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Personality disorders and the ego states – the mediating role of the ability to mentalize

Abstract

Purpose: Transactional Analysis has faced an important theoretical and empirical challenge as a result of the change in the approach to personality disorders in the DSM-5 and ICD-11 medical classifications of mental and behavioral disorders. The aim of the study was to determine whether there are relationships between positively and negatively used ego states and personality functioning, and the ability to mentalize, and to check whether the ability to mentalize is a mediator between the depth of personality disorder and the intensity of the ego states used.

Methods: Personality disorder was examined using the Self Functioning and Interpersonal Functioning Scale (SIFS, Gamache et al., 2019; Polish adaptation by Cieciuch and Strus, 2021), the ability to mentalize with the Mentalization Scale (MentS, Dimitrijević et al., 2018; Polish adaptation by Jańczak, 2021), positive and negative ego states with the Questionnaire of the Ego States (Matkowski, Więcławski, 2016).

Subjects: A total of 106 people aged 18 to 65 were examined. The average age of the respondent was 25.8 years, the largest group were women with incomplete higher education. Almost half

of the group had a psychiatric diagnosis of various mental disorders or were undergoing diagnostic tests for a personality disorder.

Results: Significant relationships were found between the general level of personality functioning and its two domains – functioning of the self and interpersonal functioning, and the intensity of positively used ego states and only a few egostates used negatively. There were significant correlations between the general ability to mentalize, the ability to mentalize about oneself and the mind of other people, and the Adult ego state. The assumption about the mediating role of the ability to mentalize between personality functioning and the state of the Adult ego state has not been confirmed.

Keywords: egostates, personality disorder, ability to mentalize.

Introduction

Transactional Analysis, like other psychosocial concepts describing and explaining the determinants of normative and non-normative ways of functioning of an individual, has faced considerable theoretical and diagnostic challenges as a result of the change in the approach to personality disorders in the medical classifications of mental and behavioral disorders DSM-5 (APA, 2018, AMPD section III) and ICD-11 (WHO, 2019, https://icd.who.int/en). For years, both classifications have been dominated by a categorical approach, followed by an effort to describe each of the distinguished types of personality disorders in a specific way; currently, on the basis of the results of many studies, it has been concluded that categorical-dimensional or dimensional approaches are more accurate and correspond better to natural conditions, i.e. what occurs in the population (Bach, Simonsen, 2021, p. 58). Depending on the purpose of the diagnosis of mental and behavioral disorders, the diagnostic procedure in Transactional Analysis is conducted at the level of criterion, also known as differential (also symptomatic, nosological), and/or on the level of explaining the pathomechanism and/or pathogenesis of the patterns of experiencing the self and the quality of interpersonal relationships. Differential diagnosis (*assessment*) is formulated when the purpose of the proceedings is to resolve the issue of whether an individual manifests aspecificmental disorder and, if so, what kind of disorder it is (e.g., personality disorder) and, possibly, what kind of specialized help will be effective; explanatory diagnosis, also known as case conceptualization (*case formulation*) is developed on the basis of the selected biopsychosocial concept of the diagnosed disorder, in order to determine the effects and the course of the psychotherapy process (Cierpiałkowska, Soroko, Sęk, 2016, p. 210).

In view of the above, the aim of the research project was to determine whether the behavioral aspects of the ego states are related to the manifestations of personality disorders described in Criterion A of Alternative Model for Personality Disorders (AMPD) in the DSM-5 (APA, 2018). The basis of the research problem formulated in this way is the assumption that the ego states recognized and identified by people with personality disorders differ from the ego states recognized and used by people without personality disorders, whereby the ability to mentalize plays a rele-

vant mediating role in the strength of the relationship between the recognized ego states and the depth of the personality disorder. Empirical verification of the diagnostic usefulness of the functional analysis of behavioral ego states in people with personality disorders will validate the application of the assumptions of this model in diagnostic procedures in the field of individual's mental health.

Diagnostic criteria for personality disorders in the DSM-5 classification usefulness

The DSM-5 classification (APA, 2018) presents two approaches to diagnosing personality disorders: the categorical approach, described in Part II of the handbook, in which 10 types of personality disorders are grouped into three clusters: A (schizoid, schizotypal and paranoid personality disorder), B (antisocial, borderline, histrionic and narcissistic personality disorder) and C (dependent, avoidant and obsessive-compulsive personality disorder), and the categorical-dimensional approach in Part III, which presents a description of personality disorders on the dimensions of intrapsychic and interpersonal functioning and six areas of pathological trait domains that make up specific or non-specific personality disorders defined by traits (cf. DSM-5; 2018, p. 932).

In the first step, it is necessary to assess whether the patient meets the general diagnostic criteria, i.e. whether there are persistent and long-lasting problems in the areas of: 1) functioning of the *self* along the dimensions: level of identity integration and ability to self-direct, and 2) interpersonal relations along the dimensions: ability to empathize and intimacy. Based on the presence or absence of disorders in these dimensions, a diagnostic decision is made about the presence or absence of a personality disorder. If the presence of a personality disorder is determined, then its depth is assessed on a five-point scale: from no disorder (level 0) to severe personality disorder (level 4). The severity of the five pathological personality trait domains is then estimated: negative affect, isolation (detachment), antagonism (dissociality), disinhibition and psychoticism (AMPD in the DSM-5) (in the ICD-11, the fifth trait is anankastia), which describe the individual expression of personality dysfunction (the so-called personality style), and the strength of the impact of the problems experienced in family, social and professional functioning is assessed. The third step, depending on the chosen classification, remains: in the ICD-11 to describe the borderline pattern, and in the DSM-5 to diagnose a specific personality disorder, i.e. one of the six distinguished types of personality disorders, i.e. schizotypal, antisocial, borderline, narcissistic, avoidant and obsessive-compulsive (Bach & Simonsen, 2021, p.55; Gutiérrez et al, 2023, p.02; Mulder, 2021, p.3).

