European Journal of Mental Health 4 (2009) 1, 3–26
DOI: 10.1556/EJMH.4.2009.1.1

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HEALTH CAPITAL IN THE 'CIS-ELBANIAN' VS. 'TRANS-ELBANIAN' GRAND REGIONS**: FRAME DISPUTES ABOUT FRAMING AMBIGUITIES AND MISFRAMINGS

(Received: 11 June 2008; accepted 23 June 2008)

> 'Longer life spans provide additional incentives to acquire more education, as investments in future earnings. Parents invest more in their children. The additional health capital and the other forms of human capital tend to increase the productivity of workers.'
>
> (Theodore W. Schultz)

The present study forms an operational variation of the task undertaken in the outlook paragraph of the authors' earlier article to study with the help of the Sense of Coherence (SOC) as a group property, the health and general well-being of the Hungarian national community (in an international comparison). With Hungary being the only Eastern Central European ('Trans-Elbanian') country joining the EU-project with the title *Corporate Culture and Regional Embeddedness* (CURE), we Hungarians tried to help achieve this goal by making the following proposal to the researchers of the five Western-European ('Cis-Elbanian') countries partaking in the project: the drastically different Health Capital level of the Grand Regions situated on the two sides of the Elbe–Leitha boundary ('centrum versus semi-periphery') should be inserted as a control variable into the original research model of the project, which has propounded the hypothesis that the interaction between the organisational culture of the corporations operating in the sample region of the individual countries and the national culture of the

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** A contribution as a part of the EU-superproject 'New and Emerging Science and Technology' (NEST), with the title 'Corporate Culture and Regional Embeddedness' (CURE), to the multidisciplinary three-year project launched in seven institutes of six countries (Austria, United Kingdom, the Netherlands, Hungary, Germany and Switzerland) in 2006.

respective regions has had an impact on the development of the region. We have presumed that this enormous difference between the Health Capital levels can bring to light the true underlying historical-social-economical impact factors which appear to be 'cultural' when approached for the first time. The leadership of the project allowed the Hungarian team to check, beyond the qualitative research design of the project, with the quantitative method of the research, the model variation enriched with a Health Capital variable. The conclusive results thus gained anticipate an affirmation of the results achieved in the original qualitative variation of the project design and may serve as an example for the whole research team to also implement an internationally exact investigation of the effect of the Health Capital as a control variable of the cultural impact in a possible follow up. The present study displays the first, pilot study results of this research undertaking, to be implemented in our country within the frame of the CURE project, and to be transferred into the international comparison if it proves successful. These preliminary results illustrate the interdependency of the cultural dimensions and the Health Capital apprehended in a salutogenic cross section.

Keywords: Health Capital, salutogenesis, frame analysis, regional study, national culture, organisational culture, control variable

Gesundheitskapital in den Großregionen Zis-Elbe versus Trans-Elbe: Klärung des Interpretationssrahmens: Diese Studie bildet eine Durchführungsvariante der Aufgabe, die sich die Autoren im Ausblick ihres früheren Beitrags gestellt haben. Demgemäß sollte die Gesundheit und das allgemeine Wohlbefinden der ungarischen Nationalgemeinschaft mit Hilfe des Kohärenzgefühls (SOC), das als ein Gemeinschaftscharakteristikum aufgefasst wird, (im internationalen Vergleich) untersucht werden. Nachdem Ungarn als einziges mittel-europäisches („Trans-Elbe") Land dem EU-Projekt CURE („Unternehmenskultur und regionale Einbettung") beigetreten ist, haben wir den Forschern aus den teilnehmenden fünf west-europäischen (Zis-Elbe) Ländern vorgeschlagen, das drastisch unterschiedliche Niveau des Gesundheitskapitals in den Großregionen entlang der beiden Seiten der Trennungslinie Leith-Elbe („Zentrum vs. Halb-Periphärie") als Kontrollvariable ins Forschungsmodell einzubeziehen, das nach der originellen Fassung aus der Interaktion der Unternehmenskultur und der regionalen (nationalen) Kultur in den jeweiligen Stichproberegionen der einzelnen Länder hypothetische Einflüsse auf die Entwicklung der jeweiligen Regionen abgeleitet hat. Diese „Zis- vs. Trans-Elbe" Kontrollvariable könnte aus dem Hintergund der in erster Annäherung nur „kulturellen" Einflüsse die wirklichen historisch-gesellschaftlich-wirtschaftlichen Wirkungsfaktoren hervorrufen. Die Projektleitung gab seine Zustimmung dazu, dass der ungarische Team – über das qualitative Untersuchungsvorhaben des Projekts hinaus – die durch die Variable des Gesundheitskapitals ergänzte Modellvariante mit der Quantitativmethode der im Beitrag erwähnten Forschung überprüft. Die auf diese Weise zu erzielenden, konklusiven Ergebnisse können die bei der originellen qualitativen Variante erzielten Ergebnisse bestätigen und ebenfalls als ein Muster dafür dienen, in einem möglichen Folgeprogramm auch im internationalen Verhältnis die Rolle des Gesundheitskapitals als einer Kontrollvariable des kulturellen Einflusses zu klären. In dieser Studie werden die ersten Ergebnisse des Forschungsunterfangens vorgelegt, das im Rahmen des CURE-Projekts in Ungarn durchgeführt wird, und im Falle seines Erfolgs auch in den internationalen Vergleich eingeführt werden soll. So werden mit den Korrelationen, die bei den Erhebungen errechnet wurden, die Wechselwirkungen zwischen den kulturellen Variablen und einem salutogenetischen Querschnitt des Gesundheitskapitals illustriert.

Schlüsselbegriffe: Gesundheitskapital, Salutogenese, Rahmenanalyse, regionale Studie, nationale Kultur, Organisationskultur, Kontrollvariable

1. Introduction: Antecedents, present project and perspective prospects

The present study forms the continuation of the JEGES & VARGA (2006) account on the OTKA-research,[1] published in the inaugural issue of the *European Journal of Mental Health* by Sára Jeges and Károly Varga, which put forward two content-based and one methodical-based result. The first content-based result was what we empirically validated the *health-predictor* capacity of ANTONOVSKY's (1979, 1987) internationally used salutogenic construct, that is, the *Sense of Coherence* (SOC), for a Hungarian population, (a representative sample of 1,400 of a region of Hungary), as well. 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 predicted the place on the EDEC scale.[2] The second content-based result – the central one, which our above-mentioned article also referred to – was what we identified the value system elements acting in the SOC construct as we could measure these in the operationalised axiological system of MORRIS (1956, 1964). These were: the integrative *Maitreyan* value, the proactive *Promethean* value and the *Christian* value, which fosters mutual social support.[3] On the one hand, we suppose that with these two content-based results, we set up, in an abstract cross-section, a valid indicator of the level of health capital, which can characterise the respective countries;[4] on the other hand, that the national data of the Health Capital, which were grasped in the cross-section of the salutogenic construct, can be utilised by means of a methodical solution for the purpose of the control variable of this project. This methodical solution consisted of empirically obtaining a very concise (6-item) *micro-battery* out of the original 29-item SOC-test by means of convergent validation, which is structurally and functionally equivalent to the original one, and suitable to the purpose to enrich the original research model and design with a new dimension.[5] In the possession of the three OTKA-results, we undertook this task by joining the CURE-research reported here. The fact that in Hungary (solely representing the Grand Region to the East of the Elbe–Leitha line – as opposed to five 'Cis-

[1] The leader of the basic research project of OTKA (Hungarian National Foundation of Scientific Research) with the title 'Value System, Life Quality, Health Status', number T 046957 STD (duration: 2004–2007) was Sára Jeges.

