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Structural Distortions of the Personality of a Researcher as a Cause of Diagnostic Mistakes

Summary

The article explores structural distortions of the researcher's personality (contaminations and exclusions) as one of the causes of his/her diagnostic mistakes. Integrated personality of a diagnostician is an important factor which can prevent making mistakes. Such personality allows for the verification of one's judgements and hypotheses, offers the possibility to revise one's achievements, and successfully deal with stereotypes or superstitions. The author postulates incorporating development and formation of desirable personality traits in diagnosticians' vocational training.

Introduction

Having previously written about the role and significance of transactional analysis in educational diagnosis (Jagięła, 2012a), now I would like to focus on the more detailed conceptualisation of some of its aspects. Let us only recall that transactional diagnosis focuses on recognizing particular situations, phenomena, behaviours, and processes remaining in the area of interests of this concept. As a rule, the following kinds of diagnoses can be distinguished:

- diagnosis of behaviour – concerning the words, tone of voice, gestures, body posture, and facial expression of a person which give evidence of certain Ego states that take place in the transactions, games played at the moment and an existing script;
- social diagnosis – the analysis of how a person, using his own Ego states, enters interpersonal relations with other people's Ego states;
- historical analysis – the analysis of past experiences and behaviour of a person, most often referring to his childhood and influencing the presently revealed Ego states, as well as transactions, games and scripts;

- phenomenological diagnosis – an attempt at recognizing Ego states by an individual insight into yourself, reliving past experiences as well as transactions, games and the presence of a script; (Steward, Joines, 1987, pp. 39–46, Cichocka, Suchańska, 1989, pp. 51–59 and other).

The types of analysis listed above can be noticed in many specific problems transactional diagnosis deals with. It is a well-known fact that an effective therapy, and it should be remembered that transactional analysis is primarily a kind of psychotherapy, must be preceded by a detailed and thorough diagnosis. Let us present some cases. Certainly, as it has already been mentioned, the aspects associated with the character and the course of psychotherapy must be treated as a primary field on which the attention and activity of a transactional analysts is focused.

Thus, the following scales and questionnaires are constructed to diagnose certain types of behaviour. One of them is the Transactional Behaviour Questionnaire (TBQ), which is an invaluable tool in the hands of a diagnostician used for identifying the patient's Ego states that are visible in the course of the therapeutic process (Brennan, McClenaghan, 1978, p. 52–55).

Petruska Clarkson developed so called Diagnostic Pentagon (or simply 'Pentagon') (Clarkson, 1988, pp. 211–219), which is a good diagnostic model allowing for recognizing, differentiating, and defining the results of the therapy in reference to the following five areas: the change of script, making progress, a degree of disintegration, disposing of illusions and the change of counter-script. The same, already diseased, author, who is one of the most eminent representatives of TA, in one of her works postulates to include into transactional diagnoses the achievements of neuropsychology, and particularly the subject matter of the functioning of the brain. She is convinced that such an approach could bring unexpected and beneficial effects, at the same time elevating the diagnosis onto a specifically understood meta-level of its achievements (Clarkson, 1989, pp. 45–50).

Emilio Said Diaz de la Vega and Gloria Noriega Gayol proposed a diagnostic model that allows patients to choose the most important area of problems they are coping with. Eight categories has been distinguished: physical, economical, sexual, family, social, professional, cultural and spiritual (Diaz de la Vega, Gayol, 1981, pp. 330–332). The paper by Gloria Noriega Gayol, which was written following the experience of an intensive, week-long TA workshop, is an interesting supplement of this text. The workshop, which took place in Mexico, aimed at developing diagnostic inventory including self-evaluation and a sense of life quality and taking into account the boundaries of Ego states (Gayol, 1997, pp. 237–240).

Following the accomplishments of transactional analysis in the diagnostic field, it can be noticed that practitioners often view diagnostic problems from the perspective of personality disorders. This approach can be found in Michael F.