In connection with the main research question about the relationship between the configuration and intensity of positively and negatively used ego states and the depth of personality disorders, the focus was on estimating the level of personality

functioning according to Criterion A in the AMPD DSM-5. Both the domain of the self and the interpersonal relationship domain are described by three aspects of personality and the characteristics of the individual's functioning (APA, 2018, p. 922). Functioning of the self is described along two dimensions: 1) identity, which is defined by aspects of (a) experiencing oneself as unique, (b) stability of self-esteem, and (c) ability to regulate emotions, and 2) self-direction, which is described by such aspects as (a) pursuing meaningful goals, (b) maintaining pro-social standards of behavior, (c) the ability to engage in productive self-reflection. Interpersonal functioning includes the ability to 1) empathize, which is defined as (a) understanding and appreciating the experiences and motivations of others, (b) tolerating different perspectives, and (c) understanding the impact of one's own behavior on others, and 2) intimacy, which is assessed by (a) the depth and duration of one's bonds with others, (b) the desire and capacity for closeness, and (c) the reciprocity of respect shown, which is reflected in interpersonal behavior (Zettl et al., 2020, p. 192).

Diagnosis of personality disorders in a descriptive, behavioral model of the ego states

The diagnosis of mental health and its disorders in Transactional Analysis, as in other paradigms, can be descriptive (categorical, differential diagnosis) and explanatory of the pathomechanism and pathogenesis of the persistence of symptoms and difficulties in various areas of life. In the descriptive, behavioral diagnosis of personality disorders, the therapist assesses the manifestations of dysfunction in the domain of the self and the interpersonal domain by referring to the knowledge of the positive and negative use of ego states (functional model), stroke economy, passive behaviors, and explicit and implicit transactions (transactional games); in the explanatory diagnosis of the persistence of symptoms and difficulties by referring to the model of life positions, levels of discounting, the structural model and the script (Frączek, Smelkowska, Bobrowska et al., 2022).

Three circles, one above the other, containing the terms "Parent", "Adult" and "Child", is a recognizable illustration of one of the main assumptions of Transactional Analysis (TA) concept created by Eric Berne (Cornell, 2018, p. 4; Stewart, Joines, 2021, p. 13). The ego state is defined as a coherent set of feelings and thoughts associated with a person that motivates a related set of behavioral patterns. This model, parallelling the types of diagnosis described above, on the one hand, accounts for behavioral, observable manifestations, and, on the other hand, for intrapsychic aspects and mechanisms of human functioning. Consequently, TA is used in research and practice in two ways: 1) the structural model allows one to describe the elements and structure of a person's personality (it answers the question why and how the activated intrapsychic mechanisms take their course), while 2) the functional model makes it possible to study and understand an individual's

behavior and to describe it at the behavioral level – interpersonal, communicative (it answers the question: what? and how?) (Cornell, 2018, p. 5; Frączek, 2020, p. 885; Stewart, Joines, 2021, p. 17). According to the assumptions and results of TA research, it should be assumed that mentally healthy people are significantly more likely to use the ego states in a positive way, while those with mental difficulties and disorders – in a negative way (Cornell, 2018, p. 7; Frączek, 2020, p. 886).

The focus of Transactional Analysis has been more on the creation of the concept of a structural model than on research within a functional model. Claude Steiner's analysis of patients' functioning, in the context of the assumptions of the model of explicit and implicit transactions, led to the conclusion that transactional games are a source of payoffs both at the behavioral and script level. The obtained confirmations of script beliefs provide the foundation for initiating and entering transactional games, taking on specific roles in a drama triangle, and using a specific constellation of functional ego states, both positive and negative (Steiner, 1999; Cierpiałkowska, Frączek, 2017, p. 133). The research by Robert J. Craig and Ronald E. Olson (1988, p. 71) indicates that drug addicts are characterized by greater investment in the negatively used Adapted Child and problems with access to the Adult ego state. An interesting view at the analysis of the script and functional ego states in different types of personality disorders is proposed by Arthur Wouters and Gillian Smale, (1990, p. 121),who embedded their concept in Theodore Millon's model of bio-social theory of learning. Depression, on the other hand, is described as an over-investment in the negatively used ego states of the Normative Parent and the Adapted Child (Widdowson, 2011, p. 361).

