Rethinking the Parent: A Valuing-Based Ego State Model

Abstract

The two integrative components of the Parent ego state in the original functional model are reconsidered in the context of psychotherapeutic work and its effectiveness. An alternative interpretation of the functional model is presented and argued, based both on theoretical considerations widely accepted in the profession and on a practical implementation of the reconsidered functional model. The present elaboration is based on the value principle, i.e. the premise that the need for self-worth is a core social need and that the experience of being devalued by a significant parental figure causes psychological trauma and correlated deficits and compensations. The importance of self-esteem in the context of attachment, "narcissistic wounding" and vulnerability, and empirical findings and therapeutic responses in psychotherapeutic practice are discussed. A case study of couple therapy is presented to illustrate the application of the model.

Keywords

value-based approach, ego state model, Valuing Parent, Devaluing Parent, strokes, value principle, couples therapy

Introduction

The re-consideration of the Parent ego state described in this article was motivated by the aim to enhance the effectiveness of psychotherapeutic work. The models presented here, incorporating a valuing-based approach, has been in use since 2016. It has been implemented in individual psychotherapy within a therapeutic group and in couples' therapy; a case study is given below. TA colleagues in psychotherapy and educational TA who are familiar with the approach have given their positive and encouraging feedback.

Ego State Models

Ego state is one of the core concepts of TA, and over the years there have been various ways of describing the difference between structural and functional models. Although Berne presented the structural model as a representation of intrapsychic composition and the functional model to help us analyse how differently the three ego states can function and cause effects within transactions, he only described the latter model in terms of the behaviours that could be seen. We are therefore left to assume how the behaviours emerge from the structure – as Hay (2009) describes, we have internal ego states that function inside and then produce behaviours.

When we consider the Parent ego states, in either model, the labels used have included several negatives such as Critical Parent, Prejudicial Parent, Witch Mother, Pig Parent. Furthermore, Steiner (1990) described a separation in terms of strokes, proposing that positive strokes are only produced by the Nurturing Parent and negative strokes by the Critical Parent. He even wrote that the so-called Pig Parent attack is one of the acute manifestations of the Critical Parent, which is "an intense, accusatory, damning, emotional attack on the OKness of the person" (Steiner, 1979, p. 34); that the Critical Parent causes difficulties in relationships, plays a role in the formation of a script, and is totally counterproductive in cooperative human affairs.

This negativity then gets associated with the label of Controlling Parent and this is misleading as control is one of the most important functions of caregivers. This is especially true when young children are not yet able to assess possible risks or dangers. Parental control can be exercised in either a caring, respectful and supportive way or in an abusive, restrictive, oppressive and disempowering way. The first type of control implies a valuing attitude on the part of the caregiver and invites a child to feel good; the second is devaluing in character and evokes unwanted emotions. The vague term 'controlling' for the parental function is not descriptive enough when we are trying to identify the counterproductive transactions and patterns of behaviour in order to replace them with the harmonious ones. Over the

years, alternative models have emerged, including ones where plus and minus signs are added to the behavioural ego state labels to indicate each may be positive or negative.

Self Esteem, Attachment, and Childhood Experiences

The liberating, empowering and revolutionary aspect of Berne's approach was that transactional analysis recognised and emphasised the individual value of each client. Berne was one of the first to insist that psychiatrists should speak an understandable language to patients and treat them as individuals of value. In this context it is useful to briefly review how the understanding of value developed.

Alfred Adler introduced the concept of the inferiority complex as a sense of one's inferiority in relation to the perceived superiority of others over oneself and saw this as playing a key role in personality development (Hergenhahn and Olson, 2006). Donald Winnicott (1973) claimed that a mother's attentive holding of her child is central to health. Self-esteem was considered a fundamental human need and so part of motivation by Abraham Maslow (1968) who included it in his hierarchy of needs. John Bowlby (1969) suggested that all humans develop an internal working model of other and an internal working model of the self which determines how the individual perceives him-/herself and which then will impact his/her self-confidence, self-esteem, and dependency. He outlines the personality development literally as follows: "A young child's experience of an encouraging, supportive and co-operative mother, and a little later father, gives him a sense of worth, a belief in the helpfulness of others, and a favorable model on which to build future relationships. Furthermore, by enabling him to explore his environment with confidence and to deal with it effectively, such experience also promotes his sense of competence. … Other types of early childhood and later experience have effects of other kinds, leading usually to personality structures of lowered resilience and defective control, vulnerable structures which also are apt to persist" (p.378). Mary Ainsworth (Ainsworth and Bowlby, 1965) also focused on the importance of maternal sensitivity for the development of infant attachment security. Carl Rogers (1961) saw the origin of many people's difficulties in a tendency to consider themselves worthless and incapable of being loved and emphasised the importance of showing unconditional acceptance to a client, with such an attitude as a source of the desirable positive changes.