Hoyt's work (Hoyt, 1989, pp. 101–113) and in Muriel James's important paper *Diagnosis and Treatment of Ego State Boundary Problems*, where she points at the fact that patients often do not receive effective treatment of their psychological problems due to the prevailing diagnostic superstitions and an ineffective choice of treatment methods. She encourages all therapists to consider the option of including TA assumptions in diagnosing and treating personality disorders. The problem considered in this paper will be further discussed in the context of diagnostic mistakes (James, 1986, pp. 188–196).

Another text dealing with personality disorders was written by Patricia M. Allen (Allen, 1992, pp. 48–53) and refers to Paul Ware's concept (Ware, 1983, pp. 11–19) known as 'doors to therapy'. It is a sequence of consecutive steps in therapy which begin with establishing contact and opening 'doors to therapy', and which go through stating its target door along with avoiding possible trap doors in treatment with reference to particular adaptations of personalities (histrionic, obsessive and compulsive, schizoid, anti-social, passive and aggressive, paranoid). The author emphasises diagnostic usefulness of this concept within the model elements of the Therapy Triangle, which also includes active Ego states of the psychotherapist.

Many TA practitioners analyse certain clinical cases in a detailed way and refer them to diagnostic difficulties. Stephen J. Karakashian (Karakashian, 1988, pp. 178–184) is an example of such an approach. He considers problems connected with diagnosing borderline personality disorder, which is a particularly difficult disorder to diagnose correctly, as it is often mistakenly recognised as either *narcissistic personality disorder* or schizoid personality disorder (Karakashian, 1988, pp. 178–184). Similar diagnostic problems are also depicted by Hanna Hyams, who suggests taking cultural contexts into consideration in case of histrionic personality disorders (Hyams, 1998, pp. 234–243). In a very interesting way, the article describes how various cult and subculture leaders increase their followers' dissociative states in order to manipulate them more effectively.

While discussing cultural issues, it should be noted that the subject matter of cultural diagnosis based on TA assumptions has found its interesting development in one of the works of Rolf Balling (Balling, 2005, pp. 313–320). Organisational structures have their own characteristic culture, which is expressed by means of a set of customs, rituals, beliefs and behaviours typical for its members, shared values and beliefs as well as feelings. That is why, simplifying the issue, of course, one can talk about 'the personality of the organisation', which constitutes an especially interesting area of diagnostic competence. One could also add here that school as an institution could make an interesting subject of such research. For more details, have a look at Balling's work.

Psychiatrists and clinical psychologists are familiar with Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR at present, although its revised

versions, DSM-V and DC-10, are being worked on), which, although useful in diagnosing psychological disorders, are of little help in treatment, as differential diagnosis does not effectively indicate the best strategies and treatment methods. That is why Arthur Wouters and Gillian Smale point at the possibilities of supplementing some clinical units (especially personality disorders) with selected elements of TA and the concept of script (Wouters, Smale, 1990, p. 118–127). The authors believe that their solution is the first step in this field, but, at the same time, they hope that this suggestion will stimulate further academic discussions.

The most common diagnostic tool of Ego states in transactional analysis is the so called ‘egogram’. It is a questionnaire, or a histogram illustrating the assessment, most often in the functional and phenomenological approach, and the importance of particular Ego states. Numerous studies have been devoted to this issue written by both foreign authors (Dusay, 1977; Karpman, 1974, pp. 16–19; Marsh, Drennan, 1976, pp. 135–137 and others) and Polish researchers (Cichońska, Suchańska, 1989, pp. 52–53, 56–58; Masiak, Kopacz, Oleś, Welcz, 1998, pp. 168–170; Jagieła, 2011, pp. 273–277; Pierzchała, Sarnat-Ciastko, 2011, pp. 279–288 and others).

It is not possible to enumerate all theoretical diagnostic models, scales or specific research questionnaires that were developed over fifty years of the existence of transactional analysis. The examples of such solutions can be found in some lexical works (Jagieła, 2012b). They clearly indicate how significant and fairly conducted diagnosis is in TA. Our considerations will be focused on the problem of transactional mechanisms of good diagnostician’s personality and diagnostic mistakes made by poor diagnosticians. It can be assumed that such knowledge can also prove useful in the context of educational diagnosis.

