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Personality functioning in self and social relations and profiles of functional ego states

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Abstract

Objective: In current classifications of mental and behavioural disorders, i.e. ICD-11 (2022) and DSM-5-TR (2024), the dimensional approach prevails over the categorical one, especially with regard to personality disorders. The multidimensional approach poses new challenges for clinicians and psychotherapists in terms of both descriptive diagnosis and the structural-functional-dynamic personality. A question arises: whether personality theories, which form the basis of various psychotherapy modalities, including the assumptions of transactional analysis, provide a sufficient basis for a dimensional description of the functioning of the self and interpersonal functioning of a person. The objective of the research project was to attempt to answer the question of whether individuals with personality disorders differ from those without personality disorders in terms of their behavioural, social and communicative functioning profiles, i.e. their egogram of functional ego states. We assumed that differences between the profiles of positively and negatively used functional ego states could form the basis for diagnosing the level of personality functioning with regard to self and interpersonal relationships.

Methods and subjects: the level of personality functioning was examined using the Self and Interpersonal Functioning Scale (SIFS; Soroko et al., 2025), whereas the ego states were examined using the Ego States Questionnaire (Matkowski et al., 2016). The study group consisted of 106 people aged 18-65.

Results: The results indicate that individuals with personality disorders differ significantly from those with normal personalities in terms of the intensity of both positive and negative ego states. Participants with personality disorders operate out of the negatively used states of the Rebellious Child and Compliant Child more often than individuals without personality disorders and reveal less energy invested in the Adult. The description of the level of self and interpersonal functioning using the functional egogram of transactional analysis can provide a reliable basis for diagnostic decisions by clinicians and therapists.

Keywords: functional ego states, personality disorder, ego state profiles of disordered and normal personality

Introduction

Research on mental health has confirmed the belief of most researchers and clinicians that mental disorders and behaviours should be approached dimensionally rather than categorically. In light of this research, the thesis underlying the categorical model of health, which assumes the existence of clinically significant differences between mental health and mental disorders, has been found to be unjustified (Avasthi et al., 2014; Haslam et al., 2020). In categorical classifications, a specific disorder is identified on the basis of a set of clinically significant manifestations of mental processes and behaviours with a “common core”. Whereas in the dimensional approach, health and disorders should be described by the same characteristics and properties of the individual, and the differences between the two states are mainly quantitative in nature (Bach & Simonson, 2021; Haslam, 2003; Hopwood et al., 2023). Transactional Analysis, like other psychosocial concepts describing manifestations of disorders and explaining the mechanisms and pathomechanisms of an individual’s functioning, faced both theoretical and diagnostic challenges in connection with the adoption of the categorical-dimensional and dimensional approaches in DSM-5-TR (APA, 2024, AMPD section III) and ICD-11 (WHO, 2022) in regard to personality disorders.

Key challenges in this area concern not only descriptive diagnosis but also monitoring the course of therapy and assessing its effectiveness in terms of psychosocial functioning. On the one hand, verification is undertaken by authors of integrative and trans-theoretical approaches (Haslam, 2003; Hopwood et al., 2023; Luyten & Blatt, 2011), and on the other hand, some researchers focused on comparisons of specific psychotherapy modalities (e.g., psychodynamic, cognitive-behavioural) (Clarkin, Caligor, Stern, Kernberg, 2019). Consequently, we assumed that it is important to verify whether there are correlations between the dimensions in the alternative model of personality disorders in DSM-5-TR

and the intensity of operating out of the negatively and positively used ego states in the functional model. We considered these to be behavioural manifestations of the level of functioning of the self and functioning in social relationships described in medical classifications. Empirical verification of the diagnostic usefulness of the functional analysis of ego states (egogram) in people with personality disorders is of significant clinical importance, as it would provide a basis for the use of this model in the diagnosis of personality disorders and the planning of therapeutic interventions.

Diagnostic criteria for personality disorders in DSM-5-TR

The DSM-5-TR (APA, 2024) presents two models for classifying personality disorders. Part II identifies 10 specific personality disorder types, grouped into three clusters: clusters A, B, and C. Part III presents the Alternative Model of Personality Disorders (AMPD), referred to as the dimensional-categorical model. It includes both a multidimensional model of personality disorders with mild, moderate and severe pathology, as well as specific personality disorders – anti-social, avoidant, borderline narcissistic, obsessive-compulsive and schizotypal. Personality disorders are assessed along the dimensions of self and interpersonal functioning, as well as six pathological trait domains that constitute specific or nonspecific personality disorders as defined by these traits. (DSM-5-TR; APA, 2024).

