study of a Norwegian-based non-government organization whose objective is to salutogenic community health promotion. The data is collected from the practices of social workers, health professionals and information technologists. This research is critical-interpretive by virtue of the critiquing and challenging of the assumptions and practices of the curative, corrective culture. The purpose of salutogenic community building is an intervention to address the social inequalities (access to public health care) and simultaneously educate people about lifestyle related stress, illness and disease, and how to deal with it. This ontological approach to IS research is a departure from the naive phenomenological approach which lacks epistemological objectivity. It is thus, a departure from the particularistic epistemology of interpretive research. By resolving some of the deficiencies and inequalities of public health care culture, I will also extend the knowledge about salutogenesis in community health promotion.

## **2. THE CONCEPT OF “COMMUNITY”**

“Community” has many different meanings. To some, it simply means the local village, whilst to others, “community” means society at large. The disambiguation of the concept of “community” begins with an understanding what kind of entity it is and which rules govern it. “Community” stems from the Latin word ‘*communitas*’ which means sharing, participation, and fellowship. From this definition, it is quite clear that

“community” encompasses much more than people. However, neither dogs nor trees talk about community in the same way that humans do. This means that “community” is a human concept; it is a sociological construct; a model of how we perceive the world around us (Bartle, 2004). Being socially organized, a community is cultural (ibid.). Cultural entities are systems of systems composed of things that are learned, transmitted and stored by symbols (ibid.). Though not directly observable, all socio-cultural systems have subsystems or distinguishable parts (ibid.). The six cultural dimensions are Technological, Political, Economic, Institutional (social), Belief-conceptual and Aesthetic-value dimensions (ibid.). Furthermore, these cultural dimensions are present by virtue of mereological essentialism; if one dimension is present, then all are present by necessity – otherwise it is not cultural.

There are two distinct mechanisms of acquiring culture (Bartle, 2004); *enculturation* (or socialization refers to the original learning of culture, by a child, to become human) and *acculturation* (re-learned culture, such as when a person moves to a different society or when a community changes around the individual). With respect to virtual community and community health promotion, we are mainly interested in acculturation; teaching and educating people (adults) about health and well-being. What is more, by stimulating change in one dimension, like technology, we are necessarily stimulating changes in all the other cultural dimensions (ibid.). Since the technological dimension is the most accessible of the cultural dimensions (it is easier to change software than it is to change a religious belief or scientific methodology), it becomes the perfect tool for stimulating cultural and social changes. This is because new technology also requires a new set of beliefs and values, like the belief that things will work faster or more efficiently with information technology. Consequently, stimulating social change and community building are not that different - “Community building is more an orientation than a technique, more a mission than a program, more an outlook than an activity. It catalyzes the process of change grounded in local life and priorities. It addresses the development needs of individuals, families, social groups and organizations. It changes the nature of the relationship between the community and the system outside its boundaries” (Schorr, 1997). Since social capital is the binding element of community (Potapchuk, 1997), it is pervasive in all levels of society (Putnam, 2000). As such, there is a bond between economic, political and human development (Macdonald, 2000). There are two broad levels of social capital (Putnam, 2000); localized and generalized. At the most fundamental level, social capital is the social interactions which reciprocate trust and social cohesion, and at the broader societal level, it is the civic culture (Potapchuk, 1997). The Community Continuum or ‘ladder of community building’ is Social Interactions, Social Capital, Community Organization, Civic Infrastructure and Civic Culture / (Potapchuk, 1997). Accordingly, community development means fostering the whole gamut of social interactions to the civic culture.

### 3. SALUTOGENESIS

Salutogenesis is the opposite of pathogenesis. It means the origin of good health (Antonovsky, 1979). It explores well-being rather than disease processes, by focusing on successful coping strategies and health (Antonovsky, 1979). Salutogenesis is a new approach to health promotion and assessment which addresses the increasing inequalities of public health. What it means is maintaining a sense of coherence (SOC):

“global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected.” (Antonovsky, 1979)

The key criteria for a SOC are comprehensibility, manageability, and meaningfulness (Lindstrom, 2005). Comprehensibility means the extent to which you perceive the stimuli that confront you, deriving from the internal and external environments, as making cognitive sense as information that is ordered, consistent, structured, and clear (Lindstrom, 2005). It also implies the perception of predictability and order (Lindstrom, 2005). Manageability means how a person perceives the availability of resources (Lindstrom, 2005). Meaningfulness indicates a persons' emotional sense of purpose (Lindstrom, 2005). Salutogenesis focuses on the origin of health and can be applied across the ladder of community building; to an individual, a group, and at a societal level (Lindstrom, 2005). Salutogenesis is an established concept in community health promotion but it is not well understood as a concept at the societal level. Consequently, the first step to salutogenic community is education. Since technology was identified as the preferred means of instigating

social change, an information sharing portal or knowledge-based, such as a virtual community would be an ideal solution.

