

EGO STATES AND TENDENCY TOWARDS PSYCHOSOMATICS¹

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Abstract

Ego states are a set of behaviors, thoughts and feelings that represent part of an individual's personality. Transactional analysis describes three ego states: Adult, Parent, and Child (behaves, thinks and feels the way the individual used to feel when he was a child). The question is whether it is possible to predict psychosomatic tendencies with the help of ego state, which was the goal of this research. The sample was consisting of 291 respondents ($N_{\text{male}} = 27.5\%$, $N_{\text{female}} = 72.5\%$), while the average age was 19.19 ($SD = 1.37$). The instruments used in the research were the Ego State Test and the HI Psychosomatic Propensity Test. All ego states, with the exception of the Nurturing Parent ego state, are significantly related to psychosomatic tendencies ($p < .05$). The Critical Parent ego state and the Adapted Child ego state positively correlate with psychosomatic tendencies, while the Adult and Free Child ego states correlate negatively with the same. The model composed of ego states explained 25% of the criterion variance ($R^2 = .25$, $F_{5, 214} = 14.14$, $p < .01$). Statistically significant predictors of tendency towards psychosomatics were an Adult ego state ($\beta = -.16$, $t = -2.22$, $p < .05$) and Adopted child ego state ($\beta = .45$, $t = 6.40$, $p < .01$). More pronounced Critical Parent ego state and an Adapted Child ego state are associated with a higher tendency towards psychosomatics, while an Adult ego state and a Free Child are associated with a lower tendency towards psychosomatics.

Keywords: *Ego states, tendency to psychosomatics.*

1. Introduction

Ego states represent coherent systems of thinking and feeling, which are manifested in behavior (Berne, 1972). Dusay (1972) listed five ego states: Nurturing Parent, Critical Parent, Adult, Free Child, Adapted Child. The criteria by which it is possible to register the ego state are: words used, tone of voice, gesture, posture and facial expression (Steiner et al., 2003). A child's ego state is the source of feelings, intuitions, and needs (Wadsworth & Divicenti, 2003). The adult state represents a logical ego state in which an individual seeks information from other ego states and the external environment, and based on that data makes decisions (Stewart & Joines, 1987). The Critical Parent is behaviorally motivated by parental directives, which are often directed towards intolerant control while simultaneously underestimating the capabilities of other people. A Nurturing Parent means focusing on others, providing support, finding the good, rewarding and encouraging both other people and oneself on an internal, interpersonal level. The Child state is divided into the Free Child ego state and the Adapted Child ego state. A Free child is spontaneous in expressing feelings, autonomous and independent of parental influences. Adapted Child describes forms of behavior that are in fact automatic repetition of patterns learned in childhood and generally do not correspond to the current situation (Brajović Car & Hadži Pešić, 2011).

The psychosomatic approach is represented by the idea that psychological factors cause a functional disorder, which over time can damage tissues and affect the appearance of physical symptoms. The previous medical model of the disease, according to which the external cause leads to tissue damage, and then to functional disorders, which causes a physical symptom, has been replaced by a new, psychosomatic model (Hadži-Pešić, 2009). The psychosomatic approach views the patient as a biopsychosocial entity, and illness as a result of the intertwined action of external factors and the internal resistance of the organism. Psychosomatic illness is caused by the action of a psychogenic factor and can originate from emotional stress and manifest in the body as physical pain and other symptoms (Ghazanfari

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et al., 2019). This understanding leads to a holistic approach and the need to treat a person as a whole, not just a diseased organ, because every disease is a human disease viewed as a dynamic unity of physical and psychological aspects (Panić et al., 2013).

2. Method

2.1. Objective

The main goal is to examine whether it is possible to predict psychosomatic tendencies using ego states (Nurturing Parent, Critical Parent, Adult, Free Child, Adapted Child).

2.2. Sample

The sample was convenient and consisted of 291 respondents ($N_{\text{male}} = 27.5\%$, $N_{\text{female}} = 72.5\%$), an average age of 19.19 ($SD=1.37$).