The descriptive diagnosis of personality disorders in ICD-11 and AMPD in DSM-5-TR involves assessing the manifestations of various difficulties based on the severity of personality dysfunction, and the procedure should include evaluation and then a diagnostic decision. In DSM-5-TR, the first step is to assess whether the individual meets the general diagnostic criteria in two areas: 1) in the self area in the dimension of identity integration and self-direction, and 2) in the interpersonal relationships area in the dimension of empathy and intimacy (criterion A). Next, the severity of a specific set of pathological traits is assessed – negative emotionality, isolation, antagonism, disinhibition and psychoticism (criterion B, DSM-5-TR, 2024). In the next steps, it should be determined whether the abnormalities in the self and interpersonal areas are relatively rigid and occur in many personal and social situations (criterion C); relatively stable over time, with their origins present in adolescence or early adulthood (criterion D); they cannot be better explained by another mental disorder (criterion E); they are not solely the result of psychoactive substance use or other medical conditions (criterion F); and they cannot be better understood by certain developmental phenomena for a given period of an individual's life, as well as by socio-cultural influences (criterion G) (DSM-5 TR, AMPD,

p. 1012). The final step in DSM-5-TR is the diagnosis of one of the specific disorders already mentioned, i.e. one of the six distinct types of personality disorders: schizotypal, antisocial, borderline, narcissistic, avoidant and obsessive-compulsive. The diagnosis of a personality disorder is always based on criteria and characteristics, and the diagnosis of a non-specific personality disorder is possible when the criteria for one of the specific types of personality disorder are not met.

In the ICD-11 (2022) classification, the diagnosis is essentially multidimensional, and the distinction between categories of disorders has been abandoned, with one exception. The final step in the procedure may be to determine whether the clinical picture of the disorder in various areas of life corresponds to the manifestation of borderline personality disorder. In both classifications, the steps of the diagnostic procedure are very similar, but the difference between ICD-11 and AMPD in DSM-5 TR is that in the area of pathological personality traits, instead of antagonism, the trait of dissociality has been identified, and instead of psychoticism, the trait of anankastia has been identified (Bach & Simonsen, 2021; Gutiérrez et al., 2023; Mulder, 2021). The basis for hypothesising the occurrence of a personality disorder is the assessment of disorders in the self and interpersonal areas, which provides a basis for assessing the severity of the disorder on a five-point scale: no disorder (level 0), mild disorder (1), moderate disorder (2) and severe personality disorder (level 4) (Bach & Simonsen, 2021; Gutiérrez et al., 2023; Mulder, 2021; DSM-5 TR, 2024).

In relation to the research question about the relationship between the configuration and severity of positively and negatively used ego states and the level of personality functioning, the focus was on measuring personality disorder according to Criterion A. The self-area and the interpersonal relationships area were described by many aspects and characteristics of an individual's functioning (cf. Table 1).

Table 1
Dimensions of the self and dimensions of interpersonal functioning in personality disorders in AMPD DSM-5 TR (2024)

Self-area	Interpersonal area
Identity was defined by three aspects: a) The experience of oneself as a separate entity, with clear boundaries between the self and the non-self. b) A stable sense of self-worth and accurate self-assessment of abilities. c) The ability to regulate a wide range of emotional experiences.	Empathy is defined by three aspects: a) Understanding and appreciating the experiences and motivations of others. b) Tolerance of diverse perspectives. c) Understanding the impact of one's own behaviour on others.

Table 1

Dimensions of the self and dimensions of interpersonal functioning... (cont.)

Self-area	Interpersonal area
Self-management: a) Setting consistent and realistic short-term and lifelong goals in the context of one's own capabilities. b) Applying constructive and pro-social standards of behaviour in various areas of life to achieve these goals. c) The ability to self-reflect and assign constructive meanings to one's own experiences.	Closeness: a) Depth and durability of relationships with others. b) Desire and ability to experience closeness. c) Mutual respect for others, reflected in various behaviours.

Source: DSM-5 TR, 2024 , p. 1013; Zettl et al., 2020.

Ego state models in the diagnosis of personality functioning

The ego state model is one of the key concepts used to describe personality manifestations within the language of Transactional Analysis, proposed by Eric Berne (1961; see also: Cornell, 2018; Stewart & Joines, 2021). The ego state is understood as a coherent configuration of feelings and thoughts (phenomenological dimension) that triggers corresponding behaviour patterns (operational model; cf. descriptive model), rooted in internal cognitive-affective representations of script decisions (structural dimension; cf. structural-dynamic model) (Little, 2016; Tudor, 2010).