[2] 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) as well as the responsibility-taking (an element of the entrepreneurial attitude). Cf. SCANLAN-FLEXMAN (1982); VEENHOVEN (1984, 1993); VARGA (2003).

[3] With which we undertook the solving of the 'mystery of mysteries', since the title itself of ANTONOVSKY's seminal book, *Unraveling the Mystery of Health: How People Manage Stress and Stay Well* (1987), referred to the solution of the mystery of health found in the *Sense of Coherence* construct.

[4] As in the case of countries displaying SOC-empiry in salutogenic literature: Israel, USA, Denmark. Cf. references in JEGES & VARGA (2006). – Of course, besides this deeper ('root') indicator of the Health Capital, we also investigate the direct indicators of health status in official statistical data as well as asking about the health status of our investigation subjects.

[5] Cf. chapter 5 of this paper.

Elban'[6] countries of Austria, United Kingdom, the Netherlands, Germany, Switzerland) the members of the male population reaching the 65th year of their life, regarded as the end of active life span, are 20% (!) fewer than the average of the Western European member countries of the project, imposed the task of inserting *the country-based different status of Health Capital* as an explanatory independent variable into the causal-structural model of the research hypotheses, on the team within the international research collective representing the only country lying on the 'shady side'. The causal-structural model of the project was originally generated to display, on the one hand, the efficiency of the 30 companies affecting their own development and that of the region, each chosen from one region per country (Styria, Wales, the southwestern Netherlands, Basel and surroundings, Győr and surroundings), as well as one west and one east German region (Ruhr and Brandenburg) as an explanandum dependent variable, with four indicators (innovativeness, development status of human resources, life quality, and environmental responsibility); on the other hand, the quality and dynamics of the interaction between the national culture, and the organisational culture of the sample companies 'embedded' in the respective regions, as an *explanans* independent variable (or, with a stricter methodical approach and a stricter terminology: in some of the cases, only as an *interdependent* variable). The empirical investigation, being implemented in seven regions of six countries, was meant to check the validity and explanatory force of this causal-structural model. It was this model that the level and effect of Health Capital, to be investigated separately as a frame behind the several hypothesised (and empirically affirmed) relationships, was built into by the Hungarian party as an element of Wallerstein's centrum versus (semi)periphery dichotomous variable (in our own terminology: Cis- vs. Trans-Elbanian breakdown). We measure the level of Health Capital on a more abstract plane with a variation of Antonovsky's *Salutogenesis* (SOC) test developed on the basis of the results of the Hungarian validation test, condensing the original to the fifth of its size.

Already at its launch, with the Hungarian team participating for the first time in the project (Vienna-workshop September 2007), we proposed the insertion of a Cis- versus Trans-Elbanian dichotomous variable as a basic condition into the main explanans variables of the research model, in the conference contribution to the 'frame-dispute' theme, bearing the same title as our present study. (Our hypothesis is: the startlingly large health capital difference between the two Grand Regions explains a decisive percentage of the variance in differences measurable in value system effect.) This 're-framing' was accepted into the future evaluation phase of results. Following this, at the second workshop we attended (Gelsenkirchen, December 2007),

[6] This neologism has been formed after the pattern of the commonly known formation 'Cislajtania'. There has been an element of additional meaning beyond the literal meaning in the word 'Cislajtania' (German 'Zisleithanie'). Originally it refers to the small border river Lajta (German 'Leitha') between two states of the Austro-Hungarian Monarchy (Austria and Hungary). Viewed from Vienna, it refers to '*this side*' (Latin: *cis*, German *zis*, cf. '*zis*alpin') of the river, but in its general use it designates not only Austria but all those parts of the Monarchy which lie outside the territory of Hungary as defined within the empire, thus e.g. distant Transylvania, a territory geographically very much 'trans'.

we proposed the insertion of the salutogenic mini-battery into the research instrument.[7] Although this was not practicable with the far progression of the survey program, our proposal, which was put forward at the third workshop (Győr, January 2008), resulted in the compromise solution that in our own 'in-depth study' part of the international survey, also available to each of the participants, we inserted the mini-battery of the Health Capital derived from Antonovsky's SOC-test, besides the value system, which, for this time, we do not measure by using the system of Charles Morris, but that of Geert Hofstede.[8] And we point out that the empirical response to the original question of the CURE-project – 'How do corporate (organisational) culture and regional (national) culture interact, and how does this interaction impact on the four dependent variables for the region: Life-quality, Innovation, Human resources, Environmental responsibility' – will become more realistic (more valid) by introducing the differentiating effect of the Health Capital as a control variable into the dynamic model. Together with this, we Hungarians undertook the task of raising the ambition of the original research design, restricted to a merely descriptive level of taxonomy, or typology, onto the level of the explanative model defined in the ZETTERBERG (1973) – dichotomy within the frame of the Hungarian 'in-depth study'. The contrast of the two levels is defined as the static dimensional analysis as opposed to the dynamic model construct (*Table 1*):

Table 1

Static dimensional analysis opposed to the dynamic model

	Theoretical Activities	
	Dimensional Analysis	*Construction of Model*
Subject of research	Dimensions	Laws
Typical form of statement	X = df (a, b, ...)	If X, then Y
Denomination of statements	Definitions	Theses
Result	Descriptive scheme (Taxonomy)	Dynamic model (Theory)
Appropriate research activity	Descriptive study	Explanatory study

[7] Varga, K. & M. Losoncz (2007) 'How to Shape an Operational Design from the Methodological Sketch of the CURE-Project?' (CURE document, manuscript).

[8] As a result of the Hungarian proposal, the project management already accepted the choice of the Hofstede-system into the initial document (together with two further battery proposals of ours): To get better insights into cultural processes the research can benefit from the experience of cultural studies. So we have to discuss if and in which way methods like the Organizational Values Test by Hofstede, the Critical Success Factor Method by Rockart, or the Subjective Well-being in Work Situation Scale by Warr et al. can be used for CURE empirical studies. Out of the three proposals, we now inserted in the Hungarian 'in-depth study' Hofstede's value investigation apparatus, and the Quality of Life Test of the WARR et al. (1979) trio, establishing a connection to the results of the measurements of the salutogenic Health Capitals.

It was here, at the workshop in Győr, that the statement already voiced from several quarters in Cardiff, that is, the methodics of hypothesis-testing, as it was followed by the practice of the Hungarian team, might be normative in the continuation of the entire CURE-project, when it comes to the control governed by a scientific claim of validity, of connections outlined on the basis of soft-method information gathering, which may lead to results serving as a firm basis of the EU-strategy to be developed in the given subject matter.