A model integrated personality state of a diagnostician

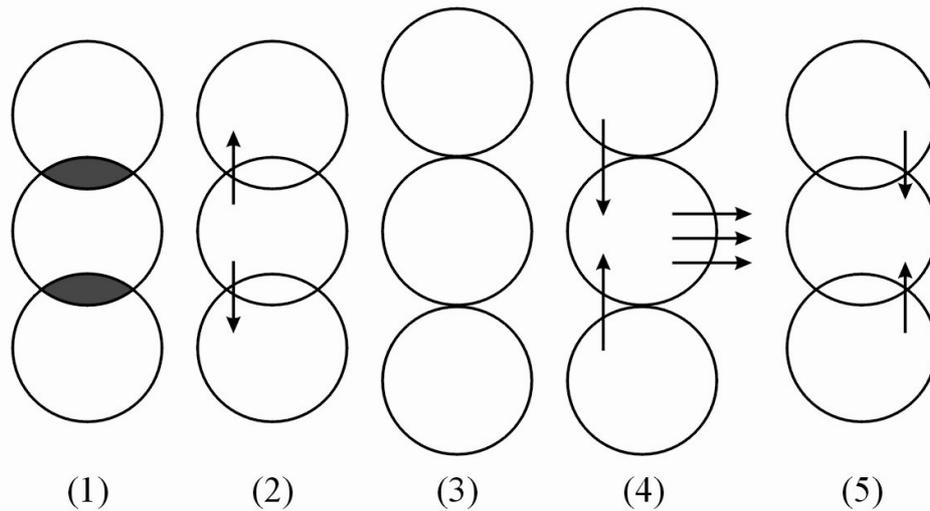
While analysing the essence and the character of a diagnostic process, we are not always willing to notice the person, the characteristic features and the significance of the diagnostician himself. Being more focused on the object-oriented rather than subject-oriented dimension of diagnosis, we might miss one of the key elements of the diagnostic proceedings, that is a person who initiates and carries out the procedures. In traditionally understood diagnosis (closer to scientific disciplines), the relation of cognition is clear and unambiguous. It is expressed by the existence of the exploring agent and the explored agent. In such cases the personality of a diagnostician does not have (or should not have) such essential or decisive significance for the final result of the examination. Standardised measurement techniques dominate and play a major role here. To simplify: no matter who examines a given biological sample – while maintaining certain proper and standard procedures – the result should be identical. Because it is

not a case of '[...] Different people measure differently' (<http://niezalezna.pl/38445-tusk-w-sprawie-brzozy-rozni-ludzie-roznie-mierza>), as such an examination would be deprived of any methodological and cognitive sense. The situation changes dramatically when it is people who are diagnosed. People who cannot be simply called the subjects of cognition. A diagnostician focused on diagnosing a person is also diagnosed by this person. A psychotherapist diagnosing a patient is also in a way diagnosed by this patient. A teacher examining a student also undergoes a kind of analysis with respect to her competences, requirements and mood, etc. conducted by this student. Observation and conversation are the dominant methods, as Anna Suchańska (Suchańska, 2007) aptly observed. Such a quality change draws attention not only to the research procedures but also to the person of a diagnostician.

Transactional analysis offers an optimal model of the person's personality, which might prove useful in defining a well-functioning diagnostician. Personality structure (in the so called the first order analysis) consists of three ego states: Parent Ego State (P), Adult Ego State (A), and Child Ego State (Ch). This is a consistent set of thoughts, feelings and experiences which manifest through the person's specific behaviours. By means of those Ego states one person embarks on the relations (transactions) with Ego states of another person (persons). The borders between the elements of this model structure should be clear and easy to understand, but also flexible and enable a free, unrestricted flow of energy between Ego states. As a result, a person is able to react to the constantly changing circumstances, conditions and requirements of the environment in an optimal way. In TA such a situation is described as functional fluency, which, on one hand, provides an important indicator of mental health, and, on the other hand, it can be treated as an important determinant and objective of educational work (Temple, 1999, pp. 164–174; 2002, pp. 251–269; 2004, pp. 197–204). Unfortunately, educationists has not shown any deeper interest in this issue so far.