The interconnections between narcissism (its impact) and attachment, and attachment and self-esteem, are also well elaborated by psychologists and researchers. Baker and Baker (1987) emphasise such an aspect as the ability of an individual to soothe and comfort self (i.e. regulate self-esteem internally), if the individual has a well-patterned or solid intrapsychic structure. Patton and Robbins (1982) suggested that such an individual is able to effectively achieve goals and relationships. From the value-focused perspective it is interesting that empirical studies confirmed the presumptions of attachment theory: secure attachment was found to be associated with more positive views of others (Collins and Read, 1990; Hazan and Shaver, 1987), an ability to establish trust (Feeney and Noller, 1990; Hazan and Shaver, 1987) and intimacy (Bartholomew and Horowitz, 1991; Levy and Davis, 1988). The understanding of a secure attachment encompasses an appreciation of both self and other as well as a capacity for cooperativeness and openness (Pistole, 1995) and these findings are entirely consistent with Berne's conception of the positive life position I'm OK, You're OK, where the value and worth are perceived as equally distributed between self and other(s).

Our need to be recognised is observable; by nature, we are sensitive to an attitude significant others show towards us, and any attitude may be either valuing or the opposite. We 'monitor' intuitively the changes in the others' attitudes towards us from day one of our life, as Edward Tronick (Weinberg and Tronick, 1996), demonstrated in his famous 'still face' experiments. Tronick found that a few-weeks-old baby begins to worry if the face of a significant parental figure suddenly freezes without facial expressions; that is, ceases to give signals of attitude towards him. "Infants reacted to the still-face with negative affect, a drop in vagal tone, and an increase in heart rate. By contrast, they reacted to the reunion episode with a mixed pattern of positive and negative affect" (p.905). It may be suggested that this inborn sensitivity is the external manifestation of our natural need for value-acknowledgement.

The more recent empirical studies conducted by Beatrice Beebe (Beebe and Lachmann, 2020) examined self- and interactive-contingency processes in relation to one another in a mother–infant face-to-face communication. The study showed that interactive regulation is never the sole organising process; it exists intertwined with self-organising processes and individual self-rhythms that are partially influenced by individual response to the partner, hence partially dyadic. The infant experience of trauma in the parental relationship has been a focus of many researchers during the last decades. Relational trauma occurs within the infant's relationships with primary love objects and can negatively affect the individual attachment organisation and also have other adverse effects on

the child's development (Baradon, 2009; Schore, 2003). A traumatic earlier experience causes an 'unresolvable paradox' for the infant, as his/her attachment figure is also perceived as the source of threat to survival and to psychic integrity (Liotti, 2004; Main and Hesse, 1990). Blanck and Blanck (1979) and Moore and Fine (1990) noted an even more significant and relevant aspect in the context of transactional analysis - that an individual without trauma shows the ability to value both self and significant others, i.e. there is an even distribution of self-esteem and other-esteem. Baker and Baker (1987) and Patton and Robbins (1982) reported the opposite effect with regard to the individuals with a less patterned or more nondifferentiated self-structure. The positive valuing of the self and management of esteem functions depend more on others' attitude and acting in ways that support the self - that is, provide valuing, confirming, or comforting functions. Thus, with a more fragile self-structure, an individual experiences more difficulties within maintaining an inner sense of comfort and esteem and so is more easily wounded or hurt, i.e. more vulnerable.