Finally, at the fourth workshop (Cardiff, September 2008), with the Hungarian team putting forward two propositions,[9] it was made clearer that the original 'qualitative' semi-structured interview guideline remains the only unified survey instrument for the whole international team, and of course, this will be what the Hungarians will use to gather our data in the common pool. At the same time, concerning the Health Capital – and regarding the research ambition level defined in the Zetterberg-dichotomy – we can continue our hard method sociological practice prior to our joining the CURE.[10]

2. Re-selecting the Hungarian sample region – and research institute – implies enhancing *interactivity* in an evolutionary perspective

The project undertook to investigate the subject indicated in its title by laying special emphasis on the *evolutionary approach.* In an attempt to state this approach more

[9] Losoncz, M. (2008) 'Different Human Capital Indices in the Human Development Reports for the "Cis- versus Trans-Elbanian" Grand Regions: Contribution to Taking Seriously the Re-framing' (CURE document, manuscript); Varga, K., C. Szigeti, E. Lukács & Á. Páthy (2008) 'From "Case Studies" to Testing of Hypotheses: Methodical Lessons Drawn from the Pilot Study' (CURE document, manuscript). Losoncz pointed out the following: 'The social attitude manifested in health indicators can be perceived as both input to and the result of culture in general and cultural embeddedness in particular. In addition to that, health indicators describe not only the actual state of a society, but they can be considered the reflection of competitiveness from a specific point of view, at least in the long run. Past trends in social indicators may have implications, even a predictive power for overall economic competitiveness. As a strong independent variable, the set of health indicators has an impact on two of the four CURE dependent variables, namely Human resource development and Quality of life and leaves quasi untouched the other two. Accordingly, we have to introduce specific devices to avoid spoiling our causal-structural model with inconsiderate explanations.' Varga et al. pointed out the following: 'We can dissipate the worries of our colleagues that with gathering exact empirical data the team would overstep our financial frame. On the contrary, we can prove with the results and process description of our in depth-study that data-gathering with a well-standardized questionnaire and SPSS data-processing is actually even cheaper and more efficient than talking along loose interview guidelines, which produce huge bulks of "mine dirt" from which obtaining the "useful ore" is a very long and expensive effort.' This proposal, along with all the similar ones, although no longer influencing the character of the originally accepted qualitative design, served as a footing to ideas of accepting the broadening of the methodical repertoire in the direction of conclusivity as an object of consideration in the possible follow-up of the CURE-project, to be finished at the end of 2009.

[10] In our Cardiff contribution, we quoted the *'inventor's paradox'* of the Hungarian born American mathematician, the founder of modern Heuristics, according to which 'the more ambitious plan may have more chances of success' (cf. PÓLYA 1957).

precisely, we claimed in the Hungarian contribution explicitly that it is expedient to think in terms of 'interactive or systems theoretic evolutionary theory' (cf. LÁSZLÓ 1998) for the very reason that in the CURE project we are examining a phenomenon in which we are hypothesising an *evolutionary step* forward to result from the interaction between two autopoietic (self-referential) types of system – the corporate and the regional. This interactive evolutionary model was given enhanced emphasis – and a new hue of meaning – when a new decision was made concerning the Hungarian minor region to be examined and the research institute to examine it – namely, the centre of interest being relocated from the region of South Transdanubian Pécs to that of North-West Transdanubian Győr, on the one hand, and from the Faculty of Medicine of the University of Pécs in Southern Transdanubia to the Faculty of Economics of Széchenyi István University in the town of Győr, on the other. This also involved a switch from Cultural Sociology (more specifically Hofstedean Organisational Anthropology) as main theoretical framing to the perspective of Economics, or more specifically, topics such as Human Capital and within it Health Capital from points of view of economic policy, company economics, regional economy and management, as well as – rather importantly – to the perspective underlying the research field of Miklós Losoncz, our new operative team leader 'Economic Policy Challenges Posed by Hungary's EU Membership'. In the Hungarian contribution, this occasioned renewed interest in the issues of a *frame dispute, clearing the frame* and *proposal of re-framing,* having already received fruitful inspiration from a proposal made by Heiner Treinen, a theorist with formative influence on the conception of the project, for making substantial use of *frame analysis* as understood by Erving Goffman. This new 'economics skyline' has activated the theoretical stances often taken by the former operative team leader (the senior author of these lines) in his research practice, which involve examining the domain of *human capital or human resources* under the aspect of a contrast between *centre* versus *(semi)periphery*.

The inclusion of this thematic domain brought into the newly conceived model some of the relevant results of *demographic research* (e.g. differences in longevity rates between the Cis-Elban versus Trans-Elban grand regions of Europe), along with data available from the *Human Development Reports* (HDR). This has made the topic of the Elbe–Lajta line as marking a division of Europe into two (ROSTOVÁNYI 1998) a *constitutive element of the frame* in the new approach.

3. Using *frame analysis* – if we take it seriously

According to Treinen the subject of the research itself suggests using *frame analysis* as understood by Goffman 'in view of the multiplicity of meanings inherent in the concept of culture and the natural differences between the frames of corporate and regional cultures'.[11] Taking Treinen's proposal seriously involves taking account of the

[11] Treinen, H. (2007) 'Advertisement for Completion of "Frame-Analysis"' (CURE document, manuscript).

'ordinary troubles' concomitant with *framing,* and tackling the ineluctable task of 'clearing the frame'. Let us therefore discuss the fundamental question of frame analysis: 'What is it that is going on here*?*' Goffman sees the situation as fundamentally defined by the fact that the frames of participants in the situation are mostly different from the start.

> When participant roles in an activity are differentiated – *a common circumstance* – the view that one person has of what is going on is *likely to be quite different* from that of another. There is a sense in which what is play for the golfer is work for thecaddy. Different interests will generate different motivational relevancies.
>
> (GOFFMAN 1974, 8)

This contrast between the frames of the *golfer and his caddy* (or the climber on the Himalaya and his sherpa) is further sharpened in the 'Accounts and Disputes' section of the chapter on 'Ordinary Troubles':

> [W]hat is horseplay and larking for inner city adolescents can be seen as vandalism by officials and victims . . .[12] One can expect that the parties with opposing versions of events may openly dispute the truth with each other particularly over how to define what has been or is happening. A frame dispute results. But these are exceptional grounds for frame disputes. *More common are the brief arguments arising from soon to be admitted errors apparently made in good faith by one or both of the parties.*
>
> (GOFFMAN 1974, 322)

The 'frame dispute' that can be expected to be shouldered by the researchers of the seven institutes clearly falls in the framing of 'good faith'*,* but – as both Goffman and Treinen propose – these frame disputes focusing on 'ordinary troubles' may be carried through with scientific profit between the well-intentioned parties concerned. Goffman's generalisation of the Wittgensteinean dictum – 'to understand a sentence means to understand a language' – leaves no other possibility for us, coming from different *grand regions* with different social and economic backgrounds as we do, than to bring into focus the possibility of misframing, if 'we want to speak one language', that is. One of the examples of possible misframing given by Goffman is the state of indecision experienced for several minutes by customers at a bank involved in a hold-up, concerning what it was that they were witnessing: stark reality or the shooting of a film.

The allusion to robbery is an introduction to the kind of case in which one party unsuspectingly shares the frame of the other while this is to his disadvantage, or, *conversely*, entrapped by paranoia, suspects robbery where he is interacting with a well-meaning party. This point deserves our special attention, being committed as we are to a project organised around a type of international business transaction in which the weaker party may be supposed to have *overgeneralised* his negative experiences into a *paranoid misframing,* which may act as a barrier to optimal cooperation erected by suspicion.