Functional fluency is achieved in the process of the integration of personality. It can be assumed that personality has two important functions: an adaptive one and an integrative one. The former is connected with the ability to adjust our behaviour to the requirements of the environment, and the latter provides consistency of this behaviour. One of the eminent Polish psychologists declares: 'If there were no special psychological mechanisms operating within us that ensure the integrity of our person, being constantly bombarded with new information and exposed to new experiences would soon make us 'split' into unrelated structures and processes' (Strelau, 2000, vol. II, p. 565). The Integrated Adult Ego State is formed as a result of integration in the second order transactional analysis, and it includes the consciously accepted and reworked positive features of the Parent Ego State and Child Ego State in the form of *Ethos* and *Pathos*. This is a consequence of an intended and planned process of taking responsibility for

one's feelings, thoughts and beliefs as well as one's life moral choices and experienced emotions. The process of the integration of personality (Fig. 1) was described by M. James and D. Jongeward (James, Jongeward, 1994, pp. 344–345) and is presented in Figure 1.



- (1) unconscious and contaminated Adult Ego State
- (2) Adult Ego State conscious of Parent and Child
- (3) Correction and decontamination of Adult Ego State
- (4) Adult filter of behaviour
- (5) Integration process

Fig. 1. The process of the integration of personality, after: M. James, D. Jongeward (1994), *Narodzić się, by wygrać. Analiza transakcyjna na co dzień*, Dom Wydawniczy REBIS, Poznań, p. 145.

The integration process begins with the person being unconscious of the role and significance of Ego Adult State and its being contaminated by the neighbouring structures (1). The concept of contamination will be discussed later. Next, decontamination takes place. It is achieved by conscious work of Adult Ego State in order to establish the border between the other structures (2) until such a state is achieved (3). From that moment Adult Ego State performs the function of a specific behaviour filter selecting, analysing and, consequently, deciding about the progress and the proceeding of a person (4). Up to the optimal state (5), where the data coming from Parent Ego State (*Ethos*) and Child Ego State (*Pathos*) are reworked on, selected and included into Adult Ego State. The *Ethos* area includes a number of features which could be described as ‘the ethics of responsibility’, rather than ‘the ethics of standards and principles’, and where words, actions, opinions and choices are coherent. *Pathos*, however, allows

a person to analyse and understand his and others' motivation and emotions, to cope with them, control them and use emotions in thinking. It is worth noting here that the model presented above is not the only model offered in TA literature. Susannah Temple's (Temple, 1999, pp. 164–174) model might serve as an example, although it basically confirms the scheme presented above emphasising a greater role of the person's autonomy, as the state of the desired integration of personality.

To sum up, it can be said Integrated Adult ensures a good contact with the reality, which results in satisfactory and functional effectiveness of all diagnostic activities. If this is not the case, the diagnostician's personality may contribute to erroneous assessment of the investigated reality. The features of his disintegrated – also understood as not properly developed – personality will have an impact on the character and the course of the whole diagnostic process.

The structural deformation of personality as a source of diagnostic mistakes

In transactional analysis structural pathology is understood as the distortions of Ego States in which the borders between the states are blurred and which is observed through so called contaminations and exclusions (Steward, Joines, 1987, pp. 51–55).

Contaminations can be boiled down to a kind of “seizure”, “darkening”, or “taking control over” a part of the Adult by the Parent and/or the Child. In the first case, there will inevitably appear various kinds of stereotypes or prejudices, while in the second case, illusions, hallucinations, or delusions will be observed most often.