In Transactional Analysis, as already mentioned, it is assumed that a person's functioning in various spheres of life is a manifestation of the content recorded in the structural model and the script (Stewart, Joines, 2021, p. 127). Therefore, problems with the conscious use of the Adult ego state at the functional level can be analyzed from the perspective of the presence of pathologies in the structural model, e.g., contamination of the Adult by the Parent and/or Child. Consequently, the descriptive diagnosis of the ego states is nothing more than observable manifestations of the records in the structural model and the script, or more precisely, the elements of the script that are activated most often or in a particular situation. In the case of people with personality disorders, even an experienced clinician may find it difficult to distinguish between accessibility and limited accessibility to various functions of the Adult ego state and the Free Child ego state in a person. What does not cause major difficulties in clinical analyses, but often fails in questionnaire research, is related to the difficulties in constructing such questions (items) that make it possible to explore various behavioral manifestations of the integrated and uncontaminated Adult. A person's inability to access various functions of the Adult ego state is sometimes overlooked, because in some cases the diagnostician may have difficulties distinguishing, for example, the ability to mentalize and reflect from defensive sophistry, philosophizing or intellectualization. This is due to the lack of broader elaborations in TA pertaining to various manifestations of the lack and dys-

function of the Adult ego state, which would be the result of its contamination, discounting as well as operating of the script. Depending on the depth of the disorder, the stress experienced and the elements of the script activated in a particular situation, individuals are characterized by great ambivalence. Even during a single contact and conversation, at one time they appear as more reflective and adapted (compensation state), at another as completely disorganized, concrete, and unreflective (decompensation state) (Frączek, Smelkowska, Bobrowska et al., 2022). This difference in the functioning of individuals with a personality disorder is explained by the deactivation of the ability to mentalize caused by the experience of relational stress and the activation of the representation of an insecure attachment style (Allen, Fonagy, Bateman, 2008, p. 27).

Mentalization is the ability to think about one's own state of mind, that is, the beliefs, attitudes, desires, and feelings experienced, and the state of mind of others who may present similar or different beliefs, attitudes, desires, and feelings. Most accurately, it is "thinking about the thinking" of others and of one's own, which is treated as a state and as a personality trait (Fonagy, 1991, p. 640; Górska, Cierpiałkowska, 2016, p. 29). The ability to mentalize, acquired in the process of personality formation, makes it possible to distinguish the self from the not-self, allows one to recognize the boundaries between one's own mind and the mind of another – first, the caregiver, and in the later stages of life, of other people. Moreover, research indicates that the ability to mentalize plays a significant role in the mechanisms of emotion regulation. The process of developing the ability to mentalize is preceded by the acquisition of the ability to think in a prementalized way. The theory of mentalization distinguishes three main prementalization modes:

1)   mode of mental equivalence – external reality (events, behaviors of others) and mental states (e.g., beliefs, feelings) are treated as identical (e.g. if I am anxious, it means that my partner is doing something against me, e.g. cheating, lying); similar states are experienced in dreams, fantasies and delusions,

2)   the "as if" mode – there is an impermanent, "fluid" distinction between mental states and reality, reality is experienced "as if"; similar states are observed at a certain stage of children's development, when during play at one moment the stick is a horse, the next moment only a stick, which may cause resentment and protests in the child,

3)   teleological mode – one's own and other people's mental states occur when they are expressed in action; words mean nothing, everything has to take place in action, e.g. you can feel calm when someone holds your hand or takes you on your lap, or when you slam a door or break plates (Allen, Fonagy, Bateman, 2008, p. 142; Górska, Cierpiałkowska, 2016, pp. 29-31).

The study assumes that the ability to mentalize is closely related to the accessibility of the Adult ego state, and that the dominance of prementalization modes indicates varying degrees of limited accessibility to the Adult ego state and its function.

Research Purpose and Questions

The purpose of the study was to describe which ego states in the functional model are most often used by people diagnosed with different depths of personality disorder and to evaluate whether the ability to metalize is a mediator between the depth of personality disorder and the ability to use specific ego states.

Accordingly, three research questions were posed: 1) Are there relationships between the intensity of positive and negative ego states and the functioning of personality? 2) Are there relationships between the intensity of positive and negative ego states and the ability to mentalize? 3) Does the ability to mentalize mediate between personality functioning and the intensity of positive and negative ego states?

Study group and course of the study

The research was conducted in the Provinces of Greater Poland and of Lubusz, at universities and on the Internet using the snowball method. The subjects gave informed consent to participate in the study, the procedure guaranteed anonymity and confidentiality of participation. A total of 106 people between the ages of 18 and 65 took part in the survey. The average age of the subject was 25.8 years. People aged 18-25 dominated (72.7%; 77 people), followed by 26–35-year-olds (18.8%), the smallest group were people aged >35 years (8.5%). The majority were those with students' status (59.4%), more than a quarter were participants with higher education (26.4%), those with secondary education accounted for 13.2% of the group, and a scant of 0.9% of the group were people with primary education. More than one-third of the study group was diagnosed with a personality disorder (32.1%), 22 had been hospitalized in a psychiatric ward (20.8%). Detailed characteristics of the group are provided in Table 1.

Table 1
Characteristics of the study group

Variables	No of participants	%
Sex		
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

Table 1
Characteristics of the study group (cont.)

Variables	No of participants	%
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.

Research tools

The Self and Interpersonal Functioning Scale (SIFS; Gamache et al., 2019, Polish adaptation by Cieciuch and Strus, 2021) is a tool referring to the alternative categorical-dimensional model of personality disorders in the DSM-5. The questionnaire consists of 24 statements that deal with personality and relationships with people. It is divided into 4 subscales according to criterion A, which include 7 (identity), 5 (self-direction), 6 (empathy) and 6 (intimacy) statements. Subjects answer the questionnaire items on a Likert scale from 0 (it doesn't describe me at all) to 4 (completely accurate in describing me). Statements 1, 6, 8, 12, 17, 19 and 24 should be scored in reverse. Obtaining higher overall scores suggests a deeper personality pathology.