The Need to be Valued

This concise overview of relevant psychological theories and empirical research emphasises the significance of the need to be valued - both within the parent-child relationships as well as within adult ones. An analysis of the attitudes that correspondingly affect the subjective perception of value is essential. Thus, when defining the functional components of the Parent ego state, it may be beneficial to consider the value principle, which bears resemblance to the old saying "Treat others as you would like to be treated.", commonly known as the Golden Rule in various religious teachings and ethical systems. In more precise psychological terminology, demonstrating a valuing parental attitude involves exhibiting considerate and respectful conduct towards another's needs, emotions, and perceptions during interactions. Conversely, an attitude that is devaluing shows disregard and disrespect towards another's needs, emotions, and views. The perception of a child can vary depending on their age, ranging from less developed to highly developed perspectives and opinions. However, regardless of age, parental readiness to treat and discuss their child's perceptions as equally valuable to their own is crucial. All aspects of parenting, including setting boundaries and exercising control, can be carried out in a way that confirms value rather than devalues.

A devaluing parental attitude can manifest in numerous ways, but its impact is clear: there is nothing more hurtful than being devalued by those we love and depend on. This may entail feeling unwanted or neglected by one's parents, or perceived as a burden or an unwilling rival to a sibling or parent. Examples of parental devaluation include disengagement, emotional detachment, and a lack of respect for a child's needs, interests, and vulnerabilities. A subtle and non-violent devaluing attitude by parents can lead to not less harmful effects than physical violence. Neuroscientists Eisenberger, Lieberman and Williams (2003) have empirically confirmed that being rejected hurts; social exclusion activates the same areas of the brain as when we experience physical pain and was positively correlated with self-reported distress.

"You are ugly" (less beautiful than others), "You are dumb" (less intelligent than others), "You are insane" (less normal than others) — these are common messages an individual reports during therapy when discussing their parents' attitude, which has become a part of their inner (self-) devaluing voice. "…It is a voice or an image in the mind saying that the person is bad, stupid, ugly, crazy or doomed - in short, not okay" wrote Steiner (2003, p.161). The devaluing messages cause a disempowering effect; I (Kornyeyeva, 2022) hypothesise that the individual power as capacity and ability to act is correlated with and manifested through the individual value. The inclination of parents to treat a child in a devaluing way is not necessarily intentionally harmful but could simply be an attempt to make the child more compliant and manageable, as such a devaluation lowers the child's confidence and assertiveness.

Ray Little (1999) provided further evidence for the interrelation between value and power in his article on shame and the shame loop. He describes how humiliation-shame transactions can lead to a subjective feeling of worthlessness and unlovability, as well as the resulting behavioural effects. Shaming is the antithesis to the attribution of dignity, which according to Sulmasy's (2012) exploration of human dignity within the philosophy of bioethics, is confirmed or "created value" (p.938). Therefore, shaming, like any other act of devaluation, has a disempowering impact: a self-perception based on the premise of 'something is wrong with me' encourages the avoidance of any activity that could lead to the re-experience of shame. It explains the use of devaluation as a 'weapon' in parent-child relationships, which is then replicated in adult and couple relationships as part of power dynamics and power abuse.

Valuing and Devaluing Parent

Following these considerations, the terms Valuing Parent and Devaluing Parent were utilised during individual and group psychotherapeutic sessions instead of the corresponding Nurturing and Critical Parent. This was done to assist clients, who are not

acquainted with transactional analysis, to recognise their psychological challenges, experienced individually or within relationships. This, in turn, enables them to consciously correct their own thinking and behaviour patterns and to design transactions without any form of devaluation. Hence, although there was no need to have clients learn the TA models, they learned to think about valuing and devaluing as how they are shown in the diagrams below.

The structural model, or internal ego states, can be shown as Figure 1 and only contains positive elements. The Free Child (also called the Natural Child in some sources) is understood not only as the source of our feelings, desires, spontaneity, and childlike behaviour, but also as the 'hot spot' of our natural needs. The need to be valued is the crucial need for all human relationships; the less valued, or less treated with care and respect, one feels in relationships, the more frustrated and dissatisfied one can feel, and the more counterproductive one's response can be.

The Devaluing Parent contradicts our need to be valued; this ego state is about making the recipient less adaptive and self-sufficient, and less capable in general, less aware of one's own needs and feelings, i.e. dependent on parental figures of all kinds and thus prone to symbiotic relationships. Submissiveness as the opposite of individual independence, autonomy and healthy adaptability is therefore a more accurate description of the phenomenon. A counterproductive rebelliousness is an essential and 'pre-programmed' part of submissiveness; a lack of adult-like coping strategies leads to various forms of non-cooperative behaviour - non-compliance, passive-aggressiveness, etc.

