

PERCEIVING SELF-IDENTITY THROUGH THE PRISM OF NORM AND PATHOLOGY – A PERSONALISTIC INTERPRETATION

Romuald Jaworski, Jan Bielecki

Institute of Psychology, Cardinal Stefan Wyszyński University, Warsaw, Poland

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Summary

Owing to the importance of the problem of self identity in psychology and psychotherapy, Institute of Psychology of Cardinal Stefan Wyszyński University began investigating quality analysis of identity. The research so far focused on intensity and importance of the sense of identity in developmental processes and psychotherapy. The pilot studies recounted tended to concentrate on such areas of self-identification, as gender, family, social environment, politics, religion, professional career, health and temperament, and such additional categories as, emotions and psychosocial age.

The paper describes strategies of the research, still in progress, upon the significance of health conditions (perception of oneself through the prism of norm or pathology) in order to establish other areas of identity.

Introduction - Preliminary assumptions

The significance of identity problems is discernible in the interest devoted by sociologists, psychologists, educators and clergymen. Sense of identity plays an important role in education, therapy and professional career. Identity constitutes a constant element of personality that helps one to remain oneself, regardless of environmental changes. The definition of oneself undergoes many sudden, sometimes total, changes. Yet, there is a constant part that always remains. Defining oneself is indispensable to comprehend who one is, what (s)he represents, and in what direction proceeds. Keeping and reinforcing the sense of stability seems essential for proper functioning in social groups, and in traumatic situations that exhort decision making.

Studying identity and its psychological interpretation needs specifying basic terms. Personal identity means a set of self-identifiers, with which an individual describes oneself differentiating between 'I' and 'Other People' in the

category of 'I – not I'. Social identity is a set of self-identifiers with which an individual describes oneself differentiating between 'We' and 'Other People' in the category of 'We - not We (They)' [9, 767].

It is important to distinguish two perspectives, objective and subjective. Rooted in philosophy or theology, objective perspective tries to determine who man is. Subjective perspective (strictly psychological) focuses on the problem of how man perceives himself in relation to the reality, how seriously takes the contexts of identity in his life. The main field of the pilot studies conducted concerns several areas of life with which people identify relating to their identity.

Identity research undertaken at our university adopts the perspective of Christian personalism, as represented by G. Marcel, E. Mourier and K. Wojtyła [1,3]. Personalistic perspective encompasses the following aspects: anthropological assumptions – *conditio humana*, epistemological – possibility of self-cognition, and axiological – attitude toward values. The significance of human awareness of freedom and responsibility is recognized on both anthropological and ontological premises. Epistemological premises concern human ability of self-reflection and correction of the picture of oneself. Axiological premises focus on the fact of human relation to the world of material and non-material values, the presence of which forms a basis for self-identification.

It is worth noting the difference of the ontic identity connected with the query 'who am I?' and the psychological- axiological identity connected with the query 'what am I like?' Different levels of maturity are discernible in both issues. Identity stays undiscovered by many people. They have not yet had to face hardships or had to identify themselves. They are ignorant of who they are, what they are capable of, where the limits of their competence or endurance are. It usually happens due to the lack of proper experience of adolescence in which, according to Erikson [4], young identities are shaped. Often we come across entangled and embroiled identity that shows in chaotic search for essential traits, accompanied by a sense of being lost, and unable to hierarchize one's aims in life. Such situations

occur when significant persons provide contradictory feedback that the child is unable to sort out and that stays with him/her throughout adult life. When traumatic experiences disturb one's sense of self-identity, we speak about lost identity.

Research strategies. The main aim of the study undertaken has been to determine qualitative approach to the problem of identity, assess the level of identification of the persons examined with various areas of identity, and investigate correlations between various areas of identity. Creating a tool to examine preferences in various areas of identity formed an important issue in our project.

Research problems – multidimensionality of identity, identity and health

Sociologists used to be the first to be interested in the problems of self-identity. Sociological and cultural research concentrated on objective measuring of identity. National, racial, political, sexual, religious, and health oriented identities were of importance. Psychological research concentrated on subjective problems of identity and its formal aspects, such as analysis of identity styles. Studies were conducted from various perspectives and contexts. Personality psychology examined identity as the 'I' concept, which results depended on anthropological concepts operating on the outskirts of psychology. Social psychology examined individual and social identities ('I' and 'we') and mature identity criteria. Developmental psychology examined the formation of identity and modifying factors of the process. Clinical psychology described identity crises and disorders, and deficits in identity formation. Psychological methodology used nomothetic tests and idiographic narrations to perceive identity. Religious psychology analyzed identity according to such categories as ecclesiastic affiliation, professed identification, and a sense of sinfulness. Studies on the development of religious identity were conducted, among others by Fowles, Erikson and Walesa [5,11].

Identity forming traits

Identity is created in the process of identification with specific elements of the reality. Identity may develop throughout one's life and change in the context of developing a picture of oneself and the world. In analyzing constitutive traits of identity one looks for such elements that allow for determining self-description criteria. Human identity is formed by the milieu (parents, teachers, friends and peers), then by the ways how one manages difficulties, lives through experiences and fears, struggles, suffers, loves and hates. Identity formation is accomplished in the process of decision making concerning resolving inner dilemmas

and conflicts. Identity forming dilemmas concern choices between self-interest and the interest of others, between a tendency to control others and a consent to be controlled, between giving and taking, between the wish to possess and to renounce, jealousy and envy, and the feeling of sufficiency, between a tendency to guard one's intimacy and making one's life public, between idealizing others and depreciating them, between idealizing oneself and depreciating oneself, between individualism and conformism, etc. [8].