The Ego States Questionnaire (Matkowski, Więcławski, 2016, experimental version) is a tool that examines which ego states and with what frequency are used by the subjects. It consists of 72 statements that form subscales: Free Child (12 items), Rebellious Child (12 items), Adapted Child (12 items), Adult (12 items), Normative Parent (12 items) and Nurturing Parent (12 items). In addition to the overall score indicating the frequency of using ego states, the questionnaire allows one to calcu-

late the scale of using positive and negative ego states. The points scored are transferred to egograms. The scores of all states are then compared in terms of positive and negative. 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 with a particular statement). Points should be converted according to the formula: 3=0; 2=1; 1=2; 0=3. Cronbach's alpha reliability analysis showed medium to high internal consistency of all subscales ($α = 0.43$ to 0.83).

The Mentalization Scale (MentS) (Dimitrijević et al., 2018; Polish adaptation by Jańczak, 2021) is a scale used to measure mentalization as a personality trait. The questionnaire consists of 28 statements. Subjects respond to statements on a 5-point Likert scale, where 1 signifies "completely untrue" and 5 stands for "completely true". The questionnaire distinguishes the following scales: (1), MentS-O (Other-related Mentalization) consisting of 10 items, (2) MentS-S (Self-related Mentalization) consisting of 8 items and (3) MentS-M (Motivation to Mentalize) consisting of 10 items. The Ment(S) scores consist of the sum of the points for each subscale and the sum of the points for the entire questionnaire (total score), with the ten items scored in reverse (items no. 8, 9, 11, 14, 18, 19, 21, 22, 26, 27). The internal consistency for the entire questionnaire was $α = 0.84$ for the non-clinical group and $α = 0.75$ for the clinical group. Similarly, in the case of the subscales, the indicators were satisfactory ($α = 0.74 - 0.79$) in the non-clinical group, but lower in the clinical group ($α = 0.60$).

The sociodemographic questionnaire consisted of 5 questions concerning the age and gender of the respondent (female, male, non-binary), place of residence, education, psychiatric diagnosis, and past hospitalizations.

The program jamovi 2.3.21 software was used for statistical analyses. To answer the research questions and select appropriate statistics, analyses of measures of central tendency of the results concerning individual questionnaires were performed, and deviations from the normal distribution were checked.

Research Results

General characteristics of the results obtained

In the SIFS questionnaire (cf. Table 2), the mean overall score in the study group was *M=37.74* (*min=10; max=76; SD=17.29*). The highest average score was obtained on the identity subscale [IS], i.e., *min=1; max=28; M=14.01; SD=6.99.* On the other scales, the results are as follows: empathy [EMP] *min=3; max=19; M=8.50; SD=3.63*, self-direction [SD]*min=0; max=20; M=8.44; SD=4.63*, intimacy [INT] *min=0; max=19; M=6.78; SD=4.82.* The normality of the distribution of variables was evaluated with the Shapiro-Wilk test. For all scales of the questionnaire, the S-W test is statistically significant ($p < 0.05$), i.e., the distribution of results in the sample is not consistent with the normal distribution.

Table 2
Descriptive statistics of the results obtained

	Variable	N	MD	Average	SD	Min	Max	The Shapiro-Wilk Test V	S
SIFS Questionnaire	SIFS_s	106	0	37.74	17.29	10.000	76.0	0.962	0.004
	IS	106	0	14.01	6.99	1	28	0.955	0.001
	SD	106	0	8.44	4.63	0	20	0.967	0.009
	INT	106	0	6.78	4.82	0	19	0.912	<.001
	EMP	106	0	8.50	3.63	3	19	0.940	<.001
Questionnaire of Ego States	FC (s)	106	0	10.64	3.50	3	18	0.978	0.071
	RC (p)	106	0	10.95	3.97	1	18	0.971	0.021
	AC (p)	106	0	11.09	3.82	1	17	0.936	<.001
	NP (p)	106	0	11.04	3.75	0	18	0.962	0.004
	NRP (p)	106	0	10.87	4.22	1	30	0.948	<.001
	C	106	0	10.81	3.36	0.500	17.5	0.962	0.004
	FC(n)	106	0	8.46	3.41	1	18	0.975	0.040
	RC (n)	106	0	6.58	4.32	0	18	0.949	<.001
	AC (n)	106	0	7.68	4.58	0	18	0.972	0.024
	NP (n)	106	0	7.50	3.93	0	17	0.971	0.020
	NRP (n)	106	0	9.46	3.12	1	18	0.980	0.116
Ment(s) Questionnaire	MENT(sum)	106	0	105.77	14.52	53	130	0.960	0.003
	MentS-S	106	0	26.08	7.18	9	40	0.974	0.032
	MentS-O	106	0	39.02	5.75	21	48	0.937	<.001
	MentS-M	106	0	40.67	5.74	20	50	0.956	0.002

Key: N – sample size, BD – missing data, SD – standard deviation, Min – minimum score, Max – highest score, V – Shapiro-Wolf test stat value, S – significance level; SIFS_s – overall score of the level of personality dysfunction, IS – identity subscale, SD – self-direction subscale, INT – intimacy subscale, EMP – empathy subscale; FC – Free Child, RC – Rebellious Child, AC – Adapted Child, NP – Normative Parent, NRP – Nurturing Parent, (p) – positive use of the ego state, (n) – negative use of the ego state; MENT(sum) – the ability to mentalize: the overall result, MentS-S – Self-related Mentalization, MentS-O - Other-related Mentalization, MentS-M - Motivation to Mentalize

Source: Authors' own elaboration.