Figure 2 shows the functional or behavioural model, with devaluation-related ego states shaded and the healthy and productive capacities as clear. Instead of Adapted, the adjective Submissive is suggested here, as the ability to adapt is neither counterproductive nor pathological: the problem is not being adaptable or adapted to certain conditions, and feeling and acting constrained because of the experience of being devalued and so disempowered.

Value Based Couples Therapy

There are several approaches to family/couple therapy in transactional analysis that are useful in working with family systems. Robert Massey (1989a) gave a systemic perspective and described how script analysis and structural and functional analysis of ego states can be used in family/couple therapy. He also offers techniques and interventions in a later article (Massey, 1989b), mentioning passivity, symbiosis and rebelliousness, as prominent symptoms of unhealthy relationships.
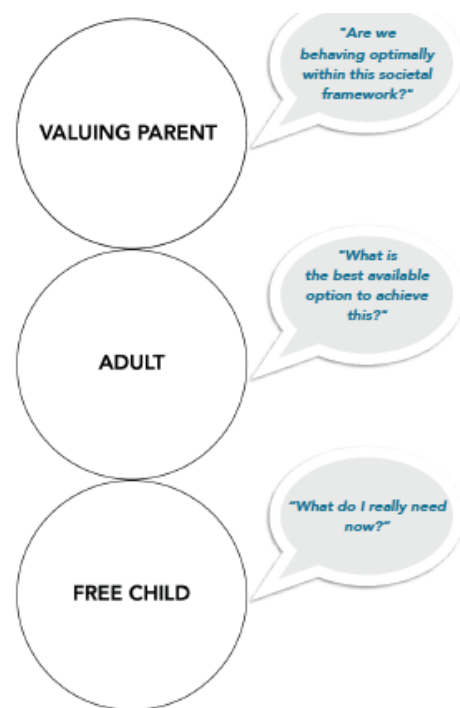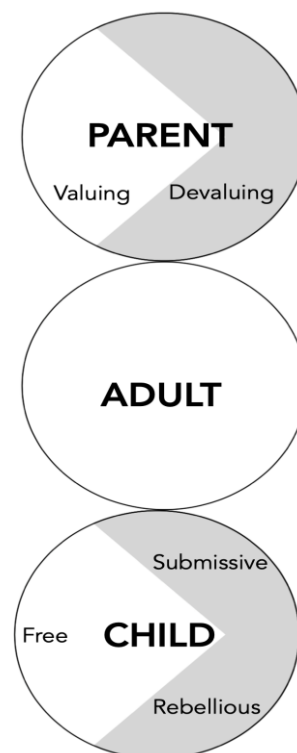

Figure 1: A Valuing Structural Model

Figure 2. Value-Based Behavioural Ego States (Personal Styles)

Passivity, symbiosis and rebelliousness reflect the relationship between value and power as an individual's ability to make a difference and achieve a desirable outcome in relationships; the more

devaluing and self-devaluing tendencies an individual shows, the more passivity, symbiosis and counterproductive rebelliousness will be manifested in a relationship. Erskine and Trautmann (1996) state that the sense of self and self-esteem emerge out of contact-in-relationship, which is inevitably rooted in the child development - i.e. the influence of parental figures. "Contact refers to the quality of the transactions between two people: the awareness of both one's self and the other, a sensitive meeting of the other, and an authentic acknowledgment of one's self" (p.317). One of Little's above-mentioned contributions (the interplay between feeling ashamed and a sense of worthlessness and unlovability) is also an insightful contribution to the theory and practice of couple's therapy.

In the relational context, value is crucial; behind destructiveness, gaming and escapism in a relationship, there is always an unfulfilled need to be and to feel genuinely valued by the partner. The interrelationship between a meaningful self-worth and an ability to have a fulfilling relationship and affect management is well known (Basch, 1988). One study found that unhappy lovers, compared to happy lovers, manifested clinical depressive symptoms, and reduced blood oxygen level-dependent changes in a brain network described as involved in major depression; those who felt happy in love showed no such symptoms (Stoessel, Stiller, Bleich, Bönsch, Doerfler, Garcia, Richter-Schmidinger, Kornhuber and Forster, 2011).