#### 4. RESEARCH METHODOLOGY

The research methodology is critical and interpretive. It is interpretive because of the assumption that community is socially constructed “through social constructions such as language, consciousness and shared meanings” (Meyers, 1997). However, it is also critical because of the assumption that ‘social reality’ is a social nexus where “people can consciously act to change their social and economic circumstances, critical researchers recognize that their ability to do so is constrained by various forms of social, cultural and political domination” (Meyers, 1997). Consequently, this research is a departure from the traditional research paradigms, as it presupposes the corrective, curative, reactionary approach to public health care by the dominant culture as inadequate.

The problem with traditional interpretive IS research is that it strives for epistemological objectivity, but is based particularistic epistemologies. As such, many IS research is metaphysically vague beyond a specific conceptual framework or domain ontology. This is because domain ontologies are acquired in traditional IS research, instead of being grounded explicitly by ontological theory. Nonetheless, interpretive research provides rich insight and sense-making in complex social settings. I will now focus on the underlying conceptual framework which allows for the ensuing analytico-synthetic methodology.

The foundation of this research methodology is a dyadic framework of process ontology and contextual semantics. Whereas compositional substance ontologies purport the ‘real’ world (metaphysical reality) as a world of objects, process ontology characterizes metaphysical reality with change and dynamism (Whitehead, 1929). This process world-view or paradigm is also established in IS development (Schultze, 2001). This research framework starts with an ontological theory to give an objective methodology, as such

Contextual Semantics + Process Ontology > Conceptual Framework > Research Methodology

Unlike the traditional substance ontologies, process ontology offers a superior exegesis of dynamic situations, individuation, universals and persistence (Seibt, 2001). It is also a closer representation of real knowledge, since knowledge is not an object. To be sure, to know of or knowing something is to become aware of with the mind or through one of the senses. That is, to know of something is to perceive of it, since perception and cognition are quintessential to mind-endowed, reasoning beings. In addition, real knowledge is purely internal, of mind, by *mentalese*. Mentalese is a hypothetical language in which concepts and propositions are represented in the mind without words (*Cambridge Dictionary of Philosophy*, p.556). According to Seibt (2001), the most fundamental ontological category is ‘free processes.’ As such, the most basic entity may be perceived as processes or actions, as they initiate change and knowledge. Process ontology is one half the rich dyadic conceptual framework. The other half is contextual semantics, exemplified by the *Principle of Holistic Contextuality*, PHCT (Puntel, 2002):

Only in the context of language as a whole, do sentences have semantic value.

In accordance with PHCT, each sentence is well-formed and meaningful, and expresses an informational content (Puntel, 2002). That is, all actions or processes have a context in which they belong. The conceptual framework is therefore a semantico-ontological framework. This framework offers contextual analyticity in and processual synthesis by virtue of the ontological category of free processes. Since the only valid and nonvacuous categories are subjectless processes, like “it’s raining,” and “it’s snowing,” this conceptual framework focuses on the contextuality of (metaphysical) reality. Moreover, process ontology and contextual semantics are mutually connected, “like two sides of a coin” (Puntel, 2002). The philosophical principles of the dyadic semantico-ontological framework may be organized into an analytic-synthetic schema using

- Contextual Analyticity – what is really going on
- Processual Syntheticity – how is it going on

The analytico-synthetic schema is a self-reflexive methodology and may be used to classify a multi-faceted problem area. That is, analyzing the basic social interactions of community building and salutogenesis, and synthesizing salutogenic community building practices. Using these two basic criteria, I will identify the community building practices, at the most fundamental level and then attempt to synthesize those salutogenic practices with the community building practices. For example, the category of “Information Design” has as a context the purpose of “Designing Information” and as an action “Designing Informatively.” Furthermore,

“Designing Informatively” may be seen as a complex of several other processes or actions, such as “Designing” and “Informing” which have their own context. Although, this may sound simplistic, some complexes may be indeed very complex. Nonetheless, this form of analyticity is entirely consistent within the processual philosophical system, since reality is perceived as nested relations of social nexuses (Pomeroy, 2000).