The appearance of Leon Festinger's cognitive dissonance (Festinger, 1957) can serve as a proof of the contamination of the Adult by the Parent. A certain psychological discomfort is experienced by a person when a new piece of information or an unexpected event, which do not agree with the existing opinions, beliefs, or the embedded attitudes (stiffened Parent Ego State) reach Adult Ego State. It is obvious that in diagnosis the belief that the more the facts disagree with previous assumptions, the worse it is for the facts is extremely harmful. However, it is inevitable that embedded habits and certain stiffness drive our attention and understanding. Although they allow us to think faster, easier, and in a predictable manner, we lose the complexity of the world and our own objectivity, especially in new, non-standard, or ambiguous situations.

The contamination of the Adult by the Child is characterised by inevitable illusions. They are nothing else but irrational hopes and specific delusions of a person referring to themselves and other people. And although this factor is

deprived of any rational justifications and sometimes called by American psychologists “the Lake Wobegon effect” (after: Ripley, 2008, pp. 65–66), it can also be a favourable element while dealing with the adversities of life. The name of the phenomenon comes from the name of a fictitious town in Minnesota, where women are decisive, men are exceptionally handsome, and children are out of ordinary. The delusions “let us live”, as it is announced by a title of a book from the area of social psychology (Kofta, Szutrowa, 1991), but they drift a diagnostician away from the reality and they make his ventures illusory.

While talking about prejudices and illusions, it should be observed that such phenomena also appear in the teacher's work, when she has to deal with students' achievements. An objective evaluation is not always possible due to various distortions. A teacher can instil in herself a judgement of a given child regarding him or her as a “good”, “conscientious”, “apt” pupil, etc., and block the contradicting information, thus evaluating students in a more favourable way than they really deserve. A reverse situation can also take place, when a student is perceived as “incapable”, “difficult”, or “slow-witted”, and, regardless of his objective achievements, he or she is assessed more strictly. The first phenomenon, described by Georges Noizet and Jean Paul Caverini, is called the Pygmalion Effect, and the other – the Golem Effect (Noizer, Caverni, 1988). In both cases a teacher does it in order to diminish an awkward discrepancy between her previous assumptions and the objective state of affairs. It should be noticed here that none of this happens consciously and it is a kind of a self-fulfilling prophecy Robert Merton wrote about (after: Trusza, 2007, pp. 85–96) The sequence of events does not change here. A teacher creates false beliefs concerning a given pupil (or pupils) – she communicates those beliefs to a pupil (pupils) in a specific way (often by means of hidden transactions) – a pupil (pupils) confirms those false beliefs with his/her behaviour.

It can be assumed, and such a hypothesis can be verified, or classified by means of relevant research procedures, that in both cases the functional state of Adopted Child is actively contaminating. In case of the Pygmalion Effect the state of Protective Parent is more active than the state of the Adult, and in case of the Golem Effect, Critical Parent is more active.

However, it may be surprising that some authors recognize the phenomena described above as normal by writing: “Summing up, it is worth noticing that the distortions in the professional process of evaluation take place because a teacher cannot stop being a human being. Teachers are driven by beliefs that aim at increasing their self-evaluation as people who perform their duties well” (Turska, 2007, p. 11). Well, an argument of the type “we are only human beings” is difficult to disprove. This way one can justify almost everything, even instances of highly unprofessional behaviour. This is also true that both the Golem and the Pygmalion effects are of unconscious character, but working on one's Adult Ego State lies within the range of every teacher. It can be safely assumed that the

longer the teacher will present the weakness and imperfections of her Adult Ego State, the more she will be susceptible to such prejudices and illusions in her work. Workshops or supervisions making use of transactional analysis might prove very useful in overcoming such deficiencies.

But not only contaminations should be mentioned here. Exclusions, another kind of structural pathology, also play an important role (Pointdexter, 1972, pp. 28–31). It is a situation when one or two Ego states are effectively prevented from operating, allowing the third state to take control.

- Only the Parent is active. Example: “a diagnostician is driven exclusively by the norms, procedures and principles”, pattern P-(A-Ch).
- Only the Adult is active. Example: “a diagnostician does not notice a wider context other than the present examination”, pattern: (P)-A-(Ch).
- Only the Child is active. Example: “a diagnostician is dominated by his not always conscious motives or emotions”, pattern: (P)-A)-Ch.