In the case of positively used ego states, the average results obtained by the subjects in the *Questionnaire of Ego States* are as follows,: Adapted Child *min=1; max=17; M=11.09; SD=3.82*, Normative Parent *min=0; max=18; M=11.04; SD=3.75*, Rebellious Child *min=1; max=18; M=10.95; SD=3.97*, Nurturing Parent *min=1; max=30; M= 10.87; SD=4.22*, Free Child *min=3; max=18; M=10.64; SD=3.50.* On the Adult scale*, min=0.5; max=17.5; M=10.81; SD=3.36.* On the dimension of negatively used ego states, the results are as follows: Nurturing Parent *min=1; max=18; M=9.46; SD=3.12*, Free Child *min=1; max=18; M=8.46; SD=3.41*,

Adapted Child *min=0; max=18; M=7.68; SD=4.58*, Normative Parent *min=0; max=17; M=7.50; SD=3.93*, Rebellious Child *min=0; max=18; M=6.58, SD=4.32.* The normality of the distribution of variables was evaluated with the Shapiro-Wilk test. In the majority of the scales of the questionnaire, except for the positively used Free Child and the negatively used Nurturing Parent, the S-W test is statistically significant (p < 0.05), i.e., the distribution of the results is not consistent with the normal distribution.

The mean overall score on the Mentalization Scale (MentS) is *M=105.8; SD=14.52* (*min=53; max=130*). The highest average score was obtained on the Motivation to Mentalize subscale (MentS-M) *min=20; max=50; M=40.7; SD=5.74,* followed by the subscale of Other-related Mentalization (MentS-O) *min=21; max=48; M=39.0; SD=5.75,* the lowest mean scores were obtained on the subscale of Self-related Mentalization (MentS-S), i.e. *min=9; max=40; M=26.1; SD=7.18.* As with the previous scales, the distribution of the scores was evaluated with the S-W test – the distribution of the scores is not consistent with the normal distribution.

To answer questions about the relationships between the use of positive and negative ego states, personality functioning, and the ability to mentalize, the Spearman's rho correlation coefficient was calculated for all variables. A non-parametric test was chosen because the distribution of the results obtained from the questionnaires does not follow the normal distribution.

Table 3
Spearman's rho correlation matrix between the variables of the intensity of positive and negative ego states, and the level of personality functioning

		SIFS_s	IS	SD	INT	EMP
FC(s)	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
AC(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

Table 3
Spearman's rho correlation matrix… (cont.)

		SIFS_s	IS	SD	INT	EMP
AC(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: FC – Free Child, RC – Rebellious Child, AC – Adapted 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, MentS-S – Self-related Mentalization, MentS-O - Other-related Mentalization, MentS-M - Motivation to Mentalize

Source: Authors' own elaboration.

The analysis of the Spearman's rho correlation coefficient matrix between the use of ego states and the level of personality functioning allows one to conclude that there is a statistically significant relationship between the variables. The strongest correlation occurred between the self-direction subscale and the Adult ego state (rho=-0.567, p<0.001). A moderate relationship with a negative direction was observed between: the overall SIFS score and the Adapted Child ego state used positively (rho=-0.423, p<0.001) and the Adult ego state (rho=-0.520, p<0.001); between the identity subscale (IS) and the positively used Adapted Child ego state (rho=-0.430, p<0.001), the Adult ego state (rho=-0.477, p<0.001) and between the empathy subscale and the Adult ego state (rho=-0.419, p<0.001). The remaining statistically significant results can be described as relationships of weak strength and negative direction. A relationship of moderate strength and positive direction was found between the negatively used Rebellious Child variable in all scales describing personality functioning, i.e. overall SIFS score (rho = 0.440, p<0.001), identity (rho = 0.349, p<0.001), self-direction (rho = 0.409, p<0.001), intimacy (rho = 0.393, p<0.001) and empathy (rho = 0.426, p<0.001). Positive correlations of moderate strength were also observed between the negatively used Adapted Child ego state and the general level of personality integration (rho = 0.412, p<0.001) and identity (rho = 0.476, p<0.001). The remaining results indicate a weak positive relationship between the negatively used Adapted Child ego state and self-direction (rho=0.334, p<0.001), intimacy (0.225, p<0.020), and empathy (rho=0.325, p<0.001). The remaining results are not statistically significant. This means that the greater a person's personality dysfunction, the greater the tendency to use negative ego states.