2.3. Instruments

HI from the Cybernetic batteries of conative tests tests (KON 6; Momirović, Wolf, & Džamonja, 1998) was used to measure psychosomatic tendencies. The test consisted of 30 items that were answered on a five-point Likert-type scale. The reliability of the scale, in this research, was $\alpha = .88$.

Ego State Questionnaire (ESK) (Loffredo et al., 2002) was used to operationalize ego state. The questionnaire consisted of 40 items forming five subscales: Nurturing Parent, Critical Parent, Adult, Free Child and Adapted Child. In this research, the reliability of the scale was $\alpha = .71$.

3. Results

In the following, the basic descriptive statistical results are presented first.

Table 1. Descriptive statistics.

Variables	AS	SD	Sk	Ku	Predictors	β	t	p
Psychosomatics	59.72	18.20	.64	.02				
Nurturing Parent	32.06	5.36	-.74	.33	Nurturing Parent	.04	.54	.59
Critical Parent	22.56	5.34	.43	-.33	Critical Parent	.09	1.36	.18
Adult	29.01	4.58	-.49	.21	Adult	-.16	-2.22	.03
Free Child	27.22	4.16	.22	-.15	Free Child	.03	.40	.69
Adapted Child	21.79	5.19	.16	-.03	Adapted Child	.45	6.40	.00

The results show that the model consisting of ego states explains 25% the total variance ($R^2 = .25$, $F = 14.14$, $p < .01$). Statistically significant predictors of tendency towards psychosomatics are an Adult ego state and Adopted child ego state.

4. Discussion and conclusion

The aim of the research was to examine the relationship between the ego states (Nurturing Parent, Critical Parent, Adult, Free Child, Adapted Child) and the tendency towards psychosomatics on a sample of the student population. The results show that only Adult ego state (negative direction) and Adopted child ego state (positive direction) predict tendency towards psychosomatics. Negative correlation between Adult ego state and the tendency towards psychosomatics is expected. Individuals who predominantly operate from the Adult ego state are better equipped to manage stressors rationally and objectively, thus they may be less prone to development and experience psychosomatic symptoms. Also, their characteristic can be effective coping mechanisms and problem-solving skills which help in a healthier response to stressful events. Conversely, people who react dominantly from the Adopted Child ego state, may be more susceptible to psychosomatic symptoms, especially if they have unresolved emotional problems from childhood. Research on the connection between the Adult ego state as well as the Adopted Child ego state and the tendency towards psychosomatic symptoms is relatively sparse. There are research findings that point to an indirect connection between the mentioned constructs. For instance, the work of Gross (2015) shows how emotional regulation model „helps to clarify how emotion regulation strategies are selected and implemented and points to ways that emotion regulation difficulties may emerge” (p. 20). This allows insight into how psychological factors influence health, respectively somatic symptoms. Psychosocial

factors are also important in shaping vulnerability to psychosomatic symptoms. Research in domain of attachment theory and health outcomes (e.g., Mikulincer & Shaver, 2007), offer valuable insights into the complexity of this relationship. So, while the Adult ego state may contribute to adaptive coping strategies and cognitive appraisal processes, other factors such as early life experiences and interpersonal relationships also play a crucial role in health outcomes. Insecure attachment styles characterized by anxious or avoidant attachment patterns have been associated with higher levels of psychosomatic symptoms (Brenning et al., 2012; Mikulincer & Shaver, 2007). Adverse childhood experiences have been linked to disruptions in emotional regulation and increased vulnerability to somatic complaints (Anda et al., 2006; Norman et al., 2012). Research has shown that difficulties in emotional regulation are one of the psychological aspects contributing to the development, progression, and treatment of the somatic symptom and related disorders symptoms (Luyten et al., 2013; Rief & Broadbent, 2007).

Understanding Adult and Adopted child ego state can provide insights into how individuals process information, regulate emotions, and cope with stress, all of which can influence their susceptibility to psychosomatic symptoms. However, it's essential to consider individual differences and the complex interplay of various psychological factors in determining psychosomatic tendencies. Thus, further research could specifically investigating this relationship is warranted to establish more concrete findings and implications for clinical practice.

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