Work with couples needs a framework that establishes the equal value of all the parts involved and the impartiality of the practitioner who emphasises the equal value of both sides. This framework makes it possible for both parties to replace any devaluing and self-devaluing actions with valuing (value-affirming) ones. It is indeed a challenge to communicate without devaluation during a conflict, but it can be done within a safe framework offered by a professional during sessions, and can be continued by the couple at home as an important prerequisite for positive change. A very helpful tool in this context is what Steiner (1990) called the cooperative contract. The cooperative contract means that everyone involved takes responsibility for their actions and statements and consciously excludes power plays, lies and rescues from their own interactions In addition, the contract about a desirable change in terms of TA is agreed on the basis of expectations that both parts of a couple declare.

Couples Therapy: Mary and John

The contract with Mary (35 years old) and John (37 years old; both names changed) was part of my work in 2020. Six sessions were held in which the contract

was successfully fulfilled, and a few months later positive feedback came in about the impact of our working together on their lives and relationships.

Mary and John had been living together for about 18 months and were planning to get married and have children. John initiated the first session with me after an ongoing conflict with Mary about his relationship with his teenage son from his first marriage. This was the reason for their sudden separation; Mary left him while he was at work. There were further difficulties in John's relationship with the mother of the child, his ex-wife. Mary moved out and left a note saying she wanted to end the relationship. John felt abandoned, hurt and misunderstood as he thought he was doing his best to make the relationship work. The aim of our therapeutic contract was to bring some peace to the relationship, to encourage non-escalating communication and mutual understanding between them.

Once the contract was agreed, I invited Mary and John to be more self-reflective about their own strokes and actions and whether they were perceived as valuing or devaluing. They considered the impact in terms of emotional reactions they were having. To facilitate this process, the Value-Based Model was explained and a handout with the model was given. They both had the task of becoming more aware of their own inner processes (tendency to self-devalue, lack of adult thinking and behaviour patterns) and how these were manifested in their interactions. It was also agreed to consciously exclude the Devaluing Parent from both internal and external dialogue and to rely on the Valuing Parent instead.

The internal processes and trauma management of each party plays a very important role here. The transactions are the key to better understanding these processes and consciously contributing to a desired outcome. Given that we reproduce script fragments and trauma in the strokes we give and in our reactions to the strokes we receive, the aim is to learn to act free from the counterproductive patterns. To support this, my suggestion was to keep the focus on the strokes and the emotions they lead to, and to experience the self with more gentleness, care and respect. For example, asking your partner for support and understanding rather than continuing to feel left alone, misunderstood and helpless.

Mary and John's current feelings were analysed and named. In a safe therapeutic space, it became possible for both to recognise and openly express their own emotions, together with their causes, as subjectively perceived ("When you did that, I felt angry", "I felt sad when you left my phone call unanswered", etc.). Each partner began to be more aware of how his/her emotional reactions were

subjectively perceived by the other. This led to better mutual understanding and acceptance. The tendency to devalue and hide emotions was openly discussed, as was the family script each brought to the relationship. Mary and John agreed to be more aware of their own emotions and their true origins and to express them openly to each other without (self-)devaluation.

At the end of the first session, I asked them to find something (an action or an individual quality) that each of them valued in the other and would like to acknowledge. John expressed his gratitude to Mary for her patience, as his time-consuming job leaves him much less time than he would like to spend with her; Mary gave a positive (appreciative) stroke to John for being such a good father to his son. The condition for the exchange of strokes was that both of them had to be completely honest and non-devaluing towards themselves and their partner; initially the negative emotions of both Mary and John were an obstacle to this. Also, the feeling of insecurity and the lack of experience of being completely honest with one's own feelings was at first observable, and I carefully addressed this with a question. When they confirmed my intuition, I gave them a good stroke for their braveness and openness, and this careful facilitation helped them to continue to talk honestly about their own painful wounds and expectations. They then felt good, which helped them to work on rebuilding trust in each other.

Subsequent sessions focused on sensitivity to wording to help Mary and John recognise devaluing elements in their communication and to reframe statements so that they were both non-devaluing and sincere. The value-based model was used during each session and helped to identify whether the stroking was perceived as devaluing by each partner. In order to facilitate their awareness of the behavioural ego state manifestations, I sometimes had to stop the interaction and ask: "Can you now reflect and identify which of the ego states this statement/question sounds like?" and sometimes it would be about where it came from. The more we referred to the model, the easier and quicker they could reformulate their statements. By managing to exclude the Devaluing Parent they could observe how the desired effect was achieved.

