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Sprężystość ego a koordynacja zdrowotna człowieka

Ego resiliency and the condition of health

Streszczenie

Wstęp. Wzrastające zainteresowanie czynnikami zakłócającymi zdrowie zaowocowało licznymi odkryciami odnoszącymi się zarówno do teoretycznych podstaw zaburzeń zdrowotnych, jak i do indywidualnych zasobów jednostki, chroniących ją przed oddziaływaniem różnych stresorów. Jednym z tych zasobów jest wywodząca się z koncepcji J.J. Blocków sprężystość ego (*ego resiliency*), której właściwości adaptacyjne zostały sprawdzone w niniejszej publikacji.

Cel. Celem pracy było sprawdzenie założeń autorów wskazujących na adaptacyjną funkcję sprężystości ego (*ego resiliency*) poprzez analizę uzyskanych wyników na Skali Sprężystości Ego (*Ego Resiliency Scale-ER89*) J.Blocka (1996) przez dziewczęta i kobiety u których rozpoznano zaburzenia zdrowotne.

Materiał i metoda. Do pomiaru sprężystości ego (*ego resiliency*) zastosowano 14-itemową Skalę Sprężystości Ego (*Ego Resiliency Scale- ER 89*) stworzoną przez Jacka Blocka. Na potrzeby tego badania odpowiednio dostosowano Skalę Sprężystości Ego, sprawdzając jej rzetelność, która na badanej próbie kobiet ujawniających zaburzenia zdrowotne wyniosła $\alpha=0,719$, natomiast na próbie kobiet nie ujawniających żadnych zaburzeń zdrowotnych rzetelność przyjęła wartość równą $\alpha=0,45$. W badaniu wzięło udział 110 kobiet w wieku 15-30. Kryterium doboru badanej próby stanowiła kondycja zdrowotna. Grupę 60 kobiet nie ujawniających żadnych zaburzeń zdrowotnych tworzyły: uczennice gimnazjum w wieku 15-17 lat, studentki w wieku 19-25 lat oraz kobiety w wieku 26-30 lat. Natomiast grupa 50 kobiet ujawniająca zaburzenia zdrowotne składała się: z 18 kobiet w wieku 15-25 lat, u których zdiagnozowano jadłowstręt psychiczny; z 17 kobiet w wieku 21-26 lat, u których zdiagnozowano zaburzenia o podłożu depresyjnym oraz z 15 kobiet w wieku 20-30 lat, u których zdiagnozowano zaburzenia o podłożu nerwicowym.

Wyniki. Test T dla prób niezależnych oraz wieloczynnikowa analiza wariancji (MANOVA) ujawniły, iż kobiety, u których zdiagnozowano jadłowstręt psychiczny, depresję lub zaburzenia o podłożu nerwicowym charakteryzują się niższym poziomem sprężystości ego (*ego resiliency*) w porównaniu do kobiet nie ujawniających zaburzeń zdrowotnych, co może wskazywać na ogólne trudności w adaptacji i dostosowywaniu się do wymogów stawianych przez środowisko.

Słowa kluczowe: sprężystość ego, zdrowie, anoreksja, depresja.

Abstract

Introduction. Increasing interest in factors disturbing health has resulted in numerous discoveries connected with theoretical basis of health disorders and also to individual resources, which protect a person against many different stressors. One of them is ego resiliency form J.J. Blocks' concept and this publication aims to present adaptive features of ego resiliency.

Aim. The aim of this study was to examine adaptive function of ego resiliency by analysing *Ego Resiliency Scale-ER89* (J.Block, 1996) results of girls and women with health disorders. The Scale underwent the process of cultural adaptation and its reliability was measured with the result $\alpha=0,719$ for a sample of women with health disorders and with the result $\alpha=0,45$ for women without health disorders.

Material and methods. The research comprised 110 women, aged 15-30. The criterion of participation was their health condition. The group of 60 persons without any health disorders consisted of: female students from junior high school, aged 15-17; university female students, aged 19-25 and women, aged 26-30. The group of 50 women with health disorders consisted of: 18 women with anorexia, aged 15-25; 17 women with depressive disorders, aged 21-26 and 15 women with neurotic disorders, aged 20-30.

Results. Independent samples t-Test and multivariate analysis of variance (MANOVA) showed that the women with anorexia, depressive and neurotic disorders have lower level of ego resiliency than the women without health disorders, what may indicate their general difficulties in adaptation.

Conclusions. There are significant differences between the women with health disorders and the healthy women in their level of ego resiliency. The women with diagnosed anorexia, depression or neurotic disorders tend to have lower ego resiliency than the women without any health disorders.

Key words: ego resiliency, health, anorexia, depressive.