Table 4
Matrix of Spearman's rho correlation coefficient between the variables: the intensity of positive and negative ego states and the ability to mentalize

		MENT (sum)	MentS-S	MentS-O	MentS-M
FC(s)	Spearman's rho	0.218*	0.255**	0.141	0.030
	p	0.025	0.008	0.150	0.760
RC(p)	Spearman's rho	0.026	0.070	0.023	−0.082
	p	0.795	0.473	0.818	0.401
AC(p)	Spearman's rho	0.196*	0.280**	0.157	−0.026
	p	0.044	0.004	0.108	0.792
NP(p)	Spearman's rho	0.077	0.238*	-0.064	−0.051
	p	0.434	0.014	0.512	0.604
NRP(p)	Spearman's rho	0.184	0.233*	0.132	−0.016
	p	0.059	0.016	0.178	0.868
A	Spearman's rho	0.339	0.389	0.241*	0.092
	P	<.001	<.001	0.013	0.350
FC(n)	Spearman's rho	−0.055	−0.111	0.066	−0.031
	p	0.573	0.257	0.499	0.749
RC(n)	Spearman's rho	−0.238*	−0.329	−0.072	−0.109
	p	0.014	<.001	0.463	0.265
AC(n)	Spearman's rho	−0.364	−0.364	−0.325	−0.148
	p	<.001	<.001	<.001	0.131
NP(n)	Spearman's rho	−0.215*	−0.211*	−0.047	−0.181
	p	0.027	0.030	0.634	0.063
NRP(n)	Spearman's rho	0.174	0.108	0.137	0.139
	p	0.075	0.270	0.160	0.157

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

Key: FC – Free Child, RC – Rebellious Child, AC – Adapted Child, A – Adult, NP – Normative Parent, NRP – Nurturing Parent, (p) – positive use of the ego state, (n) – negative uses of the ego state; MENT(sum) – the ability to mentalize the overall result, MentS-S – Self-related Mentalization, MentS-O - Other-related Mentalization, MentS-M - Motivation to Mentalize

Source: Authors' own elaboration

On the basis of the analysis of the correlation matrix calculated for the variables of the used ego states and the ability to mentalize, statistically significant relationships were observed at the moderate level between: self-related mentalization and the Adult ego state (rho = 0.389, p<0.001) and the negatively used Adapted Child ego state (rho = -0.364, p<0.001). There was a significant relationship between the

overall mentalization ability score and the negatively used Adapted Child ego state (rho=-0.364, p<0.001). The remaining results indicate weak, although statistically significant, associations between the variables. The results of the statistical analysis also show that there is a positive correlation between the positively used ego states and the ability to mentalize, the relationship is reversed for the negatively used ego states. This means that with the increase in the ability of self-related and other-related mentalization, the more frequently used ego states have a positive dimension, which confirms the assumptions described in the theoretical part.

To verify the third research question: does the ability to mentalize mediate between personality functioning and the intensification of positive and negative ego states, firstly, the average scores obtained by the respondents on the scales of positive and negative use of the Child and Parent ego states were calculated. Secondly, the correlation matrix between the studied variables was calculated (cf. Table 5). A moderate positive relationship was found between the overall personality functioning score (SIFS_s) and the negatively used Child ego state (rho=0.547, p<0.001), and a moderate negative relationship between the overall personality functioning score and the Adult ego state (rho=-0.520, p<0.001). A near-moderate score with a negative direction was shown between the overall score of the ability to mentalize and the mean score of the negatively used Child ego state (rho=-0.368, p<0.001). The remaining results indicate a weak but statistically significant relationship between the variables. No correlation has been shown between the negative Parent ego state and the overall outcome of personality functioning and the ability to mentalize, and the positively used Parent ego state and the overall score of the ability to mentalize.

In order to verify the statistical hypothesis about the ability to mentalize being a mediator between personality functioning and the use of positive and negative ego states, the following calculations were performed: in the first step, the average scores obtained by the respondents on the scales of positive and negative Child and Parent ego states were calculated, then Spearman's rho correlation matrix was calculated for the mean results of positive and negative ego states and the general level of personality functioning, and the overall mentalization ability score (cf. Table 5).

To verify the mediating role of the variable the ability to mentalize between the variables the level of personality functioning and the use of positive and negative Child and Adult ego states, the mediation analysis was performed using *the medmod module of* the jamovi program, version 2.3.21. Due to the lack of normal distribution of the variables studied, the bootstrap method was used (cf. Table 6).

The results of the conducted analyses indicate that there is no mediation effect of the ability to mentalize between personality functioning and access to the Child ego state used both negatively (indirect effect - CI: from -0.00108 to 0.0282, Estimate: 0.00772, p=0.432) and positively (indirect effect - CI: from -0.0152 to 0.02995, Estimate: 0.00515, p=0.653) as well as to the Adult ego state (indirect effect - CI: from -0.0210 to 0.0311,Estimate: 0.00293, p=0.824).The absence of a mediating effect of ability to mentalize between the X and Y variables is also evidenced by the results obtained on the dimension of direct effect (cf. Table 6).

Table 5
Spearman's rho correlation matrix between the variables of the average intensity of positive and negative ego states and the level of personality functioning and the ability to mentalize

		SIFS_s	MENT(sum)
C(+)	Spearman's rho	-0.260**	0.217*
	p	0.007	0.025
P(+)	Spearman's rho	-0.378	0.150
	p	<.001	0.125
A	Spearman's rho	-0.520	0.339
	p	<.001	<.001
C(-)	Spearman's rho	0.547	-0.368
	p	<.001	<.001
P(-)	Spearman's rho	0.023	-0.034
	p	0.812	0.726

Note. * P < .05, ** P < .01, *** P < .001

Key: C(+) – average intensity of the positively used Child ego state, P(+)- average intensity of the positively used Parent ego state, A – average intensity of the use of the Adult ego state, C(-) – average intensity of the negatively used Child ego state, P(-) – average intensity of the negatively used Parent ego state, SIFS_s – general score of the level of personality dysfunction, MENT(sum) – ability to mentalize overall score

Source: Authors' own elaboration.