Many devaluing transactions from the past needed to be talked about, as the pain, anger and sadness caused by previous communication hindered the process of mutual rapprochement. We talked about the emotional pain and the relationship between the pain and the unmet need to be valued. Mary's feelings were hurt because she felt that she was being treated as less valuable than John's ex-wife, but she could not talk about it earlier ("I felt that I was

not as important to you or less important than your ex-wife and her expectations"). This subjective perception of Mary's was not obvious to John, and it was an important insight for him to hear her express her perception openly without devaluations.

Mary was initially not open enough to talk about the intense emotions she was experiencing; she kept the emotions hidden from John because she was afraid he would not accept her vulnerability or think she was "overreacting". The script analysis revealed that Mary's self-devaluing tendency had been present in her childhood and in her previous relationships, so she was afraid of "ruining this relationship too", which reinforced her self-devaluing attitude and negatively affected her communication with John. John realised that his old fear of abandonment was reactivated when Mary left him and that he was suffering more than he was prepared to admit and could not find proper words. Mary interpreted John's behaviour based on her own perception and fear of not being important enough for John.

John, with his tendency to feel "more responsible for his son" and his need to have a functioning relationship with his ex-wife, tended to overlook Mary's desire to be consulted and involved in decision making. She perceived this as a devaluation of her importance in John's eyes. On one or two previous occasions, Mary had tried to give him her views on this but felt that she was not being listened to, as John was focused only on the views of his ex-wife and son. John was not aware that Mary felt hurt by this, and he interpreted Mary's behaviour as an intention to make him feel bad, as his ex-wife had "tried to do before".

In the fourth session, both reported that John's ex-wife was no longer an "explosive focus" in their relationship; Mary no longer felt excluded and devalued. This was due to their willingness to act in the here-and-now without letting the past come into play. The next step was to learn to express their expectations, intentions, desires, emotions, wishes and opinions openly and without any devaluation. This devaluation-free openness is particularly necessary because of the complexity of the family system - the need to communicate with the ex-wife and the partial presence of John's son.

As they both told me the next time, it was not perfect at first, but the more they relied on the value-based model, the easier it was to communicate and the more satisfied they were with the results. Mary learned to say "I want to be heard, understood and valued by you" instead of escaping and punishing John in a passive-aggressive way; John learned to say "I need you" instead of hiding his vulnerability. Both realised that they were devaluing their needs, and both now learned to meet their needs without

devaluation. As I helped John to understand the background to Mary's reactions and the real motives behind them, John's focus was no longer on his own feelings of abandonment and trauma, but on the compassion and empathy he felt for Mary.

When John realised that Mary still wanted to be valued by him, he realised his own value in her eyes, rather than feeling abandoned, hurt and so devalued by her as he had before. He asked Mary's forgiveness for his actions as the cause of her distress. Mary responded very positively and also asked for an apology for not being sincere before. By not being aware of their own need to be valued by the other, each had tried to punish the other through devaluation.

In the fifth session John said that he now understood much more clearly "how relationships work" and that he felt much more emotionally stable and secure because now he was using his awareness and responsibility for his own actions and statements. They both said that since they weren't repressing their anger, they were experiencing much more tenderness towards each other. The less feelings and needs are devalued in relationships, the more comfort and honesty there can be.

The final session showed that both had gained a capacity for self-reflection, autonomy, responsibility and individual power, and that they had become closer and much more comfortable with each other. Mary reported that her emotional reactions were "no longer disturbing" and that her self-awareness and self-esteem helped her to harmonise her relationships at work as well.

The result in the psychotherapeutic setting was that it was easy to establish a mutual understanding with the clients; everyone can easily see whether valuing or devaluing strokes are being used in communication and the (emotional) effects they cause. It also helps to 'locate' the intrapsychic source of behavioural difficulties and to learn to entrust all the executive power to its opposite - the Valuing Parent with the positive impact on communication and relationships. This clarity is a prerequisite for further positive changes on the way to desirable authentic autonomy and fulfilling relationships.