## **4.2 Ethnography**

In order to get rich insight in to the area of community building and salutogenesis, I have chosen ethnography. Ethnographic research stems from social and cultural anthropology. It is a research method where the ethnographer is required to use the major part of the research period in the field (Meyers, 1997). This is because the ethnographer is supposed to engage wholly into the lives of the subjects they are supposed to be studying in order to be able to place the phenomena studied in their social and cultural context (Meyers, 1997). Although, I was on several occasions a participant observer, I maintained my objectivity by not becoming too actively involved in the practices I was meant to be studying. The other technique I employed to get primary data in this study is passive observation. Other sources of primary data include emails and informal meetings. Due to the nature of the observations, I had to write-up the field notes the evening after the event. Secondary data was collected from an array of internal documents and literature related to salutogenesis and community building. I spent the most part of 9 months in the field (from February to November, 2005) in a Norwegian-based non-government organization involved in community health promotion and prevention. My decision to leave the field was mainly influenced by the need to finish my thesis. Action research may have also been an effective technique for this study, as it evaluates the changes. However, due to the immature phase of the organization, no action was taken beyond the Board – the core of the community. In the next section, I will briefly summarize the organization, the research setting.

## **4.3 The NaCuHeal International Project**

NaKuHel Foundation is a Norwegian organization that has as its objective to promote community health using preventative measures, such as salutogenesis. Those measures include an array of cultural activities in natural settings. It is based in a beautiful quiet area by Sem Lake, just west of Oslo. It was founded by Professor Gunnar Tellnes and has had ongoing success. The NaCuHeal International is a Norwegian-based non-government organization and an international effort to meet the challenges of preventative community health by building a global salutogenic community. It is a unique opportunity to study, as it inherently involves community health and community building practices. Since the international body is in its infancy, the main focus of the organization has been the identification of those organizational and international community building goals. One goal is to use technology; a web-based approach to salutogenic community has been identified as the most cost-effective way of implementing social change. The approach was to collectively organize efforts of community health workers, information technologists and representatives from the film and tourism industries into one commonsensical movement. Being an open community, I had access to most of NaKuHel. I was also given access to the Board meetings and other organizational activities, such as the focus groups and seminars. Using my position, as a researcher and participant observer, I developed a good rapport with the rest of the Board by actively contributing. I maintained my involvement over the study period by contributing with my own research ideas and participating in other planning and organizational activities.

Being immersed in the field for such a long period, there was a danger of me bringing my own subjectivity to bear on the research material. I tried to maintain my objectivity by reasoning and rationalizing, as well as switching roles between participant and observer. The ethnographic study extended over a period of 9 months, starting with the NaCuHeal International Board Meeting and Focus Group at the NaKuHel Centre in Asker (by Sem Lake), 4th February, 2005 and ending with a board meeting at Frederikk Holts Hus, Ullevål University Hospital, 24th November, 2005. Field notes were taken on-site and written up the following evening. Since I was actively participating, most of the dialogue is paraphrased or in point form. I also collected numerous documents about NAKUHEL and NaCuHeal International, including internal documents and reports. The nature of my fieldwork meant that I was reflexively making sense of salutogenic community development. That is, participating in salutogenic community development and reflecting about

it. I left the field after giving my last research report in a meeting. This decision was influenced by a combination of thesis and family commitments.

## 5. RESEARCH RESULTS

Table 1. A summary of salutogenic and community building practices.

CONCEPTS	CATEGORIES	DATA
Community Building	Defining Purpose	Focus groups and seminars to define a vision
	Planning-Organizing	Board meetings and workshops to manage, plan and organize
Salutogenesis	Working together	Seminars, workshops, meetings
	Meaningfulness	Promoting community health
	Manageability	Planning and organizing resources
	Comprehensibility	Developing social capital

The processes of community building practiced by NaCuHeal International is depicted in Table 1. The figure shows the categories and concepts that surfaced from the data analysis. These are the very basic actions and social interactions between the people and the organization but obviously transcend onto higher levels by virtue of the complex processual view of cultural systems and subsystems. However, this is by no means an exhaustive classification. It is general and generic to this community.