The phenomenological, structural and operational dimensions form the basis for diagnosing, on the one hand, behavioural, interpersonal, observable manifestations of ego states (functional model) and, on the other hand, inferring intrapsychic aspects, mechanisms and pathomechanisms of human functioning (i.e. structural model and script). Consequently, in TA research and practice, the ego state model is used in two ways: 1) the structural model describes the elements and structure of a person's personality (it answers the question: what intrapsychic mechanisms are activated and why), while 2) the functional model allows to describe the behavioural manifestations of activated states, intrapsychic processes at the behavioural-interpersonal, communicative level (it answers the question: what? and how?) (Cornell et al., 2018; Cox, 1999; Frączek, 2020; Stewart & Joines, 2021). Each person is characterised by internal ego states (structural model), that is intrapsychic representations which, under the influence of external and/or internal stimuli, activate specific experiences and behaviours, i.e. manifestations of characteristic ego states (Hay, 2009). Observation of the patient's interpersonal functioning allows for the identification of parts of the personality and interactions between them activated at a given moment (Cox, 1999).

In Transactional Analysis, diagnosis at the descriptive level of personality disorders involves presenting and assessing manifestations of a dysfunction in the self and interpersonal areas, referring to, among others: the functional model (positive and negative use of ego states), strokes and their economy, passive behaviours, and overt and covert transactions. The diagnosis explaining persistent symptoms and difficulties involves conceptualising their pathomechanism and pathogenesis by describing the dominant (characteristic) script decisions and their structure, script elements, life positions, levels of discounting, and psychological games (Frączek et al., 2022).

The diagnosis of a personality disorder based on behavioural analysis of ego states (functional model) is only one type (level) of assessing a patient's mental state and social functioning. Although it plays a specific role in the treatment process, transactionalist's diagnostic activities should not be limited to this type of description. According to Eric Berne (1961, 1966), a complete diagnosis of a patient at the descriptive and explanatory level requires four levels of diagnosis to be taken into account: behavioural, social, life history, and phenomenological. Omitting any of these levels can lead to reductionism and a one-dimensional approach, which limits the accuracy of the diagnosis. Tudor and Widdowson (Tudor & Widdowson, 2008) emphasise that moving from behavioural and social diagnosis to conclusions about personality disorders often results in oversimplification and is insufficient for undertaking TA therapy. Reducing complex mental processes to a single dimension, e.g. exclusively transaction types or stroke economy, can lead to misjudgement and misinterpretation of the patient's functioning. Similar limitations occur in attempts to diagnose personality disorders exclusively in terms of functional ego states. Berne (1961, 1966) pointed out that a complete diagnosis of ego states requires a consideration of both the social (relational) and the intrapsychic dimensions. Integrating these perspectives allows for a deeper understanding of personality dynamics and more effective planning of therapeutic interventions.

People with personality disorders are characterised by a specific script structure, understood as a configuration of injunctions, drivers, programs and permissions, which is anchored in a structural model, i.e. in the C₂ego state (Cornell et al., 2018; Erskine, 2018). This internal organisation of personality affects the way an individual functions in interpersonal relationships, which manifests itself, among other things, in characteristic patterns of activation of positive and negative ego states in the functional model. An illustration of this can be found in the example of a patient diagnosed with narcissistic personality disorder, whose script is based on the drivers: "be perfect" and "be strong", as well as the injunctions: "don't be yourself" and "don't feel" (Heathcote, 2006; Frączek et al., 2022). In the case of such a script configuration, the negatively activated Normative Parent dominates one's behaviour, which causes communication

problems and promotes conflicts in relationships. In social interactions, one often uses this ego state in a humiliating way, formulating statements in a critical or judgemental tone. One has difficulty accessing the positively used Adapted Child through subordination, which may reflect the activation of a script decision, e.g., dependence in a relationship is experienced as a sign of weakness (Frączek et al., 2022).

A review of available research on the profiles of positive and negative ego states characteristic of various mental disorders indicates their relative stability and diversity. In individuals addicted to alcohol (Craig & Olson, 1988; Williams & Glarino, 2023), the negatively used Adapted Child and problems in accessing the Adult ego state are more frequently observed. Depression is characterised by an excessive amount of energy invested in the negatively used ego states of the Normative Parent and Adapted Child (Widdowson, 2011). The literature also includes studies on the relationship between the egogram (Dusay, 1977) and obesity, atopic dermatitis and hospitalisation rates (Bando, 2018), anorexia and bulimia (Nakao et al., 1999), and psychoactive substance addiction (Williams & Glarino, 2023). It has been found that access to ego states (structural and functional), alongside adequate social functioning and a sense of self-efficacy, are strong predictors of the level of psychopathology and mental health, i.e. a person's overall well-being and sense of self-actualisation (Vos & van Rijn, 2021, 2022). Egogram analysis is also a useful tool in assessing personality traits (Yokoyama & Bando, 2019).

