Diagnosis and Treatment of Ego State Boundary Problems: Effects on Self-Esteem and Quality of Life

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Abstract

A research group was conducted during an intensive one-week workshop in Mexico with the aim being to test the effects of transactional analysis psychotherapy on participants' self-esteem and quality of life. This article describes the workshop and two transactional analysis instruments that were especially designed and standardized for this study. These instruments—the Diagnosis Inventory of Ego State Boundary Problems and the Quality of Life Inventory—can be used as diagnostic tools in psychotherapy or further research.

Psychotherapy may be considerably shorter and the results highly satisfying when clinicians take into account the diagnosis and treatment of ego state boundary problems. In one of his first books, Eric Berne (1961) explained his energy theory and used a metaphor to describe the limits of each of the three ego states as boundaries with semipermeable membranes through which psychic energy, in a healthy condition, can freely flow from one ego state to another. This energy shift can be a spontaneous response to a stimulus, or it can occur deliberately by an act of will (Berne, 1964).

However, when pathology develops, these semipermeable membranes become rigid or lax, and the energy (cathexis) in each ego state becomes bound or unbound. Although Berne briefly discussed this process, he did not consider its treatment.

Berne recognized four major types of ego state boundary problems, which were later summarized by James and Jongeward (1971). In 1986 James revised this area of Berne's original theory, encouraging clinicians to consider the contribution of transactional analysis to the diagnosis and treatment of personality problems when the concept of pathology in ego state boundaries is included.

Ego state boundary problems include contamination, laxness, lesions, and rigidity. Each of these problems requires a specific treatment. Some patients do not receive effective therapy because of faulty diagnosis or an incorrect selection of treatment modalities. When ego state boundary problems are not identified at the beginning of treatment, the process becomes unnecessarily long, often because the psychotherapist is working in a direction opposite to the one that is needed (James, 1986).

I was interested in showing at the University of Mexico (Universidad Nacional Autónoma de México) how transactional analysis can be used by highly skilled psychotherapists (or even by students in supervision) in a short-term psychotherapy setting using an easy tool for diagnosis (the Diagnosis Inventory of Ego State Boundary Problems). A quality of life test (the Quality of Life Inventory) was also used to emphasize the importance of therapy that focuses on reinforcing positive personality features, not just pathology and problems.

The first aim of this research was to test the hypothesis that transactional analysis psychotherapy techniques—having as their basis an early diagnosis of ego state boundary problems—can, during a one-week workshop and as measured at three-month follow-up, produce positive changes in participants' self-esteem and quality of life. The second goal of this study was to show how certain techniques such as contracts, redecision therapy (Goulding & Goulding, 1978, 1979), and self-reparenting

(James, 1974, 1981, 1985) can be used as specific interventions designed to facilitate changes in patients.

Method

The research described here was carried out during a one-week workshop in Isla Mujeres, Quintana Roo, Mexico. The workshop, entitled "Love and Power," was co-led by Mary Goulding and Muriel James. The group met for six hours a day for seven days. All participants were evaluated before the workshop using the Diagnosis Inventory of Ego State Boundary Problems, and specific treatment was planned for each person based on his or her diagnosis.

All participants were tested three times with the Coopersmith Self-Esteem Inventory and the Quality of Life Inventory: first just before the workshop, then right after the workshop, and finally in a three-month follow-up by mail. The workshop was audiotaped so that this material could be used in the analysis of the results.

Participants

There were 21 participants registered for the workshop: 19 women and 2 men. Four were single, 12 were married, 1 lived with his partner, 1 was separated, and 3 were divorced. The average age was 50, and educationally the participants ranged from high school graduates to highly educated professionals with doctoral degrees.

The group was heterogeneous and international, with 11 people from the United States, 6 from Puerto Rico, 1 from Australia, 1 from Japan, 1 from Canada, and 1 from Lebanon.

Procedure

The research was divided in three parts: (1) design and elaboration of the Diagnosis Inventory of Ego State Boundary Problems and the Quality of Life Inventory, (2) evaluation of changes during the workshop, and (3) follow-up.

The Instruments

Three instruments were used in the study: the Diagnosis Inventory of Ego State Boundary Problems, the Quality of Life Inventory, and the Coopersmith Self-Esteem Inventory.