### 5.1 Defining a Vision for Salutogenic Community

NaCuHeal International has a board which consists of health and social workers, film and tourism workers and information technologists. Among the health workers is the founding father of NCH. Professor Tellnes is a medical doctor and a professor at the Department of General Practice and Community Medicine, Oslo University. He has been instrumental in the promotion of community health in Norway over the past three decades. Professor Tellnes is also the president of two organizations; the European Public Health Association and the Norwegian Society of Public Health. The other prominent figure in the board is Professor Dino Karabeg, from the Department of Computer Science, University of Oslo. These two are the co-founders of the international body of NaCuHeal and have been working on a strategy to realize the potential of salutogenic community building.

All communities exist for a reason. We all acknowledged that there is a deficiency in when it comes to community health prevention and promotion. Although Professor Tellnes managed to influence many in the public health services, the movement remained localized. Having realized the parochial nature of NaCuHel, Professor Tellnes and Professor Karabeg founded the international body of NaCuHeal to put into effect a more generalized movement for developing health and social capital using salutogenesis. The result was the focusing of the need to develop community health together with the need for a coherent and organized and manageable means of doing so. Social capitalism was identified as a possibility and was explored in the focus group. My field notes include this example from the NaCuHeal Focus Group:

After having presented a review of Putnam's book on the decline of social capital, Dino produced another slide where he had sketched just how social capitalism may be modelled; Dino explained synergistic business using a diagrammatic representation of the meeting point between ethical-moral goals, and the economic goal; Dino then followed this by giving an anecdotal account of synergistic business in the United States of America; Dino then explained how technology, in particular virtual community may be used as a portal between the various groups and as a knowledge base. (Field notes, 04.02.2005)

The focus group facilitated the defining of a vision and a common purpose for the new members of the community and the Board. Since the community was growing it was important to familiarize the new members with the vision and develop a common purpose which included them. Providing such a perspective for the community is salutogenic because it offers meaning and a sense of purpose. A meaning which is also clearly stated as an objective in the NaCuHeal constitution:

NaCuHeal International is an association that has as its objectives to promote the public's health and safety, sustainable environments, well-being, vitality and peace. (Internal Document: NaCuHeal By-Laws)

The workshops and seminars were themselves salutogenic, being held in beautiful and peaceful settings. It mirrors the self-reflexive nature of salutogenesis and community development. As technology was identified as the most accessible cultural dimension, the use of virtual community would be one of stimulating social change. In essence, a tool for sharing information, creating knowledge and managing those social and cultural activities on a larger scale, is in itself a meaningful pursuit.

## 5.2 Planning and Organizing Community Development

Whereas most community health initiatives are short lived, the NaCuHeal Foundation has shown a real conviction and commitment to planning and organizing of the plausible phases of prevention and promotion. At the outset of my research, I established that NaCuHeal International comprehensively managed the organizational and salutogenic goals. Not the least, the development of the salutogenic infrastructure by Sem Lake. Due to the limited nature of NaCuHeal resources, the growing community would require a more extensive social network and activity centers. The culmination of all the organizing and planning was the drafting of a 'Proposed Business Plan.' It was a business model which would provide continuity in the planning process, in addition to salutogenesis and community building. My field notes include this example from the NaCuHeal Board meeting:

After planning and preparing for the future meetings and as well as welcoming new members to the board. Frank gave an emphatic proposal for a business model and plan. The proposal included plans for marketing, training, management, support, as well as an arsenal of organizational overview over each organ. All members of the board applauded his work but Gunnar was skeptical to the business approach. Afterwards the board started to plan the financial side of their work. Where to get funding, etc. (Field notes, 24.11.2005)

It was obvious. The careful planning of the different organs provided an overview which made each undertaking much more achievable. What it means is that planning and organizing is salutogenic because it offers the sense of manageability.