Based on the adopted theoretical assumptions and available research results, in our own research project we formulated a hypothesis according to which mentally healthy individuals use ego states in a positive way significantly more often, while individuals experiencing mental difficulties or disorders tend to use ego states in a negative way more often (Cornell et al., 2018; Frączek, 2020; Mellacqua, 2020; Vos & van Rijn, 2021, 2022).

Research objective and questions

The objective of the study was to determine which ego states are most frequently activated by individuals diagnosed with personality disorders, as well as to examine whether the configuration of positively and negatively used ego states (egogram) can provide a reliable basis for diagnostic decisions about the occurrence of personality problems or disorders in an individual. In view of the above, the following research question was posed: Are there differences between a group of people with normal personalities and a group of people with personality disorders in the intensity of their use of positive and negative ego states?

Participants and procedure

The study was conducted using paper-and-pencil as well as online methods in two voivodeships in Poland. A total of 106 people aged 18 to 65 participated in the study¹. The average age of the participant was 25.8 years. The majority were aged 18-25 (72.7%; 77 people). Most were students (59.4%), and over a quarter held a higher education degree (26.4%). Over one-third of the study group declared that they had been diagnosed with a personality disorder (32.1%), and 22 participants had been hospitalised in a psychiatric ward (20.8%). Detailed characteristics of the group are presented in Table 2.

Table 2
Characteristics of the study group

Variables	No of participants	%
Gender		
Woman	86	81.1
Man	16	15.1
Non-binary	4	3.8
Age		
18-25	77	72.7
26-35	20	18.8
>35	9	8.5
Education		
Primary	1	0.9
Secondary	14	13.2
Student	63	59.4
Higher	28	26.4
Domicile		
Village	20	18.9
City up to 100 thousand	32	30.2
City 100-150 thousand	26	24.5
A city over 500 thousand	28	26.4
Diagnosis of Personality Disorder		
Yes	34	32.1
No	72	67.9
Hospitalization		
Yes	22	20.8
No	84	79.2

Source: Author's own research.

¹ The analysed database was created in collaboration between Dominika Rusnak and the authors of the article.

Research tools

The Self and Interpersonal Functioning Scale – SIFS (Gamache et al., 2019) Polish adaptation: (Soroko et al., 2025) is a tool that refers to an alternative, categorical-dimensional model of personality disorders in DSM-5. The questionnaire consists of 24 statements and examines two areas – self-functioning and interpersonal functioning. The results of the questionnaire allow for the assessment of the level of identity coherence, self-direction, empathy and intimacy. Respondents answer the questionnaire items on a Likert scale from 0 (does not describe me at all) to 4 (describes me completely accurately). Higher overall scores indicate deeper personality pathology. The reliability of the scales based on Cronbach's α coefficient ranges from 0.68 (questionable value) for the Self-Direction subscale to 0.84 (good value) for the Identity scale, indicating sufficient reliability. The results were good at the dimensional level (α Self = 0.87 and α Interpersonal = 0.85) and excellent for the entire scale (α = 0.91).

The Ego States Questionnaire (Matkowski, Więclawski, 2016) is a tool that examines which ego states are used by respondents and how often. It consists of 72 statements that form the following subscales: Natural Child, Rebellious Child, Compliant Child, Adult, Normative Parent, and Nurturing Parent. In addition to the overall score indicating the frequency of ego state use, the questionnaire allows for the calculation of scales of positive and negative aspects of ego states. The points obtained are transferred to egograms. The results of all states are then compared in terms of positive and negative aspects. Responses to the questionnaire items are scored on a Likert scale from 0 (if you strongly agree with a particular statement) to 3 (if you strongly disagree). Cronbach's alpha reliability analysis showed low to high internal consistency of the subscales (α = 0.43 to 0.83).

The sociodemographic survey consisted of five questions concerning the age, gender (female, male, non-binary), place of residence, education, psychiatric diagnosis and previous hospitalisations of the respondents.

Statistical analyses used

The statistical analysis was performed using the jamovi 2.3.28.0 programme. In order to answer the research question, measures of central tendency and distribution of questionnaire results were calculated. Next, Spearman's rho correlation coefficients between variables and the significance of differences using the Mann-Whitney U test were calculated for the ego states used between the compared groups with low and higher levels of personality functioning.

General characteristics of the results obtained

Measures of central tendency of the questionnaire results examining the variables are presented in Table 3.