Diagnosis Inventory of Ego State Boundary Problems: The Diagnosis Inventory of Ego State Boundary Problems (DIEP) has three parts: a questionnaire, a Nosologic Diagnosis Table, and an evaluation form. The questionnaire was designed originally with 85 statements. As a result of a series of tests, these were reduced to 58 items to be answered as right or wrong. They all describe features of the four ego state boundary problems, using as a basis Eric Berne's original concepts and Muriel James's later developments of Berne's theory. The Nosologic Diagnosis Table was designed and used as an external criteria of validity. The evaluation provides a vehicle for scoring the patient's answers from the 58-item questionnaire.

This test was designed to be used at the beginning of treatment to facilitate the diagnosis of ego state boundary problems based on the Nosologic Diagnosis Table. Evaluating the patient's score from the questionnaire may reveal that he or she has one or more of the ego state boundary problems. These scores can then be used as a basis for designing a treatment plan.

For validation purposes, an item validity test was done using the judges method with the help of a validating judge, an expert in this theory. A chi-square analysis with Yates correction was used to determine if the agreement between judges was better than random. The items that did not significantly correlate were eliminated.

The DIEP was tested in Mexico City with 20 subjects to establish its empirical and external validity. Each of the two psychotherapists who led this group diagnosed each participant with a focus on ego state boundary problems. To compare the results, the statistical kappa was used. First, the diagnoses determined by the psychotherapists were compared; second, the psychotherapists' results were compared with the results obtained from the DIEP in relation to each participant. The results in both cases were significant with $p > .01$.

Quality of Life Inventory: Quality of life is defined as "the modification of the individual's perception of the degree of their well-being, satisfaction, and the value of their own life, as well as the capacity to share these aspects with other human beings" (Noriega, 1993). The Quality of Life Inventory (QLI) is based on the change in variables observed in participants before and after previous workshops led by Dr. Emilio Said and me over the last 12 years.

At first this instrument was designed with 55 items to be answered using a Likert scale, with the aim of measuring 14 hypothetical factors. The test was submitted to three factor analyses with varimax rotation, and as a result, six factors were determined, providing six pure evaluation scales: (1) self-affirmation, (2) relationships, (3) security, (4) motivation, (5) caring, and (6) potency. Finally, the QLI was tested with a similar sample of 100 subjects. Feedback was requested from each of the participants via a language test.

After the factor analyses and the language test, low-weight items were eliminated, and the test was reduced to 47 items. The definitions of the factors are as follows:

- self-affirmation: acceptance of one's identity, thoughts and feelings
- relationships: the capacity to make contact with other persons, a sense of confidence in being close to others
- security: being satisfied with oneself; recognizing one's capacities
- motivation: having the ability to take initiative in terms of actions directed at incentives and goals
- caring: the capacity to provide a nurturing, warm, and loving environment
- potency: development of one's talents and intelligence

The QLI can be evaluated in two ways: (1) evaluation of overall quality of life and (2) specific evaluation of quality of life in terms of the six factors (self-affirmation, relationships, security, motivation, caring, and potency). This test was designed to provide an instrument for evaluating changes in psychotherapy using transactional analysis. The overall evaluation gives a general range of scores for the whole test. The specific evaluation gives a range of scores for each of the factors.

Coopersmith Self-Esteem Inventory: Coopersmith (1967) defined self-esteem as "a *personal* judgment of worthiness that is expressed in the attitudes the individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal reports and other expressive behavior" (p. 5). The Coopersmith Self-Esteem Inventory (CI) is a popular test that has been used in many studies to evaluate self-esteem. It was standardized with the Mexican population in 1993. It contains 25 items to be answered true or false.

The results of this study were analyzed in two ways: quantitatively and qualitatively.

Quantitative Analysis

Of the 21 subjects, 16 responded to follow-up by mail. *T* tests were used to compare the results of the QLI and the CI before the workshop, after the workshop, and at follow-up. The research hypotheses and their outcomes are summarized as follows:

1. By working in a seven-day workshop in which transactional analysis techniques were used, a positive and significant change is produced as measured by the QLI.

This hypothesis was supported. A *t* test was used to compare the mean scores of all subjects before the workshop with the mean scores of all subjects after the workshop according to the six scales of the Quality of Life Inventory. The results demonstrated a change in the global evaluation exceeding the .001 level of significance. In the evaluation by scales, five of the six scales had a significant result. Only the caring scale did not show a significant result.