INTRODUCTION

The earlier scientific understanding of *resilience* concentrated on person's extraordinary *inner strength* or *inner resilience* [1]. In '70s the group of psychologists and psychiatrists, among others: Anthony (1974), Garmezy (1971,1974), Murohy (1974), Moriarty (1976), Rutter (1979) and Werner and Smith (1982) carried out the research in the group of children who developed normally without any psycho-pathological symptoms in a potentially unfavourable environment [1]. The results revealed that there are some features which characterise *resistant* children and other which characterise *invulnerable* children [1]. Because of this discovery, for at least twenty years researchers have been identifying the factors responsible for *resilience* phenomenon [1]. At present *resilience* is treated as a quite common process which appears as an effect of functioning of human adapting system and as a compromise between dangers and *protective systems* [1,2,3]. It has led to conclusion that the human adapting system is based mainly on *attachment*, *intelligence*, *self-regulation*, *self-efficacy* and *intrinsic motivation* [1]. That is the reason why understanding of *resilience* needs integration of the knowledge about human adaptive abilities with the knowledge about the natural development process [1]. What is more, the studies have disproved many negative and untrue theories about children growing up and developing in a potentially unfavourable environment. *Resilience is a set of abilities of effective coping with high intensity stress, which consists in flexible, creative coping with difficulties; the main role is played here by an ability to bounce back from negative experiences and ability to cultivate positive emotions* [4]. In literature *resilience* is understood as a multi determined product of interactive forces: individual features of a person and environment. Moreover, it is influenced by the risk factors which are the effects of different stressful life events and protective factors and/or factors decreasing negative effects of stress [2]. Moreover, *resilience* is a dynamic, developing process, depending on the context of one's life [2]. Most often *resilience* is understood as a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development [1], and also as a belief system that guides a person in coping with environmental challenges [2]. Also Newman (2005) defines *resilience* as a human ability to adapt in the face of tragedy, trauma, adversity and ongoing life stressors [3]. Bonanno defines *resilience* as an individual ability to resist to and face up stressful experiences [5]. He also claims that *resilience* to post-traumatic stress disorders and to traumatic events is a common phenomenon proving health adaptation [5]. Waller, (2001) traced the evolution of the *resilience* construct across diverse social science disciplines. Basing on her meta-analysis she suggested that *resilience is a multi-determined and ever-changing product of interacting forces within a given ecosystemic* [2]. According to Saleebey (2002) *resilience* refers to the operationalisation in practice of the strengths perspective, which stresses the capabilities, assets, and positive attributes of human beings rather than their weaknesses or pathologies. A resilient person is characterized by such attributes as social competence, problem-solving skills, autonomy and self-esteem, a sense of purpose, and an orientation to the future [2]. *Resilience*

is often understood as an inner state of mental and physical well-being and as an effective functioning despite adversity [6]. Moreover, some definitions of *resilience* describe it more specifically, for example as: *the capacity to rebound from adversity strengthen and more resourceful* [2]; *efforts to restore or maintain internal or external equilibrium under significant threat* [2]; *good developmental outcome which sustains competence despite the presence of stress and risk* [2], or a phenomenon that *helps families to be resistant to disruption in the face of change or crisis* [2]. *Resilience* is related to *coping* and *adaptation*. By coping we understand the person's cognitive and behavioural strivings to deal with new or different demands. Adaptation is the process through which each person's potentialities develop in response to environmental challenge and opportunities [2]. Finally, I would like to mention that the variety of definitions of *resilience* caused the separation of this term from such terms as: educational *resilience*, emotional *resilience*, behavioural *resilience* [6].

Directly connected with *resiliency* is J.J Block's concept [7] of *ego resiliency* and *ego control*¹, in which for the first time in psychology the term *ego resiliency* was used and defined as an inner mental structure which helps adjust to the world through person's ability to a flexible and situation-dependent adjustment of *ego control* and through using personal resources and coping [7,8,9,10,11,12,13]. Thanks to these qualities, *ego resiliency* takes part also in developing the strategy of coping with stress [7,8,9,10,11,12,13]. The opposition of *ego resiliency* is *ego brittleness*, which is described as a weak ability to modify the level of *ego control* and as a small access to personal resources and coping. It is connected with the difficulties with: adjusting to world's requirements, a tendency to use fixed and ineffective coping strategies, fixation and disorganisation while contacting with atypical events or stressors and with the difficulties with restoring the equilibrium after traumatic events [7,8,9,10,11,12,13]. *Ego resiliency* is one of these personality constructs which enables people to modify their expression of *ego control* in such a way that they could cope the most efficiently with difficulties [7,13]. In their article from 1980, Blocks thoroughly described not only the significance of *ego resiliency* but also its connections with other theoretical constructs. In personality, *ego resiliency* influences person's ability to control their behaviour not only according to a situation, but also to their accessible resources in a particular moment [8]. It means that people's *ego resiliency*² can be situated on a continuum from low *ego resiliency* to *ego* [8,10,11]. Persons with *ego resiliency* can be described as: flexible in acting, adjusting to changes, self-confident, often feeling positive emotions, setting both short- and long-term goals, able to relax and with a positive approach to life, which they perceive as a possibility to self-realising [8,9,10,11,12]. On the contrary, persons with low *ego resiliency* may be characterised as: using fixed patterns of reaction in stressful situations, feeling helpless, impressionable, feeling anxiety and fear while changing conditions of their environment [8,9,10]. The source of anxiety felt by a person with

¹ This article focuses on *ego resiliency*, that is why the authors do not concentrate on the phenomenon of *ego control*.