Discussion of the Approach

In implementing this approach, the focus has been on the three Ps: Permission, Protection (Crossman, 1966) and Potency (Steiner, 1968), as prerequisites for positive change in line with the value principle. In order to be sufficiently permissive and protective, a practitioner should manifest a potent Valuing Parent that is more powerful than the client's Devaluing Parent, especially in cases such as confronting

games and injunctions and related impasses of the client.

It is worth noting that it is not uncommon for a client to try to 'test' the practitioner - whether the practitioner's Valuing Parent would endure as more powerful than the client's Devaluing Parent, i.e. whether the practitioner is able to provide sufficient protection, acceptance, and respectful and careful treatment. Such an attempt to test is based on the common perception that the (soft) power of the Valuing Parent is less effective than the (destructive) power of the Devaluing Parent. The practitioner's conscious and constant value-affirming attitude in both 'directions' (to self and to the client) provides a good remedy against such tests and makes it possible to recognise and openly analyse them with the client, which plays an important empowering role in the therapeutic alliance.

Berne argued that the task of therapy is to liberate the individual from the compulsion to repeat reliving the early script-bound scenes and thus start a new, independently chosen way in life. The desired liberation and autonomy are unthinkable without the psychotherapeutic restoration of the sense of OKness, which is about perceived individual value and worth. The value-based ego state model can contribute to the practice of transactional analysis in a way that makes it easier to distinguish between the structural, functional and behavioural manifestations of ego states and thus to achieve the desired positive changes.

The value-based approach reflects the zeitgeist of modern social reality in many cultures; there is a strong public demand for non-discriminatory policies, inclusiveness and equality - being treated with respect means being valued. It can work well in developmental applications of TA, especially in relation to highly sensitive individuals (and their parents) as conceptualised by Aron (2016), helping to create and maintain a bullying- and mobbing-free environment, of safety and cooperation rather than power plays between children and school staff. A study showed that highly sensitive boys were less victimised and less depressed or anxious after a so-called school-based anti-bullying intervention (Nocentini, Menesini and Pluess, 2018).

The value-based approach can also be developed into a measurable methodology. Future research could examine a possible correlation between subjectively-perceived individual value and the ability to use positive (non-manipulative) individual power, and also their opposites – the tendency to self-devaluation and to manipulate. Quantitative (based on Likert-scale questionnaires) or qualitative studies could investigate how the value-based approach can

be of use in psychotherapeutic, counselling, educational and organisational TA.

As modern technical equipment allows neuroscientists to study the effects of different types of interaction in the human brain, it may be instructive to study the processes in the amygdala and the whole limbic system during exposure to valuing and devaluing strokes. It might also be interesting to explore how individual self-worth is constructed and perceived within cultural scripts in different cultures, and whether and how exactly the cultural context influences parental valuing or devaluing attitudes in different cultures.

It may be useful for professionals working with couples, families and groups to look at Bowlby's theory of attachment as a primary need through the lens of the value-based approach. It seems that it is not attachment per se, but the need to be valued by the desirable object of attachment that defines relationships and their quality for those involved. An awareness of this need and the vulnerabilities it entails may enhance the ability to meet it delicately and openly, without the usual counterproductive defences of withdrawal, avoidance or attack on self or other.

Conclusions

Psychotherapeutic thinking and understanding of the developmental and relational phenomena of human psychology has made impressive progress since the beginning of the 20th century. We now have a clearer picture of the causal relationships between psychological trauma and its origins, and this knowledge helps to treat them more effectively in practice. The knowledge we have gained about the effects of devaluation trauma and how it increases vulnerability in adult relationships can have a positive impact on child rearing as well as on relationships between parents and their (adult) children.

The presented model of ego states is an attempt to 'sharpen' the existing tool by reducing its complexity in order to reach a core understanding of interpersonal and intersubjective phenomena. This would also be useful for beginners to facilitate health within a reasonable period of time.

Berne (1972) wrote about us being born princes and princesses and how the scripting process makes us frogs. The value-based ego state model reflects this astute observation: it is not a part of our nature, but something we internalise from the outside under the influence of others, that makes us generally feel less capable and less happy than we actually are and would like to be. It is the devaluing and thus disempowering manifestations of the Parent that cause us to act in conflict with, or even directly against, our own natural needs; the need to feel valued by those who are valuable to us is our innate need. Berne's understanding of how our psyche works was perhaps the core idea that made TA so significant and liberating among many other psychotherapeutic approaches.

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