Table 3

Descriptive statistics of the results obtained

	Variable	N	Average	SD	Min	Max	The Shapiro-Wilk Test	
							V	S
SIFS Questionnaire	SIFS_s	106	37.74	17.29	10.000	76.0	0.962	0.004
	IS	106	14.01	6.99	1	28	0.955	0.001
	SD	106	8.44	4.63	0	20	0.967	0.009
	INT	106	6.78	4.82	0	19	0.912	<.001
	EMP	106	8.50	3.63	3	19	0.940	<.001
Ego States Questionnaire	FC(p)	106	10.64	3.50	3	18	0.978	0.071
	RC(p)	106	10.95	3.97	1	18	0.971	0.021
	CC(p)	106	11.09	3.82	1	17	0.936	<.001
	NP(p)	106	11.04	3.75	0	18	0.962	0.004
	NRP(p)	106	10.87	4.22	1	30	0.948	<.001
	A	106	10.81	3.36	0.500	17.5	0.962	0.004
	FC(n)	106	8.46	3.41	1	18	0.975	0.040
	RC(n)	106	6.58	4.32	0	18	0.949	<.001
	CC(n)	106	7.68	4.58	0	18	0.972	0.024
	NP(n)	106	7.50	3.93	0	17	0.971	0.020
	NRP(n)	106	9.46	3.12	1	18	0.980	0.116

Key: N – sample size, SD – standard deviation, Min – lowest score, Max – highest score, V – Shapiro-Wilk test stat value, S – significance level; < – significance level less than 0,001; SIFS_s – overall score of the level of personality dysfunction, IS – identity subscale, SD – self-direction subscale, INT – intimacy subscale, EMP – empathy subscale; A- Adult, FC – Free Child, RC – Rebellious Child, CC – Compliant Child, NP – Normative Parent, NRP – Nurturing Parent, (p) – positive use of the ego state, (n) – negative use of the ego state;

Source: Author's own research

Due to the Shapiro-Wilk test results indicating a lack of normal distribution of most variables, the research questions were verified using non-parametric statistical tests.

First, we examined whether there were any correlations between personality functioning and the use of positive and negative ego states. The verification was carried out on the basis of an analysis of the Spearman's rho correlation matrix.

Table 4

Spearman's rho correlation matrix between the variables: the intensity of positive and negative ego states, and the level of personality functioning

		SIFS_s	IS	SD	INT	EMP
FC(p)	Spearman's rho	-0.244 *	-0.272 **	-0.157	-0.122	-0.270 **
	p	0.012	0.005	0.107	0.213	0.005
RC(p)	Spearman's rho	0.014	0.031	-0.064	0.080	-0.006
	p	0.889	0.750	0.513	0.414	0.952
CC(p)	Spearman's rho	-0.423 ***	-0.430 ***	-0.308 **	-0.317 ***	-0.372 ***
	p	< .001	< .001	0.001	< .001	< .001
NP(p)	Spearman's rho	-0.280 **	-0.234 *	-0.254 **	-0.251 **	-0.241 *
	p	0.004	0.016	0.008	0.009	0.013
NRP(p)	Spearman's rho	-0.384 ***	-0.394 ***	-0.308 **	-0.266 **	-0.356 ***
	p	< .001	< .001	0.001	0.006	< .001
A	Spearman's rho	-0.520 ***	-0.477 ***	-0.567 ***	-0.347 ***	-0.419 ***
	p	< .001	< .001	< .001	< .001	< .001
FC(n)	Spearman's rho	0.172	0.168	0.184	0.096	0.182
	p	0.078	0.086	0.058	0.326	0.062
RC(n)	Spearman's rho	0.440 ***	0.349 ***	0.409 ***	0.393 ***	0.426 ***
	p	< .001	< .001	< .001	< .001	< .001
CC(n)	Spearman's rho	0.412 ***	0.476 ***	0.334 ***	0.225 *	0.325 ***
	p	< .001	< .001	< .001	0.020	< .001
NP(n)	Spearman's rho	0.157	0.058	0.096	0.260 **	0.191 *
	p	0.108	0.556	0.330	0.007	0.049
NRP(n)	Spearman's rho	-0.142	-0.179	-0.107	-0.066	-0.093
	p	0.147	0.066	0.277	0.500	0.341

Notes: *p < .05, **p < .01, ***p < .001.

Key: A – Adult, FC – Free Child, RC – Rebellious Child, CC – Compliant Child, NP – Normative Parent, NRP – Nurturing Parent, (p) – positive use of the ego state, (n) – negative uses of the ego state; SIFS_s – overall score of the level of personality dysfunction, IS – identity subscale, SD – self-direction subscale, INT – intimacy subscale, EMP – empathy subscale; MENT(sum) – the ability to mentalize the overall result, MentsS – Self-related Mentalization, MentsO – Other-related Mentalization, MentsM – Motivation to Mentalize

Source: Authors' own research

The statistically significant correlations between the positive and negative use of ego states and the level of personality functioning, measured using the

SIFS scale and its subscales: identity (ID), self-direction (SD), intimacy (INT) and empathy (EMP)², are presented and marked above.