² The term low *ego resiliency* is used in the same meaning as *ego brittleness*.

ego brittleness is a confrontation with the requirements from outside world and person's present abilities competing with each other, and this confrontation unable using new and effective coping strategies [8]. It leads to using a fixed and schematic coping strategy regardless it is effective.

There are many functions of ego resiliency, depending on the chosen theoretical construct, such as: the central executive function; as meta-cognitive components of intelligence; emotion regulation function; self-regulation function; regulatory control function; response modulation function or attentional and effortful control function [8]. Much research proved that ego resilience was often understood and analysed as one of the strategies of coping with extreme adversity [14]. At present ego resiliency is understood in the context of protective processes underlying [14]. Klohnen [9,12], who carried on her research independently, found 4 main factors of ego resiliency and defined them as [9]:

- I. Confident optimism. People with ego resiliency described themselves as optimistic, positive and energetic. People with low ego resiliency described themselves as anxious, neurotic, nervous, self-handicapping, expecting rather negative events, what is close to the meaning – defensive pessimism;
- II. Productive activity. People with ego resiliency were described as autonomous, independent, facing up difficulties vs. defending while facing difficulties; (close to the construct of locus of control by Rotter, where internal locus of control characterises people with ego resiliency, and external locus of control characterises people with low ego resiliency);
- III. Insight and warmth. People with ego resiliency were described as having interpersonal warmth, *supportive relating to others*, having *the capacity to understand themselves and others*, using their *intellectual abilities*, tolerating *ambiguities and open to experience*, conscious of reasons of both own and others' actions, developing satisfying relationships with people;
- IV. Skilled expressiveness. People with ego resiliency are able to modulate their emotional expression in interpersonal contact, are assertive and self-assured, are versatile and spontaneous, direct in interaction and able to control their anger, comfortable in social settings.

Basing on the results Klohnen claims that one of the basic function of ego resiliency is an adaptation to changing life events through: the ability to rise positive emotional states, optimistic attitude to life, feeling competent and efficient in acting [9,12]. According to the research, people with ego resiliency are in good, both mental and physical, condition, and they assess their lives as having high quality [9,12].

AIM

The aim of presented study is to check the authors' assumption that *ego resiliency* plays an adaptive role. The main issues of this research are:

1. the role of *ego resiliency* in differentiating of persons with and without health disorders;
2. the role of *ego resiliency* in differentiating of persons with many different health disorders.

We formulated the following research questions:

1. Is there any difference in the level of *ego resiliency* between the women with health disorders, such as anorexia, depression or neurotic disorders and the women without any health disorders?
2. Is there any difference in the level of *ego resiliency* between the women with health disorders, such as anorexia, depression and the women neurotic disorders?

Theoretical analysis presented above justify formulating of the following hypothesis:

1. Comparing to the women without health disorders, the women with health disorders are characterised by a low level of ego resiliency.
2. Between the women with health disorders, such as anorexia, depression and the women neurotic disorders there are no differences in their level of ego resiliency.

MATERIAL AND METHODS

One hundred and ten (110) women, aged 15-30, participated in this research. The criterion was their health condition. The group of 60 women without any health disorders consists of: the students of a middle high school, aged 15-17, the university students, aged 19-25 and the women at the age of 26-30. The group of 50 women with health disorders consists of: 18 women, aged 15-25, with diagnosed anorexia according to ICD-10 or DSM-IV, and 10 of them were during the treatment; 17 women, aged 21-26, with diagnosed depression according to ICD-10 or DSM-IV, and 10 of them were during the treatment; and 15 women, aged 20-30, with neurotic disorders diagnosed according to ICD-10 or DSM-IV, and 10 of them were during the treatment. The research had both group and individual characters. It was started in May 2007 and was finished in January/February 2008.

To measure ego resiliency we used Ego Resiliency Scale-ER 89, which was constructed in 1980s as a result of longitudinal studies initiated in 1950s by J.J. Block. For the needs of presented research Ego Resiliency Scale- ER 89 was adapted and its reliability was tested. The reliability for the analysed sample of women with health disorders was $\alpha=0,719$ and for the women without any health disorders was $\alpha=0,45$. In the present version Ego Resiliency Scale- ER 89 consist of 14 statements with four-degree scale where 1 means *I am absolutely not like this* and 4 – *I am definitely like this*.