## 5.3 Working Together

It was clear from the outset that working cooperatively was the most equitable way of doing things. The community is socially organized such that there is a more equality in terms of roles and relationships. Planning and organizing allows for more to be achieved, working cooperatively not only allows more but it also facilitates learning and bonding. These two aspects are crucial in any growing community. From the outset, the cooperating members of NaCuHeal International directed much of the organizing to develop community leaders, in the private and public sector. Collaboration is a critical measure, as it delegated the power and decision-making authority. As such collaboration is also a salutogenic criterion since it is a comprehensive way of approaching social problems. That is, including public and private resources. My field notes include this example from the NaCuHeal Board meeting:

[After an intensive and very productive meeting] Anne was given the opportunity to allocate the human resources for the next phase of the business plan. Instead of dictating who does what, Anne cleverly requested that each board member volunteer to do the tasks they wanted to do, accompanied with the person they wanted to work with. The plan was a smashing success, although Dino was skeptical of one minor detail. (Field notes, 24.11.2005)

Acknowledging the inherent difficulties of collaboration is as important as acknowledging its worth. Sharing power and decision-making authority is risky but it is also an emancipatory mechanism which should not be underestimated.

## 6. DISCUSSION

I have managed to compose a coherent classification of salutogenic and community building practices using the contextual analyticity. I have identified the three generic community building principles; defining a vision for the community, planning and organizing and collaboration, and characterized the key salutogenic criteria; comprehensibility, manageability and meaningfulness. I have also determined that the community building principles are in fact, commensurable with the salutogenic criteria. As these are self-reflexive

processes, I used the processual syntheticity to identify the fundamental process in each context. A summary of my findings is tabulated below (see table 2). This table will be discussed below.

Table 2. A summary of salutogenic community building practices.

CONTEXTUALITY	CATEGORIES		PROCESSES
Salutogenic	Defining vision/purpose	Meaningfulness	Defining
Community	Planning and Organizing	Manageability	Managing
Building	Collaboration	Comprehensibility	Collaborating

All communities exist for a reason. Defining a vision for the community not only gives it meaning, it also gives the members of the community a sense of purpose. Such a purpose makes membership and participation desirable. Moreover, if community life makes sense emotionally, then well-being is achieved. Well-being and meaning (and the vision of a healthy, vibrant community) sustains commitment to the community which is reciprocated in social cohesion and develops social capital. In this research, it was found that the promotion of the principles of salutogenesis in community health prevents ill-health culture. Since ill-health is harsh to an economy, anyone interested in a healthy workforce should participate.

Planning and organizing are critical to the success of any organization. It is particularly important to organizations where resources are scarce. Salutogenesis is also an important aspect in this sense since the stronger the SOC, the more capable and better we are at coping. In this research, it was found that a strategic approach to community building maintained equality as well as coherence within the community. This made the heavy workload much more manageable, even though it was very demanding. Virtual communities are vital to this process, not only in terms of management but also in terms of support and reciprocation. That is, trust and social cohesion which increases social capital, activates social change, develops human resources, as well as improving economic performance.

Building community means working together; with governments, with the private sector and other organizations. Sharing power and decision-making authority is inherent in collaboration. Even though it is risky, time and energy consuming, it is also understood as an essential feature of community building. In this research, collaboration was practice at all levels. Even though some of the stakeholders disputed, they were able to maintain a more holistic view of what they were doing and how they were going to achieve those goals (in the short and long term). In addition, by focusing on collaboration, trust and the reciprocation of trust in social cohesion was achieved. Once again, collaboration is a self-reflexive way of increasing social capital.

## 7. CONCLUSION

This paper has presented the findings of an ethnographic study into the community building practices of an organization involved in community health promotion using salutogenesis. A theoretical framework for conceptualizing the community building practices was developed along with an analytico-synthetic methodology. The theoretical framework was developed to achieve ontological objectivity which is the antecedent of epistemological objectivity (the objective of all scientific research). It is based on process philosophy; process ontology and contextual semantics. This research makes a contribution to the understanding of salutogenic community building practices. These were identified as three generic self-reflexive principles; defining a vision for meaningfulness, planning and organizing for manageability, and collaborating for comprehensibility. This research also highlights the fact that technology is the most accessible cultural dimension for instigating change and that virtual community is an important tool. Process ontology is relatively unexplored in IS. The research is also a methodological contribution to IS and ID. It embodies a semantico-ontological scheme of context and action. Salutogenesis is an important concept in community health promotion. It focuses on those processes which foster good health and well-being. Process ontology and contextual semantics has the prospect of providing a suitable and coherent framework and has therefore important implications for IS and ID research. While the theoretical framework needs more work (fleshing out), an understanding that research methodologies should be based on a proper ontological theory is a good starting point.