Table 6
Mediation analysis of the variable the ability to mentalize between personality functioning and the positive and negative ego states

	Effect	Estimate	SE	95% Confidence Interval		With	p
				Lower	Upper		
SIFS_s	Indirect	0.00772	0.00982	−0.0108	0.0282	0.786	0.432
✍ Ment(s)	Direct	0.07483	0.02021	0.0319	0.1094	3.703	<.001
✍C(−)	Total	0.08254	0.01823	0.0461	0.1147	4.528	<.001
SIFS_s	Indirect	0.00515	0.0114	−0.0152	0.02995	0.450	0.653
✍ Ment(s)	Direct	−0.04813	0.0226	−0.0933	−0.00471	−2.131	0.033
✍C(+)	Total	−0.04299	0.0208	−0.0854	−0.00308	−2.071	0.038
SIFS_s	Indirect	0.00293	0.0132	−0.0210	0.0311	0.222	0.824
✍ Ment(s)	Direct	−0.09270	0.0180	−0.1276	−0.0606	−5.160	<.001
✍A	Total	−0.08977	0.0157	−0.1189	−0.0587	−5.735	<.001

Key: C(+) – average intensity of the positively used Child ego state, P(+)- average intensity of the-positively used Parent ego state, C(-) - the average intensity of the negatively used Child ego state, Child, P(-) - average intensity of the negatively used Parent ego state, SIFS_s – score - general level of personality dysfunction, MENT(sum) – the ability to mentalize: the overall score

Source: Authors' own elaboration.

Conclusion and discussion

The results of the research conducted over the years have led to the introduction of fundamental changes to the current medical classifications of mental and behavioral disorders DSM-5 (2018, AMPD) and ICD-11 (2019), which involve abandoning the previously dominant categorical approach and switching to dimensional-categorical or dimensional thinking in the description of the manifestations of personality disorders. Clinicians and therapists faced the challenge of revising and "adjusting" their thinking about descriptive diagnosis, not only in terms of the presence of a personality disorder, but also its depth, with the assumptions of the concept explaining pathogenesis and pathomechanism that are useful for clinical practice. The concept whose assumptions underlie a specific modality of psychotherapy and the diagnostic and therapeutic activities of the clinician. Transactional Analysis also faced this challenge, and the presented research project and its results aim to answer two main research problems of a diagnostic nature. First, whether there is a relationship between the intensity of the positively and negatively used ego states, personality functioning and the ability to mentalize; secondly, whether the ability to mentalize is a mediator of the strength of the relationship between the Adult ego state and the level of personality functioning. A review of the literature in the area of TA allows one to conclude that this is the first research that attempts to answer such questions in the field of personality disorders.

A total of 106 people between the ages of 18 to 65 were examined, with a predominant group of women in early and middle adulthood. The research was conducted on the premises of universities and on the Internet. Slightly more than 32% of the respondents were diagnosed with a personality disorder, more than 20% had been hospitalized in a psychiatric ward due to various mental disorders, some due to personality problems. Personality disorder was examined using the Self Functioning and Interpersonal Functioning Scale (SIFS, Gamache et al., 2019; Polish adaptation by Cieciuch and Strus, 2021), the ability to mentalize with the Mentalization Scale (MentS, Dimitrijević et al., 2018; Polish adaptation by Jańczak, 2021), positive and negative ego states with the Questionnaire of Ego States (Matkowski, Więcławski, 2016).

With regard to the first question, statistical analyses indicated statistically significant relationships between both the overall level of personality functioning and its two domains (functioning of the self; interpersonal functioning) as well as their aspects (identity and self-direction; intimacy, empathy), and the intensification of positively used ego states and some ego states used negatively. In the group of respondents, a clear general tendency was observed, consisting in a more frequent occurrence of negative significant relationships between personality functioning and the ego states used rather positively than negatively, excluding the Rebellious Child and the Adapted Child ego states. No significant correlations were observed between the intensity of the ego states of the Free Child, the Normative Parent (except for the dimensions of intimacy and empathy) and the Nurturing Parent and the

general level of personality functioning and its domains. Significant, at a moderate level, were the correlations between the overall personality functioning score and the areas of dysfunction of the self – identity and self-direction, as well as interpersonal relationships – intimacy and empathy, and the intensity of the use of the Adult ego state.

What is the value of the obtained research results for the diagnosis of personality disorders in terms of Transactional Analysis? It can be assumed that it is not so much the tendencies to use ego states negatively, but the decreased ability or inability of people to use them positively that intensifies with the deepening of the problems and the depth of a given personality disorder. These tendencies are evident in the case of such ego states as: Adapted Child, Normative Parent and Nurturing Parent. It should be assumed that as personality disorders deepen, there is a weakening and greater deficit in the positive use of these ego states, as well as the functions they perform related to respecting certain social norms and values and accurately recognizing what is good and what is destructive in functioning. Particular attention is drawn to the strength of the relationship between increasing limitations in access to the Adult ego state and deepening personality disorders, both in the area of the self and the interpersonal relationships area on each of the four dimensions. It is worth noting that only two negatively used ego states – the Adapted Child [AC(n)] and the Rebellious Child [RC(n)]intensify as problems and personality disorders deepen. Since AC(n) often manifests itself in the form of a sense of helplessness, receiving unconditional support and taking on the role of the Victim in relationships, and RC(n) shows significant aggression, self-aggression and takes on the position of the Persecutor, it can be assumed that they reflect two different personality tendencies. People with dominant AC symptoms cope by internalizing problems and difficulties, while those with dominant RC by externalizing them (Eaton, Krueger, Keys, et al., 2011, p. 2). Dispositions to react in these two ways can be diagnosed in the case of non-specific personality disorders according to the DSM-5 (2018, AMPD, p. 936) based on the assessment of dominant pathological features, especially the intensity of negative affect, antagonism, and disinhibition (similarly in ICD-11, 2020).