Analysis of the Spearman's rho correlation matrix revealed statistically significant relationships between the level of personality functioning and the ego states used. The strongest relationship was found between self-direction and the Adult ego state ($\rho = -0.567$; $p < 0.001$).

Moderate negative correlations were found between:

- the overall SIFS score and the Adult ego state ($\rho = -0.520$; $p < 0.001$) and the positively used Compliant Child ego state ($\rho = -0.423$; $p < 0.001$),
- identity and the Adult state ($\rho = -0.477$; $p < 0.001$) and CC(p) ($\rho = -0.430$; $p < 0.001$),
- empathy and the Adult state ($\rho = -0.419$; $p < 0.001$).

Moderate positive correlations were obtained for:

- the Rebellious Child state used negatively with the overall SIFS score ($\rho = 0.440$; $p < 0.001$), self-direction ($\rho = 0.409$; $p < 0.001$) and empathy ($\rho = 0.426$; $p < 0.001$),
- the negatively used Compliant Child state with SIFS ($\rho = 0.412$; $p < 0.001$) and identity ($\rho = 0.476$; $p < 0.001$).

These results indicate that higher levels of personality dysfunction are associated with more frequent use of negative ego states and limited access to the functional Adult.

Ego state profiles of individuals with normal and disordered personalities

In order to answer the question about the differences between individuals with normal personality and individuals with personality disorder, a series of calculations were performed. Individuals with personality disorders and without personality disorders were identified on the basis of the results obtained by the respondents in the SIFS questionnaire, therefore comparative statistical analyses were performed on psychometrically identified groups. It was arbitrarily assumed that individuals with the so-called personality style fall within the range of average results, give or take one standard deviation from the arithmetic mean. In this way, individuals with a relatively integrated personality ($N=22$, $min=10$, $max=20$, $mean=16$, $SD=3.32$) and those with personality disorders ($N=23$, $min=55$, $max=76$, $mean=62.5$, $SD=6.52$) were identified

² The article is based on a statistical re-analysis of the research results presented in the article by Przybylski, Cierpiąłkowska, Rusnak (2023), where a full analysis of the results obtained can be found. The most important conclusions are presented below.

from the entire group of respondents. Further analyses excluded the group with results between one standard deviation in plus and in minus (61 individuals were excluded).

Table 5

Mann-Whitney U test for significance of differences between groups with integrated personality and with personality disorder in terms of positive and negative ego states

	Group	N	Average	Median	SD	SE	Mann-Whitney U test	p
FC(p)	1	22	11.86	13.00	3.77	0.804	164,0	0,044*
	2	23	9.57	10.00	3.84	0.800		
RC(p)	1	22	10.59	10.50	4.03	0.860	243,5	0,837
	2	23	10.57	11.00	5.06	1.055		
CC(p)	1	22	12.59	14.00	4.28	0.913	125,5	0,005*
	2	23	9.65	9.00	3.23	0.673		
NP(p)	1	22	12.00	13.00	3.98	0.848	165,5	0,048*
	2	23	9.87	10.00	4.40	0.918		
NRP(p)	1	22	13.09	13.50	5.69	1.213	130,5	0,005*
	2	23	9.48	10.00	3.53	0.736		
A	1	22	12.14	13.00	3.51	0.748	73,0	<0,001*
	2	23	8.67	8.50	2.32	0.484		
FC(n)	1	22	8.00	7.00	3.77	0.803	205,0	0,279
	2	23	9.57	9.00	4.68	0.976		
RC(n)	1	22	5.18	3.00	5.42	1.156	113,0	0,002*
	2	23	9.48	10.00	3.54	0.738		
CC(n)	1	22	5.09	5.00	4.89	1.042	118,5	0,002*
	2	23	9.57	9.00	4.70	0.980		
NP(n)	1	22	7.86	6.00	4.06	0.866	188,0	0,141
	2	23	9.35	9.00	3.72	0.777		
NRP(n)	1	22	10.23	10.00	2.39	0.509	211,0	0,343
	2	23	9.57	9.00	3.57	0.743		

Key: 1 – group of people with integrated personality, 2 – group of people with personality disorder, N – sample size, SD – standard deviation, SE – standard error, FC – Free Child, RC – Rebellious Child, CC – Compliant Child, A – Adult, NP – Normative Parent, NRP – Nurturing Parent, (p) – positive use of ego state, (n) – negative use of ego state, * p < .05.

Source: Authors' own research



Figure 1

Profiles of positive and negative ego states in a group of people with normal personality and with personality disorder

Key: FC – Free Child, RC- Rebellious Child, CC – Compliant Child, NP – Normative Parent, NRP – Nurturing Parent, (p) – positive use of ego state, (n) – negative use of ego state.

Source: Authors' own research.