[12] Goffman could also bring to bear the two-thousand-year-old adage 'Though the boys throw stones at the frogs in sport, yet the frogs do not die in sport, but in earnest' (Plutarch).

4. New layering in the project frame: Contrasting the grand regions *Cis-* versus *Trans-Elbania*

4.1. Geert Hofstede: Eastern European mentality: Using a moral rule to prove one's own demands

That subjects taken from the societies from which researchers on the CURE project come are yet to be persuaded of the fact of good faith between these research partners is confirmed by HOFSTEDE (1996) who draws a distinction between the mental programmings of East and West European people. He quotes István Bibó, the greatest Hungarian political philosopher of the 20th century (incidentally, a minister of state in the revolutionary government of 1956) on a characteristic of this mental programme which tends to baffle Western observers:

> One of the most characteristic features of *the soul that has been tortured by fear and feelings of insecurity and major historical traumata and injuries* is, that it does not want to make a living out of its own existence but it takes the position that *it has a lot to demand from life, from history and from the others*. In this state of mind the individual loses his sense of moral obligations and responsibilities towards the community. *He uses every moral rule to prove his own demands.*
>
> (BIBÓ 1986–1990, 2:236, our trans.)[13]

Hofstede goes as far as claiming that even the Balkan war, a tragic product of the regional system change (which led to the disintegration of Yugoslavia) can be interpreted in terms of cultural anthropology, namely of the rigidly suspicious, yet desperately pushing, paranoid mental programming which is clearly described and supported in István Bibó's 'historical psychology'. This is the discipline which examines the paranoid mentality which responds to unlearnable historical situations. Bibó expounds his views on this subject in his study *The Misery of East European Small States*:

> The moral arsenal of politically disadvantaged nations after a lost war consists in the repeated voicing of *justice*, in an attempt to appeal to the elevated sense of justice of great powers. . . By contrast, politically better off nations, after a victorious war, are addressing invoices in the form of territorial demands. As a matter of fact, both so-called justice and so-called merit are but war axes wielded in too bad faith to secure a better position.
>
> (BIBÓ 1986–1990, 2:249, our trans.)[14]

[13] 'A félelemtől és bizonytalanságtól megkínzott és nagy történelmi megrázkódtatásoktól és sérelmektől elferdült lélek egyik legjellemzőbb vonása, hogy *nem a maga való mivoltából* akar megélni, hanem abból, hogy neki az élettől, a történelemtől, a többitől *követelnivalója* van. Ebben a lelkiállapotban mindinkább elveszti érzékét a maga kötelességei és közösségi felelőssége iránt, s minden erkölcsi szabály csak arra jó számára, hogy a maga követeléseit alátámassza velük.' Cf. BIBÓ (1986–1990); VARGA (1970, 1993).

[14] 'A politikailag rosszul álló, háborúvesztes népek morális fegyvertára az *igazság* hangoztatásában áll, amivel kapcsolatban ennek vagy annak a nagyhatalomnak a fennkölt és hagyományos igazságérzetére, az elnyomottak vagy földre sújtottak iránt mindenkor tanusított nagylelkűségére apellálnak, és azt kívánják, hogy a békeszerződések megkötésénél semmiféle hatalmi szempont ne érvényesüljön. A politikailag jobban álló, győztes vagy legalábbis magukat győztesnek tekintő országok viszont *érdemeikre* hivatkoznak, és

4.2. The Elbe–Lajta line divides Europe into dissimilarly 'exhausted' populations

Thus, it is not certain that the last word in Goffmanean frame-clearing, on the basis of Bibó's internal and Hofstede's external judgement, has to be a conscious recourse to a paranoid mentality, as an 'anthropological' characteristic, which may endanger the mutual trust required for a well-integrated functioning of the project, and which has to be approached from a therapeutic stance in the course of the re-framing.

Table 2

The countries of Cis- and Trans-Elbania in the order of the Human Development Index

		Life expectancy at birth (years)		*Probability at birth of surviving to age 65*	
HDI Rank	*High human development*	*1970–75*	*2000–05*	*Female (% of cohort) 2000–05*	*Male (% of cohort) 2000–05*
1	*Norway*	74.4	78.9	90.8	83.5
2	*Sweden*	74.7	80.1	91.6	86.1
5	***Netherlands***	74.0	78.3	89.7	83.5
6	*Belgium*	71.4	78.8	90.4	82.5
10	*Ireland*	71.3	77.0	89.0	82.0
11	***Switzerland***	73.8	79.1	91.0	82.9
12	***United Kingdom***	72.0	78.2	89.4	83.2
13	*Finland*	70.7	78.0	91.1	79.9
14	***Austria***	70.6	78.5	90.7	81.6
15	*Luxemburg*	70.7	78.4	89.9	82.7
16	*France*	72.4	79.0	91.0	80.2
17	*Denmark*	73.6	76.6	86.5	79.8
19	***Germany***	71.0	78.3	90.2	81.7
20	*Spain*	72.9	79.3	92.2	82.3
21	*Italy*	72.1	78.7	91.4	82.4
24	*Greece*	72.3	78.3	91.5	82.3
26	*Portugal*	68.0	76.2	89.3	77.4

számláikat nyújtják be területi követelések formájában. Valójában mind az ún. igazság, mind az ún. érdem igen szimpla s rosszhiszeműen forgatott csatabárd abban az irányban, hogy egymás közötti vitáikban, melyek lényegükben kizárólag határviták, kedvezőbb pozíciót nyerjenek.' Cf. VARGA (2005b, 2006, in press).

27	*Slovenia*	69.8	76.3	88.7	76.2
30	*Cyprus*	71.4	78.3	90.8	83.9
31	*Malta*	70.6	78.4	90.2	85.5
32	*Czech Republic*	70.1	75.4	88.3	74.8
36	*Estonia*	70.5	71.7	83.7	59.9
37	*Poland*	70.5	73.9	86.5	68.8
38	***Hungary***	69.3	71.9	82.6	62.7
41	*Lithuania*	71.3	72.7	84.9	62.8
42	*Slovakia*	70.0	73.7	86.5	68.9
48	*Croatia*	69.6	74.2	86.3	71.1
50	*Latvia*	70.1	71.0	82.8	59.2
Medium human development					
56	*Bulgaria*	71.0	70.9	83.2	64.9
57	*Russian Federation*	69.7	66.8	78.0	48.4
60	*Macedonia, TFYR*	67.5	73.6	84.1	75.8
62	*Belarus*	71.5	70.1	81.6	56.4
65	*Albania*	67.7	73.7	87.7	80.1
66	*Bosnia and Herzegovina*	67.5	74.0	85.2	74.1
69	*Romania*	69.2	70.5	81.5	63.7
70	*Ukraine*	70.1	69.7	81.1	56.5
Developing countries		55.5	64.7	69.2	62.0
Central and Eastern Europe and the CIS		69.2	69.6	80.6	58.8
OECD		70.4	77.2	88.1	78.7
High-income OECD		71,6	78.4	89.5	80.9
High human development		70.7	77.5	88.4	78.9
Median human development		57.8	67.3	74.3	65.2
Low human development		45.0	49.1	41.2	38.5
World		59.8	66.9	72.9	64.4

Human Development Report 2004

As we can see from the data made available by the *Human Development Report*[15] there are differences captured in objective indices behind the 'mental programming'.