2. By working in a seven-day workshop in which transactional analysis techniques were used, a positive and significant change is produced as measured by the Coopersmith Self-Esteem Inventory.

This hypothesis was also supported. The *t* tests comparing the results before and after the workshop for the Coopersmith Self-Esteem Inventory, demonstrated a change exceeding the .01 level of significance.

3. Changes in the perception of quality of life will show stability over a three-month period.

A *t* test was carried out comparing the mean scores of 16 responses at follow-up with the mean scores of those same 16 after the workshop. This hypothesis was not supported. The t-tests of the global scale did not show significant levels of confidence. Nevertheless, in the evaluation by scales, changes were maintained in the security and caring scales with a positive increase in the potency scale. The results were not significant for the self-affirmation, relationships, and motivation scales.

4. Changes in self-esteem as measured on the Coopersmith Inventory will show temporary stability at three-month follow-up.

This hypothesis was supported. The results demonstrated a level of significance of .01 when comparing the mean scores of each subject after the workshop and at follow-up.

Qualitative Analysis

Qualitative analysis was done in three stages:

1. The evolution of each subject was described in terms of diagnosis, specific therapeutic intervention, and resolution.

2. Vignettes of this treatment sequence for each participant showed examples of the four ego state boundary problems, a brief history, and a description of the personality features that made the person fit a particular diagnostic category. The initial diagnosis was made with the DIEP. Then a tape transcription of specific interventions was analyzed for each subject. Finally, a resolution through fulfillment of contracts was described.

3. At the end of the workshop, each subject was asked to evaluate whether he or she had fulfilled the contract for change that he or she made. The results were positive with 20 of the participants. Only one person reported not having fulfilled the contract.

Discussion

This study produced two instruments that can be used by transactional analysts. The Diagnosis Inventory of Ego State Boundary Problems was demonstrated to be a practical and useful tool for diagnosis in psychotherapy. To be more effective and to reduce the time of treatment, it is necessary to have as a basis the premise that each ego state boundary problem has a corresponding and specific approach to treatment.

The Quality of Life Inventory was useful during the workshop, although it was not as sensitive as expected with regard to the follow-up. This could be due to the fact that the majority of the study participants were North Americans, whereas this test was based on data from workshops with Mexicans. This also explains the lack of significant change in the caring scale after the workshop, because Mexicans tend to be more expressive of their feelings of love.

It is also likely that changes in the QLI at follow-up decreased after the workshop because, in fact, this often happens in practice. Stable changes are not always linear; they normally proceed with many fluctuations.

The results of the final study supported three of the four research hypotheses, demonstrating positive changes in self-esteem and quality of life for participants in a workshop using transactional analysis techniques.

The qualitative analysis also demonstrated the usefulness of having an initial diagnosis of ego state boundary problems so that therapeutic orientation and specific interventions can be chosen that will best contribute to resolving these problems. Vignettes with samples of psychotherapy showing the use of contracts, redecision, and self-reparenting, among other transactional analysis techniques, was included for each of the ego state boundary problems.

Although the final statistical results showed significant positive changes in the participants, the results could have been better if the study had been carried out with Mexicans because the instruments were originally made and tested for this culture. This might usefully be the focus of further studies.

It would certainly have been better to have a control-group design. This was not done because it was difficult to find a corresponding random sample due to the heterogeneous and

international characteristics of the experimental group.

In a study such as this we also have to consider that the results might have been influenced by the personality and skills of the two psychotherapists, as well as by any transference that the participants established with them, especially since the therapists are two well-known, recognized transactional analysts.

The results of this study generated some suggestions for further research:

- use the QLI with different cultural groups and with other psychotherapy approaches, comparing the results before, after, and at follow-up
  - repeat the sequence of diagnosis-treatment-resolution with a more homogenous group using a control-group design
  - use this method of psychotherapy but compare results obtained from a one-week workshop, a weekly therapy group, and weekly individual therapy

This was the first research study carried out on ego state boundary problems. For the international transactional analysis community the results are significant. They show the application of a new diagnostic technique that can be of great value in daily practice as well as part of the training and supervision program of clinical transactional analysis candidates.

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