The significance of differences between groups of people with integrated and disordered personalities was calculated on the basis of positive and negative ego states. The results indicate statistically significant differences between the groups studied in terms of positively used ego states: Free Child, Compliant Child, Normative Parent, Nurturing Parent, and Adult ego state – individuals with integrated personalities obtained statistically significant higher scores on scales measuring the positive use of ego states, except for the Rebellious Child. Statistically significant differences between the compared groups were also found in the frequency of use of the Rebellious Child and the negatively invested Compliant Child.

Conclusion and discussion

The research project and its results were an attempt to answer the question of whether and to what extent the diagnosis and analysis of the egogram (a pro-

file of positive and negative ego states; Dusay, 1977) of an individual can be used as a basis for inferring normal and disordered personalities to varying degrees (according to the DSM-5 TR and ICD-11 diagnostic classifications). Such research is justified, as shown by Joel Vos and Biljan van Rijn (Vos & van Rijn, 2021) in a review article containing references to constructs used in TA to terms in other personality concepts. A review of the available literature suggests that these are among the first studies in the field of TA to take up this challenge.

The analysis of differences between groups of individuals with integrated (normal/healthy) personalities and those with personality disorders in terms of the profiles of positive and negative ego states used yielded very interesting results. It transpired that individuals with personality disorders are characterised by less access to the Adult ego state and the positively used Free and Compliant Child ego states, as well as the Normative and Nurturing Parent ego states. At the same time, they show a greater tendency to react out of the negatively used Rebellious and Compliant Child ego states.

Individuals who more often use the Rebellious Child ego state in a negative way show a significantly lower level of personality functioning, difficulties in self-regulation, and a limited capacity for empathy. The negative Rebellious Child ego state may therefore reflect a pattern of functioning based on conflict and avoidance of dependence. These individuals more often display attitudes of resistance, provocation, avoidance of dependence, and impulsive reactions. In a clinical context, this may manifest itself in frequent interpersonal conflicts, outbursts of anger, disparagement of the therapist, or difficulty in maintaining the therapeutic contract. High intensity of negative Compliant Child use (submissiveness, withdrawal, suppression of needs and emotions) characterises individuals who may exhibit significant difficulties in personality functioning, particularly in terms of identity. High intensity of the CC(n) may be a sign of dominant script injunctions, such as “don’t feel” or “don’t be yourself”. Negative use of the CC may be clinically evident as a chronic sense of powerlessness, excessive submissiveness, internalised beliefs of “I have no right” or “I must conform”. This is often accompanied by a blurred or unstable identity. The strong negative correlation of the Adult ego state with all aspects of personality functioning suggests that the Adult ego state has a stabilising and integrating function. Frequent, flexible use of this state is associated with emotional maturity, a coherent identity, the ability to self-direct, and empathetic responses. A high Adult level in the egogram may be an indicator of a stable personality, the ability to reflect, a well-established identity, and mature relationships.

Egogram result profiles indicate that individuals with an integrated personality use the functional Adult state significantly more often, which reflects a greater ability to self-regulate, adequately assess reality, and make decisions. In the dimensional model, this corresponds to a low severity of disorders

in the areas of self-direction, identity and relationality. In turn, individuals with personality disorders are significantly more likely to activate negative forms of the Rebellious Child (impulsivity, resistance, aggression) and Compliant Child (submissiveness, dependence, withdrawal) states. This indicates a high level of disorders in the areas of identity, emotional regulation and adaptive relational patterns.

In light of the results obtained, the psychopathology of personality disorders is more strongly reflected in the Child and Adult ego states than in the Parent ego state. In other words, it is the profile of use of the Compliant Child, Rebellious Child and Adult ego states that provides more accurate information about the level of personality functioning. The contemporary evidence-based model of TA psychotherapy assumes that ego states represent the structure of personality, while functional states represent the way it is expressed (Vos & van Rijn, 2021). It can therefore be assumed that the configuration of positive and negative use of the above-mentioned ego states provides a more accurate basis for formulating diagnostic hypotheses than the Parent ego states.

The results of the study may serve as a starting point for further analysis, especially of the relationship between the profiles of positively and negatively used ego states and the specifics of script decisions, including dominant injunctions, drivers and permissions. Such research would have significant practical importance – the knowledge gained could support not only descriptive diagnosis, but also explanatory diagnosis, taking into account the pathogenesis and mechanisms of maintaining patterns of experience, thinking and interpersonal relationships. This would allow for more accurate therapy planning and more effective monitoring and rebuilding of the therapeutic alliance in situations where it has ruptured (Eubanks et al., 2019; Safran et al., 2009).