[15] For the exact content of the concept cf.: 'Human Development . . . is about much more than the rise or fall of national incomes. It is about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests. People are the real

HDR offers us a glimpse of the index of the biological '*exhaustion*' of the population: the topic of the mortality trend. Ever since 1975, HDR has regularly compared the countries of the world in terms of 33 topics in the decreasing order of the *Human Development Index* (HDI). We will choose one of them which is relevant to our topic of the differences between the grand regions of Cis- and Trans-Elbania in terms of longevity.

We have only included the data on 36 European countries in *Table 2*, with half of them lying in Cis-Elbania, the other half in Trans-Elbania. (To make sure of a 'visually shocking effect', we have entered Cis-Elbanian countries in grey, and emboldened the names of the countries participating in the CURE project). We can also observe a considerable measure of dynamics in the TimeSpace overall picture (between 1970–75 and 2000–05): the improvements in the 'Cis' (grey) domain are significantly greater than those in the 'Trans' domain. That is to say, the difference between the previous generations of the two grand regions in terms of expected longevity at birth has risen further by the time the lives of those in present generations had begun. While this improvement in Austria has reached 7.9 years in 30 years, it has only been 2.6 in Hungary. The difference is even sharper in a breakdown by sexes (columns three and four in the table): What percentage of the men born in the 36 European countries in the interval 2000–2005 have a chance to live through their lives while they are active in work, i.e. live to be 65 years old? More than one third, i.e. 37.3% of the present Hungarian male population will 'get exhausted' during their active phase (as opposed to 16.5% in Holland and 18.3% in Germany). This is a point of decisive importance for framing in the thematic domain of *Corporate Culture and Regional Embeddedness* which can only be ignored at the peril of misleading the CURE team, however erudite or resolutely well-intentioned the members may be, or feel.[16]

wealth of nations. Development is thus about expanding the choices people have to lead lives that they value. And it is thus about much more than economic growth, which is only a means – if a very important one – of enlarging people's choices. Fundamental to enlarging these choices is building human capabilities – the range of things that people can do or be in life. The most basic capabilities for human development are to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community. Without these, many choices are simply not available, and many opportunities in life remain inaccessible' ('The Human Development Concept' n.d.).

[16] This re-channeling of the project from the cultural anthropology of organisations to the discipline of economics dealing in accountable realia may be even further illuminated through the integration of the cluster of viewpoints addressed in Wallerstein's *Modern World System (MWS)* into the new framing. This topic is left to the competence of Miklós Losoncz, the new team-leader, who has rather critical views of MWS, arguing against its general validity with the help of counterexamples (Ireland, Baltic states, etc.). There is just one point in the latest recapitulation of Wallerstein's system which we find stimulating for our social psychological approach. According to this, while MWS seems more tolerant in respecting the interests of nation states than the traditional world empire, it still achieves its aims via controlling them through an economic division of labor. Nation states, in turn (and here we may include sets of them getting compounded in grand regions such as 'Trans-Elbania') are in a *schyzophrenic,* ('double bind') situation. 'Universalism was offered to the world as a gift of the powerful to the weak. *Timeo Danaos et dona ferentes!* The gift itself harboured racism, for it gave the recipient two choices: accept the gift, thereby acknowledging that one was low on the hierarchy of achieved wisdom; refuse the gift, thereby denying

A confrontational exchange between the CURE approach (incorporating seven disciplines) and the frame of reference underlying the distinction between Cis- vs. Trans-Elbanian grand regions (including certain elements of the MWS approach) has the potential of leading to remarkable theoretical and practical advances. We can arrive at theoretically more comprehensive reflections if we try to locate both the original CURE frame and the MWS approach along the social theoretic continuum which has at one of its poles the ancient metaphor of Menenius Agrippa, which compared the patrician and plebeian classes of ancient Rome to the mutually dependent members of the human body, despite the fact of their being the recipients of harshly asymmetric effects such as the stomach tickled by the pleasures of digestion, versus the limbs exhausted from work,[17] while having at the other pole the *Communist Manifesto*, which describes this harmonious biological analogy as a take-in, proposing instead to understand the position of the preferred and favoured maintaining the system through force (or some subtler substitute of force) in terms of the notion of parasitism.[18] There is no disputing the fact that the CURE project, inspired by the c*ore value system* of the European Union, is closer to the former pole, while the Wallerstein approach is unmistakably closer to the latter.

In any case, it is certainly advantageous for researchers undertaking to clear the frame – which involves (inter alia) taking a reflective look at their own personal framings – that they have the opportunity to make themselves aware of an aspect of this continuum emerging into view from a meta-level, and to apply their action research points of view from inside such a more comprehensive vision.

5. Health Capital in a causal-structural model (illustrative pilot results from the Hungarian 'in-depth study' – with a recommendation for the possible follow up of CURE)

Here we can only give the outline of a model sketch which will only gain a coherent meaning after the acceptance and SPSS-processing (1997) of the complete empiry, since we could implement the resultant data of only one type of our model-variables by the time this periodical went to print (namely that of individual answers by persons), whereas the main operations are implemented among the variables of the other type (namely, on the level of variables of a higher system, such as the corporate as

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oneself weapons that could reverse the unequal real power situation' (WALLERSTEIN 1995). Thus, they are supposed to be happy to become organically integrated into a well-functioning higher unit, on the one hand, and are supposed to countenance getting this at the cost of 20% fewer of their male population living to see the end of their active lives than the men in countries on the other side of the very same system of labour distribution (cf. Losoncz' normative analysis of the cost-benefit balance of joining the European Union).

[17] What corresponds to it in present-day sociological trends is the 'functionalist' approach (cf. MERTON 1968).

[18] What corresponds to this in present-day sociological trends is the conflict approach (cf. DAHRENDORF 1959).

well as the regional – behind that, national – variables aggregated of these). The importance of this differentiation is also markedly emphasised by Hofstede, in his forest-simile.[19]

The topic of the units of analysis and their hierarchy is a true Achilles heel of sociological methodics. It is in this area that the threat of confusion and false results looms largest.[20] As a piece of the classic *Mehrebenenanalyse,*[21] we have been submitted to retrospective clarification and more rigorous formulation concerning the units of analysis. The central level of investigation remained the 6 countries, represented by the sample of a minor region for each (totalling 7, in fact, because of two German regions included). But above this level, we have included the level of a group of countries or Grand Region.[22] It is none the less important to differentiate between the levels of analysis, in the relation of national culture and corporate culture data,[23] which we have to keep in mind when we gather the data of both from the same

[19] Which states: 'Forests cannot be described with the same dimensions as trees, nor can they be understood as bunches of trees. What should be added to the analysis at the forest level is the interaction between different trees and other plants, animals, organisms and climate factors, together described by the term *biotope*. In reverse, trees cannot be described with the same dimensions as forests. At best, one can ask in what kind of forest this tree would be most likely found, and how well it would do there.' For this reason, we use the complex formulas to compute the Hofstede-variables (e.g. Power Distance Index [PDI]), instead of individual questions. 'Because of this, the VSM 08 cannot be scored at the individual level. It is not a psychological test. The tendency to ask for individual scoring of the VSM is stronger in some national cultures than in others. Especially in very individualist cultures, the request for individual scoring is frequent: the concept of *my society* (a forest) is weaker than the concept of *me myself* (a tree)' (cf. HOFSTEDE et al. 2008).