RESULTS

The differences in ego resiliency between healthy women and women with health disorders: anorexia, affective disorders (depression) and neurotic disorders.

The verification of the first hypothesis was based on comparing ego resiliency of women with and without health disorders. We used the procedure of variance analysis with T test for independent samples. The results shown in Table 1 confirm the occurrence of the differences in general results on Ego Resiliency Scale-ER89 between women with and without health disorders.

TABLE 1 presents the results of T test for independent samples – of healthy women and women with health disorders, in general results in Ego Resiliency Scale-ER89.

	<i>F</i>	Signifi- cance	<i>t</i>	<i>df</i>	Signifi- cance
General outcome ER-89	0.082	0.776	10.631	108	0.000

TABLE 2 presents the mean results and standard deviation of Ego Resiliency Scale-ER89 of analysed sample of healthy women and women with health disorders.

Mean ego resiliency outcome of healthy women	Mean ego resiliency outcome of women with health disorders	SD Healthy women	SD Women with health disorders
44 pkt.	34 pkt.	4.098	5.505

TABLE 3 presents the mean results and standard deviation of analysed sample of healthy women and women with health disorders: anorexia, affective disorders (depression) and neurotic disorders.

Mean ego resiliency outcome of healthy women	SD Healthy women	Mean ego resiliency outcome of women with anorexia	SD Women with anorexia	Mean ego resiliency outcome of women with depression	SD Women with depression	Mean ego resiliency outcome of women with neurotic disorders	SD Women with neurotic disorders
44 pkt.	4.098 pkt.	34 pkt.	4.268 pkt.	33 pkt.	6.411 pkt.	35 pkt.	5.894 pkt.

TABLE 4. presents the differences of means between the analysed sample of women with anorexia and those with depression or neurotic disorders and those with neurotic disorders and those with depression in the mean of general result in Ego Resiliency Scale measured on the base of Manova.

Variable	Difference between means: anorexia – depression	Standard error: anorexia – depression	Significance: anorexia – depression	Difference between means: anorexia – neurotic disorders	Standard error: anorexia – neurotic disorders	Significance: anorexia – neurotic disorders	Difference between means: neurotic disorders – depression	Standard error: neurotic disorders – depression	Significance: neurotic disorders – depression
Outcome on ER89	0.43	1.624	0.793	1.48	1.679	0.381	1.91	1.701	0.265

The difference between the mean results in ER-89 Scale in the analysed samples of women with health disorders and healthy women (Table 2 and Table 3) is in average 10 points and is statistically significant for $p < 0,000$ (Table 1).

The differences in ego resiliency between women with health disorders, such as: affective disorders (depression), neurotic disorders and with anorexia

The verification of the second hypothesis was based on comparing the level of ego resiliency of women with anorexia, neurotic or affective disorders. We used the procedure of Multivariate analysis of variance *Manova* (Table 4). The results confirm that there is no differences in ego resiliency between the women with anorexia, neurotic or affective disorders.

The differences between the average results of a general result in Ego Resiliency Scale-ER89 (Table 4) in analysed samples of women with health disorders, such as: affective disorders (depression), neurotic disorders and the results of women with anorexia were not statistically significant.

DISCUSSION

The presented results confirm the occurrence of the difficulties between the women with health disorders and the healthy women in their ego resiliency. Therefore it is much probable that in the analysed sample the women with diagnosed anorexia, depression or neurotic disorder tend to have lower ego resiliency than the women without any health disorders, which can indicate general difficulties with adaptation and adjustment to environment requirements, a tendency to fixate on rigid and not adaptive coping styles and disorganisation while meeting unusual circumstances or stressors. The women with health disorders tend to recover

their balance after traumatic experiences longer and they are not able to cope effectively with life difficulties. They tend to have problems with controlling their behaviour which causes their reactions which are not adequate to a situation. Such women may demonstrate a small level of flexibility in adapting, but it is often accompanied with a fear because of confronting their abilities with the requirements from the environment, which probable does not enable to use their own, although not well developed, resources and it influences a tendentious coping and non-adaptive behavioural patterns. It is probable that the women with health disorders and characterised by low ego resiliency more often feel helpless and powerless than the healthy women, and therefore they may tend to avoid acting independently and autonomously but be more dependent on other people. Such attitude may increase the susceptibility and the sensitivity to different influences contributing to passivity in coping with difficulties.

CONCLUSIONS

1. There are significant differences between the women with health disorders and the healthy women in their level of ego resiliency.
2. The women with diagnosed anorexia, depression or neurotic disorder tend to have lower ego resiliency than the women without any health disorders.

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