The strength of the relationship between the tendency to self-related mentalization, other-related mentalization and the motivation to mentalize, and positively and negatively used ego states is either insignificant or statistically significant at a low level. Generally, in the group of respondents, no significant relationships were observed between the motivation to mentalize and the ego states used. This is a surprising result, as it was expected that the motivation to mentalize should be positively correlated with a higher tendency to use the Adult ego state. The largest and strongest positive relationships were observed between the use of the Adult ego state, the Free Child ego state, and the positive use of the Adapted Child, the Normative and Nurturing Parent, and the ability to mentalize one's own states of mind. In some cases, there were also relationships between the intensity of the use of the Adult ego state, the negative use of the Adapted Child ego state, and the

general tendency to mentalize. It can be assumed that with the intensification of the general ability to mentalize and the ability for self-related and other-related mentalization, the availability of the Adult ego state and its various functions increases. Moreover, the tendency to use the Adapted Child and the Rebellious Child ego states negatively clearly weakens. The obtained results showed that the access to the ability to mentalize is related to the accessibility of various functions of the Adult and the activity, spontaneity, and creativity of the Free Child. Interestingly, it also weakens the tendency to function in the Rebellious Child (n), Adapted Child (n) and Normative Parent(n).

Statistical analyses did not confirm the assumption about the mediating role of the ability to mentalize in the strength of the relationship between personality functioning and access to the positively and negatively used Child ego state and to the Adult ego state. When formulating this hypothesis, it was assumed that the inability to "think about the thinking" about oneself and the other would increase the strength of the relationship between the depth of the personality disorder and the inaccessibility of the Adult ego state. Perhaps in this case we are dealing with non-linear relationships, which is worth evaluating in further research.

Limitations of research

The limitations of our own research are related to several factors, three of which seem to be the most important. The operationalization of variables, especially the use of the Questionnaire of Positive and Negative Ego States to measure the intensity of positively and negatively used ego states, may have a significant impact on research results. This is an experimental version of the tool, with a low reliability of the Nurturing Parent ego state and lack of knowledge about its validity. The study was conducted on a non-clinical group, especially women in early and middle adulthood, which could have influenced the strength of the relationship between SIFS scores and the Mentalization Scale. Within the framework of TA, no research was conducted on the relationship between the severity of personality disorders and positive and negative use of ego states, which made it impossible to compare the results of our own research with other results. The lack of knowledge significantly limits the formulation of various explanations about unconfirmed hypotheses.

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Zaburzenia osobowości a stany Ja –
mediująca rola zdolności do mentalizacji

Streszczenie

Cel: Analiza transakcyjna stanęła przed ważnym wyzwaniem teoretycznym i empirycznym wskutek zmiany podejścia do zaburzeń osobowości w klasyfikacjach medycznych zaburzeń psychicznych i zachowania DSM-5 i ICD-11. Celem badań było stwierdzenie, czy występują związki między używanymi pozytywnie i negatywnie stanami Ja a funkcjonowaniem osobowości i zdolnością do mentalizacji oraz sprawdzenie, czy zdolność do mentalizacji jest mediatorem między głębokością zaburzenia osobowości a nasileniem używanych stanów Ja.

Metody: Zaburzenie osobowości zbadano przy użyciu Samoopisowej Krótkiej Skali dla Oszacowania Poziomu Funkcjonowania Osobowości dla Zaburzeń Osobowości: Skali Funkcjonowania Ja i Funkcjonowania Interpersonalnego (SIFS, Gamache i in., 2019; polska adaptacja Cieciuch i Strus, 2021), zdolność do mentalizacji Skalą Mentalizacji (MentS, Dimitrijević i in., 2018; polska adaptacja Jańczak, 2021), pozytywne i negatywne stany Ja Kwestionariuszem Stanów Ja (Matkowski, Więcławski, 2016).

Badani: Zbadano 106 osób w wieku od 18 do 65 lat. Średni wiek osoby badanej wynosił 25,8 lat, największą grupę stanowiły kobiety z niepełnym wyższym wykształceniem. Prawie połowa grupy miała diagnozę psychiatryczną różnych zaburzeń psychicznych lub była w trakcie badań diagnostycznych w kierunku zaburzenia osobowości.

Wyniki: Stwierdzono istotne związki pomiędzy ogólnym poziomem funkcjonowania osobowości oraz jej dwoma domenami – funkcjonowaniem self i funkcjonowaniem interpersonalnym – a nasileniem pozytywnie i tylko nielicznymi negatywnie używanymi stanami Ja. Wystąpiły istotne zależności między ogólną zdolnością do mentalizacji oraz mentalizacji na temat siebie i umysłu innych ludzi a stanem Ja-Dorosłego. Nie potwierdziło się założenie o mediacyjnej roli zdolności do mentalizacji między funkcjonowaniem osobowości a stanem Ja-Dorosły.

Słowa kluczowe: stany Ja, zaburzenie osobowości, zdolność do mentalizacji.