[20] We draw attention to the following passage from E.R. BABBIE's classic work, which, now in its sixth edition, has also established itself as the standard sociology textbook used in university education in Hungary: 'You must decide whether you are studying marriages or marriage partners, crimes or criminals, corporations or corporate executives. Unless you keep this point in mind constantly, you run the risk of making assertions about one unit of analysis based on the examination of another' (1995, 92). This is no negligible danger in the case of CURE because it involves a 'qui pro quo': we only believe we have research results on 'organisational culture' while we have not reached that level as a consequence of omitting clarifying the units of analysis. Hofstede's warning has exactly the same point: 'The difference between my findings and the statements by the bestseller Peters and Waterman and their followers can be explained by the fact that the U.S. management literature tends to describe the values of corporate heroes (founders and significant leaders), whereas my survey asked the ordinary members of the organization who are supposed to carry the culture' (HOFSTEDE and HOFSTEDE 2005, 286).

[21] Cf. ROBINSON (1950); SCHEUCH (1966); HUMMELL (1972); OPP & HUMMELL (1973).

[22] It is by no means accidental that the Hungarians have suggested inserting a unit of analysis at a new level, that of the Grand Region. This would be a step in re-framing, justified by the organic relationship between level of economic development and human capital (Cf. LOSONCZ 2007; VARGA 2005a).

[23] To establish a difference between the two types of cultures cf.:'Using the word culture for both nations and organizations suggests that the two kinds of culture are identical phenomena. This is incorrect: a nation is not an organization, and the two types of culture are of a different nature. The difference between national and organizational cultures is based on their different mix of values and practices. National cultures are part of the mental software we acquired during the first ten years of our lives, in the family, in the living environment, and at school, and they contain most of our basic values. Organizational (or corporate) cultures are acquired when we enter a work organization as young or not-so-young adults,

persons and process them. As a matter of fact, when we propose to introduce the control variable of the salutogenic cross-section of the Health Capital (JEGES 1997; JEGES et al. 1997) into the causal-structural model of the CURE-project's possible follow up, and to this effect, we give a glimpse of one of our preliminary pilot results achieved on an inner 'in-depth' playing field, put at our disposal in the CURE, it is advisable to recall, on the one hand, what the actual question is which the design operationalising the model is trying to answer (cf. *Table 2*), and on the other hand, ANTONOVSKY's (1984, 1993) definition of the salutogenic section of the Health Capital (adding to the three components of this in a note the text of the two questions respectively which already concisely operationalise the elements of this theoretical construct).[24] The Sense of Coherence is a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable;[25] (2) the resources are available to meet the demands posed by these stimuli;[26] (3) these demands are challenges, worthy of investment and engagement.[27] As an illustration to this we can only disclose two of our pilot empiries in the data carriers below (diagram, table). With these, we illustrate, first of all, that we are 'on the spot', and it is obvious from our previous data, as well, that the national value system data (Hofstede I) and the corporate value-data (Hofstede II) in the case of the 30 companies investigated in the Győr minor region are in a significant and interpretable relationship with the salutogenic cross-section data registered from the same place (with the power of the Sense of Coherence). In any case, this suggests the presence of cross-impact, where further SPSS-path-analysis operations will be able to assert the probability of the interpretable effect-direction.[28]

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with our values firmly in place, and they consist mainly of the organization's practices – they are more superficial' (HOSTEDE & HOFSTEDE 2005).

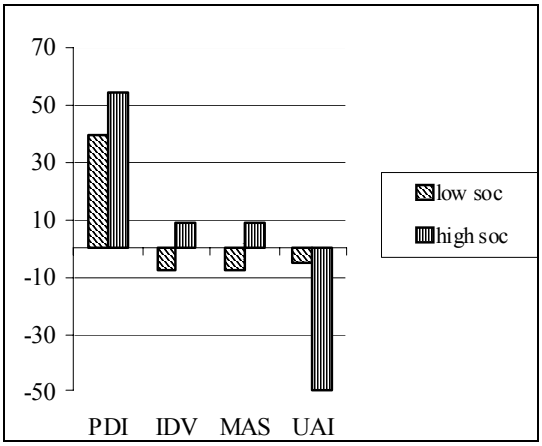
[24] Cf. KOBASA et al. (1982); MADDI (2004); FLENSBORG-MADSEN et al. (2005); JEGES-VARGA (2006); Varga, K. (2007) 'Frame Disputes about Framing Ambiguities and Misframings: Clearing the Frame of "Cis- versus Trans-Elbanian" Grand Regions' (CURE document, manuscript).

[25] This component (Sense of Comprehensibility) is measured by the following two out of the original 11 test-items as a result of the JEGES &VARGA (2006) convergent validation operation: 'Do you have very mixed-up feelings and ideas?' (the two poles are: very often vs. very seldom or never); 'Does it happen that you have feelings inside you would rather not feel?' (the poles: very often vs. very seldom or never).

[26] This component (Sense of Manageability) is measured by the following two out of the original ten. 'Do you have the feeling that you're being treated unfairly?' (the poles: very often vs. very seldom or never); 'When something unpleasant happened in the past your tendency was:' (the poles: 'to eat yourself up' about it vs. to say 'ok, that's that, I have to live with it', and go on).

[27] And this (Sense of Meaningfulness) by the following two out of the original eight. 'When you think about your life, you very often:' (the poles: feel how good is to be alive vs. ask yourself why you exist at all); 'You anticipate that your personal life in the future will be:' (the poles: totally without meaning or purpose vs. full of meaning and purpose).

[28] We are not in a position yet to point out what kind of regressive connection there is between the salutogenic cross-section of the Health Capital and the four above mentioned dependent variables of the project, having no processed data about these at the deadline.



(Source: CURE Hungarian in-depth study pilot survey, n = 52)

Figure 1
The four Hofstede I national culture dimensions in the segment of the Sense of Coherence displaying low versus high values

From this data-diagram, the hypothesis can already be drawn that for example, it will be possible to establish a connection between the content of the Uncertainty Avoidance Index (UAI) when set up with suitable weighting,[29] and the salutogenic Health Capital data on a regional/national level, and from the dynamics of this relationship, interpretable regularities can be gathered. For example, the Uncertainty Avoidance as an element of national culture stands in a negative correlation to the salutogenic cross-section of Health Capital. And if we consider the project data of Cis- versus Trans-Elbanian countries with this in mind, it is conspicuous that the Hungarian sample representing the latter falls behind the field of the five Cis-Elbanian countries not only in terms of the above mentioned survival data, but also in its national value system, its uncertainty tolerance is weaker than theirs with an order of magnitude.[30] As regards the other analysis level, that of the *corporate culture*, here we took the data from among those registered with the Hofstede II questionnaire. This correlated significantly with the index of the salutogenic cross-section of Health Capital. But in

[29] E.g. 'How often do you feel nervous or tense?'; 'One can be a good manager without having a precise answer to every question that a subordinate may raise about his or her work.'; 'A company's or organisation's rules should not be broken – not even when the employee thinks breaking the rule would be appropriate.' However, it is also true that Hofstede inserted a question directly referring to health status into the new way of computing the UAI: 'All in all, how would you describe your state of health these days?' This contaminating effect also contributes to the extraordinary power of our present pilot study data.