## REFERENCES

- Ambrozek, J. and Cothrel, J., 2004. Online Communities in Business Report: Past Progress, Future Directions. *7th International Conference on Virtual Communities, July 2004*.
- Antonovsky A., 1979. *Health, Stress, and Coping: New Perspectives on Mental and Physical Wellbeing*. San Francisco, JosseyBass.
- Bartle, P., 2004. What is Community? A Sociological Perspective. <http://www.bartle.disted.camosun.bc.ca/soc-wha.htm>.
- Goldman, A., 1998. *What is Justified Belief? EPISYEMOLOGY: The Big Questions*. Blackwell Publishing.
- Grefe, R., 2005. International Institute for Information Design, American Institute of Graphic Arts, <http://www.iiid.net/>
- Gruber, T. R., 1993. What is Ontology? Toward principles for the design of ontologies used for knowledge sharing. *Padua workshop on Formal Ontology*, March 1993. Edited by Nicola Guarino.
- Karaberg, D., 2002. Designing Information design. *Information Design Journal*, 11/1, 2002.
- Karaberg, D., 2003. Information Design: A New Paradigm in Creation and Use of Information. PROC. IPSI2003 VIP SCIENTIFIC FORUM, SVETI STEFAN, MONTE NEGRO, OCTOBER.
- Lindström, B. and Eriksson, M., 2005. Salutogenesis. *Journal of Epidemiology and Community Health* 2005;59:440-442.
- Macdonald, A., 2000. Defining Art in the Community. Contributions and editing by Catherine Croll and Vicki Newman. Realtime Publishing.
- Meyers, M., 1997. Qualitative Research in Information Systems. *MISQ Discovery*, June.
- Pomeroy, A., F., 2000. Process Ontology and the Critique of Capitalism. <http://faculty.msmmary.edu/henning/sspp/papers/pomeroy.htm>.
- Potapchuk, W. R., Crocker, J. P. and Schechter, W. H., 1997. Building Community with Social Capital: Chits and Chums or Chats with Change. *National Civic Review* 86, No. 2 (Summer 1997): 129-140.
- Puntel, L. B., 2002. *The Concept of Ontological Category: A New Approach*. The Blackwell Guide to Metaphysics. Edited by Gale, R. M., Blackwell Publishing.
- Putnam, R. D., 2000. *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon and Schuster.
- Rescher, N., 2002. *An Idealistic Realism: Presuppositional Realism and Justificatory Idealism*. The Blackwell Guide to Metaphysics. Edited by Gale, R. M. Blackwell Publishing.
- Rheingold, H., 2003. *Smart Mobs: The Next Social Revolution*. Perseus Books.
- Schorr, L. B., 1997. *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*. Anchor Press, Doubleday.
- Schultze, U., 2000. A Confessional Account of an Ethnography about Knowledge Work. *MIS Quarterly*, Mar 2000; 24, 1; ABI/INFORM Global.
- Searle, J. R., 1992. *The Rediscovery of the Mind*. MIT Press.
- Seibt, J., 2001. Formal Process Ontology. *FOIS* 01, October 1719,
- Shapiro, B. P., 1997. Objectivity, Relativism and Truth in External Financial Reporting: What's Really at Stake in the Disputes? *Accounting, Organizations and Society*, Vol. 22, No. 2, pp.165-185.
- Shedroff, N., 1994. Information Interaction Design: A Unified Field Theory of Design. <http://www.nathan.com/thoughts/unified/>
- Smith, B., 2004. Ontology. *The Blackwell Guide to the Philosophy of Information and Computing*. Edited by Floridi, L., Blackwell Publishing.
- Spiro, M. E., 1986. Cultural Relativism and the Future of Anthropology. *Cultural Anthropology*, Vol. 3, No. 1, Aug. 1986, 256-284.
- Tellnes, G., 2005. Urbanization and Health. New Challenges in Health Promotion and Prevention. Oslo Academic Press.
- Walker, J., 2003. The Digital Imprimatur. How Big Brother and Big Media can put the Internet Genie back in the Bottle. <http://www.fourmilab.ch/documents/digitalimprimatur/>
- Walsham, G., 1995. Interpretive case studies in IS research: nature and method. *Eur. J. Inf. Sys.* (1995) 4, 74-81.
- Whitehead, A., N., 1929. *Process and Reality*. New York: Macmillan.