Also personal religious experiences and relations with God have a share in describing and forming identity. Individual insight deepens in result of particularly traumatic experiences.

It should be worth defining preferences of the areas of identity in individual self-presentations. It concerns hierarchizing and describing, which identity areas are of particular importance in the context of life situations, such as health and sickness.

Identity disorders in sickness and health

Identity disorders have their own, culturally conditioned, specificity. Erikson [4] points to role diffusion (dispersion) preventing mature and accurate perception of oneself. Fromm [6] speaks about marketing personality as a disorder characteristic of the end of XX century. Nowadays, targeting at success and evaluating oneself in terms of success or failure frequently makes one feel either inadequate or superhuman. In dysfunctional families, especially due to alcoholism, there appear several types of characteristic disorders described in literature, as mascot, marionette, scapegoat or hero [12].

Identity disorders are divided into primary and derivative. Primary disorders belong to the ontic sphere - disorganization of one's 'I'. They may co-appear with illusions, hallucinations, delusions, sense of persecution and derealisation. Derivative disorders result from physical and mental health disorders, in consequence of which self-perception changes. In case of the latter, perception through the prism of illness prevails.

On the opposite pole, there is a mature, stable and developed identity characterized by such traits as, the real picture of oneself, sense of one's place in society (social identity) or mature identification with God (religious identity).

Mature identity must encompass biological, psychological and spiritual spheres. In psychology, it may be described in the category of attitudes. Sexual identity (acceptance of one's sexuality) and accepting one's age are important factors in the biological sphere. Cognitive aspects, such as knowing oneself, one's emotions, attitudes toward oneself and others and behavioural aspects (behaviour system) must be considered in the psychic sphere. In the spiritual sphere

re, identity is described by means of declared and realized hierarchy of values, consciousness and religious affiliation.

Institute of Psychology, Cardinal Stefan Wyszyński University in Warsaw, engages in empirical studies on sense of identity, concentrating on the problem of preferences for certain categories of the persons examined. We have singled out the following major categories: gender, family, social milieu, politics, religion, professional career, health and temperament, and additional categories, such as emotions and psycho-social age. An identity scale has been constructed to identify prioritized categories. Identification level with the isolated categories has been established by the respondents on the scale from '1' – firm non-identification to '5' – firm identification.

First pilot studies that used the scale concerned religious identity analyzed from a psychological perspective. Conducted between Nov. 28, 2011 and Feb. 15, 2012 they covered 139 persons, 106 women (76.3%) and 33 men (23.7%) from 15 to 38 years of age. The results were presented at a conference on identity issues organized by association of Christian Psychologists held in Gdańsk in 2012.

Research results revealed characteristic tendencies to attach special significance to some specific spheres of life in experiencing self-identity and self-presentation. Religious people link their identity with religious denomination and affiliation to a given church. Religion constitutes their most meaningful area in life. Such tendency results from their value preferences. Psychological research using value scales (i.e. Rokeach, Allport – Vernon) confirms such regularity [2, 19-34]. Thus, it can be assumed that studies on the preferred areas of life, in assessing self-identity, correspond to the studies on value preferences conducted on adult population.

Perspectives for further research

Research results on religious identity encourage interest in health identity. The new problem for scrutiny concerns examining whether a change of health conditions alters the hierarchy of identity areas. In other words, to what extent in the situation of newly contracted ailment (health crisis) influences one's sense of identity, represented by such spheres of life as family, religion and politics. To what extent may attitudes change in result of some chronic illness or disability?

Everyday observations and theoretical studies confirm that healthy people show considerable diversity in their preferred areas of identity. Sick people reveal a strong tendency to value health highly, and perceive themselves through the prism of illness. Disabled people (depending on a phase in the development of disability) reveal a wide identity spectrum, from a sense of disability

to creative attitudes directed at various spheres of life.

Experiments conducted at our university may soon help answer the question of how to understand changes in one's sense of identity induced by physical conditions (good or bad health) and address their needs and the world of preferred values.

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SAVO TAPATYBĖS SUVOKIMO PER NORMOS IR PATOLOGIJOS PRIZMĘ PERSONALISTINĖ INTERPRETACIJA R. Jaworski, J. Bielecki

Raktažodžiai: tapatumas, personalizmas, psichologijoje, religingumas, sveikata, susirgimas.

Santrauka

Savo tapatybės problema ypač svarbi psichologijai ir psichoterapijai, todėl Kardinolo Stefano Višinskio universiteto Psichologijos fakultetas ėmėsi tirti tapatumo kokybės analizę. Kol kas dėmesio centre tapatybės jausmo intensyvumas ir svarba raidos procese ir psichoterapijoje. Šioje bandomojoje studijoje nagrinėjama savęs identifikacija tokiose srityse kaip lytis, šeima, socialinė aplinka, politika, religija, profesinė karjera, sveikata ir temperamentas, papildomai dar emocijos bei psichosocialinis amžius. Aprašoma tyrimo strategija, dar besiformuojanti, atsižvelgiant į sveikatos būseną (savęs suvokimas per sveikatos ir susirgimo prizmę), siekiant nustatyti kitas identiteto sritis.

Adresas susirašinėti: romualdjaworski@wp.pl