[30] While the Uncertainty Avoidance Index of the English is 35, with which they keep the 66/67th place on the 74-list of the nations, and the Hungarians with their 83 UAI keep the 26/27th place. The other four Cis-Elbanian countries are between these two, with the Dutch and the Swiss being closer to the English, and the Germans and the Austrians closer to us. But even Austria, the country closest to us, falls behind us with more than ten points (score: 70), ranking ten places higher (rank: 35/38).

the chart below, it is not these correlations that we display, but rather the data of this relationship broken down to a greater depth: namely, the way in which the four Hofstede II corporate culture dimensions correlate with the *individual components* of the Sense of Coherence (SOC).

Their exact content of these corporate culture dimensions are:

Rather calling attention to the mistakes committed by the employees	1	2	3	4	5	*The well-done job of employees also praised as a rule*
At our place, people frequently break their promises	1	2	3	4	5	*At our place, if a promise is made, it is also kept*
The organisation takes responsibility for the welfare of its members and their family	1	2	3	4	5	*The organisation is only interested in the work they get done from their members*
At our place, correct procedures are more important than results	1	2	3	4	5	*At our place, results are more important than correct procedures*

Table 3

Pearson correlations between four Hofstede II corporate culture dimensions and the three components of the Sense of Coherence

		Comprehensibility	*Meaningfulness*	*Manageability*
Only call attention to fault – vs. – praise	*Pearson Correlation*	0.238	0.272	0.397(**)
	Sig. (2-tailed)	0.089	0.051	0.004
	N	52	52	52
Break promises – vs. – keep promises	*Pearson Correlation*	0.190	0.332(*)	0.236
	Sig. (2-tailed)	0.172	0.015	0.089
	N	53	53	53
Responsible for employees well-being – vs. – only interested in work	*Pearson Correlation*	–0.298(*)	–0.450(**)	–0.172
	Sig. (2-tailed)	0.032	0.001	0.222
	N	52	52	52
Correct procedures more important – vs. – results more important	*Pearson Correlation*	–0.141	–0.071	–0.285(*)
	Sig. (2-tailed)	0.313	0.611	0.038
	N	53	53	53

(Source: CURE Hungarian in-depth study pilot survey, n = 52)

From the chart, one can gather interpretable preliminary pilot results which may serve as a basis of hypotheses concerning the whole of the investigation. As, for example, it works against the alienation of the employees (*Sense of Manageability, Meaningfulness*) if their efficiency is duly acknowledged, and if they feel that the results are not by all means desirable, but only as the fruits of a correct procedure. The homelike feeling of familiarity (*Sense of Comprehensibility*) of the employees goes together with their feeling that beyond the mere work task, their personality can just as well count on understanding and care in the culture of the organisation.

6. 'Frame of the frames': Value system of the European Union and the goals of the CURE-project

Obviously, both the theoretical problem of 'Transformational Depth' as expounded by GOFFMAN,[31] and the series of operations aimed at the 're-framing of re-framing' must be pursued to a point which will allow us to advance to a 'super-frame' which will be taken as a kind of 'constitution' to guide our thought and work all along the road leading to the achievement of our objective. In this section we will be examining how the results of these operations may be integrated in such a way as to be capable of serving as elements in a coherent research and development strategy. To take this very point of view into the thought chain, we have to go back to the foundational objective of the CURE project and even beyond that to the system of values professed by the European Union.

6.1. European Union: Competitive outside in MWS, developing inside 'at one speed pace'[32]

This mega-scale possibility lends meaning to the collection of micro-data and novel scenarios extrapolated from them which point toward the possibility of an interactively based evolutionary step forward (to use the terminology borrowed from Ervin László, see above) via the *cross-fertilisation* addressed in the CURE project.

Thus, the escape route from the trap of the *schyzogenous double bind* may lie in the direction of locating the problem in a larger context, an option we are trying to utilise in our inclusion of Goffmanean re-framing. Viewing our topic as a whole, the

[31] 'How complex can a frame structure be and still be effective in setting the terms for experience?' (1974, 182).

[32] As PÖTTERING (2007) states: 'Unser Wille muss stark sein, die notwendigen Reformen zu verwirklichen. Dabei müsssen wir diese Reformen so vorantreiben, dass die Völker in der Europäischen Union *nicht gespalten, sondern zusammengeführt werden*.' We must be resolved to carry through the necessary reforms. In doing so, however, we must proceed with these reforms in such a way that they bring the nations of the European Union closer to each other rather than separating them.

short-term prognosis does not look very encouraging, but, as the saying goes, one can already '*catch sight of the end of the tunnel*'. As an axiologist sensitive to mega-trends, we are inclined to agree with the prognosis of BENIGER (1986).

According to Beniger, we can interpret the development of human societies as a series of waves of control crises and control revolutions where the latter provide solutions for the former. Accordingly, the 'selfish strategic', i.e. chaotic and conflict-ridden state of the present and near future can be diagnosed as a transitory crisis of control while prognosticating the condition of a 'communicative' state, i.e. a state reached on the basis of mutual benefit, expected to emerge in the long term, as a solution brought along by a control revolution, and that in the spirit of re-humanisation which succeeds in placing institutional checks on the destructive tendencies at the global level, where these checking institutions are guided by ethical and legal considerations.[33]

6.2. Béla Hamvas: The genius of the region

Let us close this train of thought geared to clearing the frame with a concept of regionality propounded by Hamvas, a writer greatly esteemed by Hungarians, called 'The Five Geniuses',[34] which has acquired additional relevance for the Hungarian participants by its identifying a *genius loci* in the new Hungarian minor region, an awareness of which can enhance the self-esteem of the citizens of the region and its researchers from *Széchenyi István University* as well. HAMVAS' thesis is as follows: 'Unity, order and high standards within the nation can only be attained if these five geniuses rise to a harmonious awareness in the multitude of people. *Being Hungarian comes down to achieving harmony in the world of the five geniuses*' (1996, 97, our trans.).[35] While the original sample region, Pécs, falls in the domain of the first of the five geniuses, and the new one, Győr, in the second.

> To some depth, which is impossible to define exactly, the line of the Western region running from Pozsony [Bratislava] to Szentgotthárd is extending eastward. The area in the North is hardly larger than the town of Pozsony itself, although it extends some influence to localities at the foot of the Minor Carpathians as far as Nagyszombat [Trnava]. Transdanubia is the border more or less as far as Fertő, stretching somewhat further toward the

[33] Cf. VARGA (2005a, 2006) – research supported by the OTKA projects T-030564 and T-046957.