The research confirmed the hypothesis about the difference between the profiles of positively and negatively used ego states between groups of people with personality disorders and normal personalities in the self and interpersonal areas. This means that the behavioural manifestations of personality identified in Transactional Analysis can form the basis for diagnostic conclusions at the descriptive level. It should be assumed with some caution that normal and disordered personality can be diagnosed on the basis of a description of activated positive and negative ego states, which are manifestations of the script and its various elements described in the structural model (Cornell et al., 2018; Steiner, 1990; Tudor, 2010; Vos & van Rijn, 2021, 2022).

Competencies involving the ability to formulate and understand differential diagnoses based on the DSM-5-TR and ICD-11 classifications are essential for clinical practice. Transactional Analysis psychotherapists, especially those who work in interdisciplinary teams treating patients with various mental disorders, should be familiar with the language of psychopathology in order to communi-

cate and collaborate with clinicians from different specialties. Knowledge of the terminology used in nosological diagnosis facilitates cooperation with psychiatrists, paediatricians, family doctors and other specialists. Owing to the knowledge contained in this article, transactional analysts can more effectively integrate their practice with the medical approach. This increases their competence to cooperate and improves the exchange of diagnostic information, which enables the creation of more individualised treatment programmes and, consequently, more effective help for patients.

Limitations

The limitations of our own research are related to several factors, four of which seem to be the most important. The operationalisation of variables, especially the use of the Ego States Questionnaire (Matkowski, Więclawski, 2016) to measure the intensity of positive and negative ego states, may have a significant impact on the results of the study. This is an experimental tool with low reliability of the Nurturing Parent ego state and only clinical knowledge about its validity. The study was conducted on a psychometrically clinical group, some of whom did not have a clinical diagnosis of personality disorder and was also somewhat heterogeneous in terms of age.

The selection of the study group also limits the possibility of generalising the results to other populations. Within the framework of Transactional Analysis, no research was conducted on the relationship between the severity of personality disorders and the positive and negative use of ego states, which made it impossible to relate the results of our own research to other results. The lack of knowledge significantly limits the formulation of various explanations for the results obtained.

Ethics Committee

The research project received a positive opinion from the Ethics Committee for Psychological Research of the Institute of Psychology at the University of Zielona Góra.

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Funkcjonowanie osobowości w zakresie *self* i relacji społecznych a profile funkcjonalnych stanów Ja

Streszczenie

W aktualnych klasyfikacjach zaburzeń psychicznych i zachowania, tj. ICD-11 (2022) oraz DSM-5-TR (2024), dominuje podejście dymensionalne nad kategorialnym, zwłaszcza do zaburzeń osobowości. Podejście wielowymiarowe stawia nowe wyzwania dla klinicystów i psychoterapeutów zarówno w zakresie diagnozy opisowej, jak i strukturalno-funkcjonalno-dynamicznej osobowości. Pojawia się pytanie, czy teorie osobowości, będące podstawą różnych modalności psychoterapii, w tym założenia analizy transakcyjnej, wnoszą wystarczającą podstawę do dymensionalnego opisu w zakresie funkcjonowania *self* i funkcjonowania interpersonalnego osoby. Celem projektu badawczego była próba odpowiedzi na pytanie, czy osoby z zaburzeniami osobowości różnią się od osób bez zaburzeń osobowości profilem behawioralnych, społecznych i komunikacyjnych przejawów funkcjonowania, tj. egogramem funkcjonalnych stanów Ja. Założono, że różnice między profilami pozytywnie i negatywnie używanych funkcjonalnych stanów Ja mogą stanowić podstawę diagnozy poziomu funkcjonowania osobowości w zakresie *self* i relacji interpersonalnych.

Poziom funkcjonowania osobowości zbadano przy użyciu Skali Funkcjonowania Self i Interpersonalnego (The Self and Interpersonal Functioning Scale – SIFS;), stany Ja zbadano Kwestionariuszem Stanów Ja. Grupa badana liczyła 106 osób w wieku 18–65 lat.

Wyniki wskazują, że osoby z zaburzeniami osobowości istotnie różnią się od osób z osobowością normalną pod względem nasilenia zarówno pozytywnych, jak i negatywnych stanów Ja. Badani z zaburzeniami osobowości częściej niż osoby bez zaburzeń osobowości korzystają z negatywnie używanych stanów Ja Dziecka Zbuntowanego i Dziecka Podporządkowanego oraz ujawniają mniejsze doinwestowanie Dorosłego. Opis poziomu funkcjonowania w zakresie *self* i interpersonalnym przy użyciu egogramu funkcjonalnego analizy transakcyjnej może stanowić wiarygodną podstawę do podejmowania decyzji diagnostycznych przez klinicystów i terapeutów.

Słowa kluczowe: funkcjonalne stany Ja, zaburzenie osobowości, profile stanów Ja osobowości zaburzonej i normalnej.