Another version of the above can be found in the subject literature, where one of Ego states is blocked, and the remaining two are active. There are three variants of this situation:

- The Parent excluded, the Child and the Adult active. Example: “a diagnostician is devoid of conscience, e.g. Josef Mengele’s experiments”, pattern: (P)-A-Ch.
- The Child excluded, the Parent and the Adult active. Example: “a diagnostician is not able to enjoy the results obtained”, pattern” P-A-(Ch).
- The Adult excluded, the Parent and the Child active. Example: „a diagnostician is deprived of contact with the reality, struggling between his obligations and duties and the changeability of his emotions”, pattern: P-(A)-Ch.

While taking the second version under consideration, some practitioners voice certain objections, claiming that a man can only make use of one active Ego state in a given situation. It seems to be impossible to remain in two opposite Ego states (e.g. a Parent and a Child) at the same moment. However, further research into the issue is needed to form definite conclusions. It is no coincidence that Mavis Klein (Klein, 1980, pp. 96–100) sees contaminations and exclusions as the main source of mistakes of all kinds and of problems in making decisions and rational functioning. She writes: “Functionally healthy personality is able to flow between Ego states freely, which shows the ability to make the best use of each state depending on the situation” (Klein, 1980, p. 96). Then she adds: “The most complex and relevant life decisions that are to lead to a positive outcome require the activity of all three Ego states”. Such structurally and functionally healthy personality can be expected in people who are mature and conscious of their role in undertaking educational diagnosis.

Conclusion

To sum up, it is worth noticing that the subject matter of diagnosis provides a significant area of transactional analysis research. In both theoretical and practical aspects of diagnosis, practitioners focus on objective (material) rather than subjective (human) dimensions of the diagnostic process. We are more willing to research and discuss “something”, e.g. test results, or didactic evaluation than to notice “somebody”, e.g. a student himself, his characteristic features and qualities, or finally the very person of a diagnostician. The first kind of cognition is always 'skewed' as it elevates the person who examines over the ‘object’ examined. In the second case, a kind of symmetry takes place, where the surface of mutual relations takes upon some qualities of “parallelism”. It should be emphasised that one cannot negate the role or significance of any of those two ways of recognizing the reality. Both of them complement each other, on the one hand, by the objectivity of cognition and, on the other, by subjective references to the human character of pedagogical research. Both a diagnostician and the diagnosed are human beings with all the consequences of this fact. It is then a person who remains the essential element of a diagnostic process, including the person and the personality of a diagnostician himself.

An integrated personality of a researcher favours the process of making a diagnosis and is an important factor in preventing many diagnostic mistakes. It allows for the verification of judgements and hypotheses, it promotes a critical attitude to one’s own achievements, not succumbing to a rigid routine, accepted stereotypes, or prejudices existing in a given environment, or to subdue and give way to illusions that do not have much in common with the reality. At the same time, it should be remembered that each examination worth such a name has to fulfil the criterion of validity (as David Silverman said: “validity is the synonym of truth” (Silverman, 2009, p. 273)) and reliability, which yields the same results in the examination conducted by the same researcher in different circumstances or in the examination conducted by different researchers. As it is generally known, mistakes are part of being human, however, according to Confucius: ‘*If you know you made a mistake and don’t correct it, then you have really made a mistake*’ (<http://cytaty.eu/>). The correction of one’s own mistakes can be provided by nothing else but a properly shaped and undistorted personality of a researcher.

On the basis of what was written above, the conclusion seems clear and obvious. In the vocational training of diagnosticians and in the process of upgrading the qualifications of people undertaking some tasks connected with all kinds of educational diagnosis, one should take into consideration the development and formation of the desired personality features. The concept of transactional analysis in the form of relevant lectures may appear to be an invaluable model of practical and theoretical trainings within the subject range discussed here.

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