[34] Béla Hamvas (1897–1968), who was rudely oppressed under once-existing socialism, despite his genius, divided historical Hungary into five intellectual regions (South-West, West, North, the Plain, Transylvania). He projects this division onto the thousand-year-old historical Hungary, but does not do so from an irredentist motive of defying the dictate of Trianon. On the contrary, in grappling with the problem of an historical interpretation of Trianon, he emphasises the need for national self-criticism. (Cf. HAMVAS 1996)

[35] 'A népen belül egység és rend és magas színvonal csak abban az esetben valósítható meg, ha ez az öt géniusz az emberek sokaságában harmonikusan tudatossá válik. *Magyarnak lenni annyit jelent, mint az öt géniusz világában egyensúlyt teremteni*.'

> East at Sopron and reaching as far as Lake Balaton. The character of the West can be discerned along the Danube as far as Buda in towns such as *Győr*, Komárom, Tata and Esztergom. In the North, traces of it are discernible in the valley of river Vág and even in Szepesség [Zipsland]. As one enters the plane, it suddenly disappears.
>
> (1996, 52, our trans.)[36]

This region, then, reaches beyond the territory of present-day Hungary, having its northern pole in the former Hungarian coronation town of three cultures – Hungarian, German, Czechoslovak –, namely Pozsony/Pressburg/Bratislava, the home town of Béla Hamvas, the region of which he was thus describing from the vantage point of the local man. The existence of this organic unity of minor regions which transcends country borders is one of the most important strategies of a future 'Europe of regions'. But Hamvas also writes something about this region (in harmony with its above motto-like characterisation 'cultivatedness and social equilibrium') which has double relevance for the CURE project:

> Of our historical figures, *István Széchenyi* is the concentrated sum of the Western genius. Széchenyi wanted to extend the West to the whole country, to bring about intensive cultivatedness, with a view to casting all Hungarians into the Western mould of achieved middle class status ('Bürgertum'). . . He wished for something that neither the North, nor the East, nor Transylvania could have done even if they had wanted to. Those aims make sense only in the West. For it is only here that one *wins equal treatment and a secured existence and intellectual standards in exchange for subjection*. In the East, he who subjects himself becomes a servant, and there is no social equality, or a secured existence, or standards.
>
> (1996, 57, our trans.)[37]

One of the relevancies coming into view here is *symbolic*: the Hungarian research institute participating in the CURE project bears the name of *István Széchenyi*, (acclaimed as 'the greatest Hungarian' by Lajos Kossuth, his political adversary), who, in Hamvas' view, impersonates the genius of 'Western Hungary', the region of Hungary which is closest to Europe. The other relevance is heavily substantive. According to Hamvas' functional approach 'one gets equal treatment and standards

[36] 'A nyugati kör Pozsonytól Szentgotthárdig terjedő vonalban pontosan meg nem határozható mélységben nyomul kelet felé. Északon a terület alig több, mint Pozsony város, bár kisugárzik a Kiskárpátok tövében levő településekre egészen Nagyszombatig. Dunántúl a határ körülbelül a Fertő, Sopronnál valamivel keletebbre nyúlik és elér a Balatonig. Nyugat karaktere azonban a Duna mellett egész Budáig észrevehető olyan városokban, mint *Győr*, Komárom, Tata, Esztergom. Észak felé nyoma a Vág völgyében és a Szepességben is megtalálható. A síkságon hirtelen egyik lépésről a másikra eltűnik.'

[37] 'A történeti alakok közül a nyugati géniuszt töményen *Széchenyi István* jelenti. Széchenyi nem akart mást, mint Nyugatot az egész országra kiterjeszteni, az intenzív kultiváltságot megteremteni, hogy a nyugati polgárosultságba az egész magyarságot beolvassza. . . Olyasmit óhajtott, amit sem Észak, sem Kelet, sem Erdély, még ha akart volna sem tudott volna teljesíteni. Mindennek csak Nyugaton van értelme. Hiszen *az alárendelésért az ember csak itt nyer a többivel egyenlő elbánást és biztosított létet és szellemi színvonalat*. Keleten, aki megadja magát, az szolga, szociális egyenlőség, biztosított lét és színvonal pedig nincs.'

for subjection' in the genius of the West. This reconfirms the prognosis of a realisation in the foreseeable future, of the *conceived value* of the European Union discussed above (and supported by a quotation from Pöttering) – competitive outside in the Modern World System (MWS), but also developing inside at one speed pace – as an operative value aspect.[38]

This is a hypothesis, which was actually set up to be investigated in its original concept by the research team of the CURE project, recruited from the grand regions situated on both sides of the Elbe–Leitha boundary line. As opposed to the five 'Cis-Elbanian' (*core* in terms of MWS) countries, the Hungarians representing the only 'Trans-Elbanian' (*semiperiphery* in terms of MWS) side of the field, however – as a continuation of the national salutogenic research that we implemented – we emphatically proposed to insert the aspect of Health Capital as a control variable which can help us make a differentiation between the *true* and the *spurious explanations*, thus helping to validate our results, making these suitable to become the foundations of EU-strategies.[39]

6.3. Final remark: A piece of advice worthy of notice from a classic of methodology

In the subtitle of our study, which, as already mentioned, is the same as our contribution to the Vienna workshop in September 2007, representing the debut of the Hungarian subteam of the CURE project, it was deliberate that we left the 'Disputes' in there, indicating that our publication was and remains a polemical treatise, with which we aim to convince our project-partners and other colleagues with an interest in the subject matter that in order to avoid 'Misframings', in certain cases it is indispensable to introduce plausible control variables. In order to make us more inclined to vindicate a 'Re-Framing' in the follow-up of the project by means of the aspect of Health Capital (both in theoretical content referring to the latent impact of the difference in the Health Capital in the two grand regions, and methodics solutions concerning exactness and conclusiveness), in our final note here, we recall one of the classics of sociological methodology, Hans ZEISEL (1957), who pointed out, through the example of an accident proneness research with an up to this day unsurpassed clarity and persuasiveness, that a researcher harms himself and his clients if in the case of emerging 'Framing Ambiguities', he fails to defend himself by means of variable control against spurious explanations.

'If we suspect, for instance, that sex is a factor in the accident rate, the sample has to be broken down into male and female drivers as follows:

[38] To the value aspects *conceived* versus *operative* cf. MORRIS (1956, 1964) and VARGA (in press).

[39] Cf. Losoncz, M. & K. Varga (2008) 'Qualitative and Quantitative Research Types are Mutually Dependent Friends rather than Adversaries: A Supplement to the Empirical Research Manual' (CURE document, manuscript); VARGA et al. (2008), see n.9.

Table 4

Male and female drivers

	Men (%)	*Women (%)*
Never had an accident while driving	56	68
Had at least one accident while driving	44	32
Total	100	100
Nr. of cases	7,080	6,950

Based on the investigation of the accident history of 14,000 car drivers, driving safety seemed to be overwhelmingly in favor of women – but let us look at the situation after the introduction of the control variable. The proportion between male–female driving frequency may have drastically changed after all these years, but the clear moral of the story is still valid today.

Table 5

The accident history of male and female drivers

	Male drivers		*Female drivers*	
	Drove more than 1,000 miles (%)	*Drove 1,000 miles or less (%)*	*Drove more than 1,000 miles (%)*	*Drove 1,000 miles or less (%)*
Had at least one accident while driving	52	25	52	25
Never had an acccident while driving	48	75	48	75
Total	100	100	100	100
Nr. of cases	5,010	2,070	1,915	5,035

'The spurious explanation has been completely dissolved.' (ZEISEL 1957)

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