A social work study on the effect of transactional analysis on the improvement of intimacy attitude

Parvin Gol[a*], Kiiumars Farahbakhsh[b] and Fatemeh Rezaei[c]

[a]MS Student, Counseling Department, Islamic Azad University of Khomeinishahr, Khomeinishahr Branch, Daneshjou Blvd, Iran
[b]Assistant professor, department of educational management, school of psychology and educational sciences, Allameh Tbatabaei University, Tehran, Iran
[c]Assistant Professor, Counseling Department, Islamic Azad University of Khomeinishahr,Khomeinishahr Branch, Daneshjou Blvd, Iran

CHRONICLE	ABSTRACT
	The purpose of this paper is to investigate the impact of group counseling using transactional analysis on the improvement of intimacy attitude in some depressed patients in city of Esfahan, Iran. In this paper, semi-experimental design with pretest posttest control groups was conducted among 30 patients. The sample was selected through available sampling method among the depressed patients referred to psychiatric centers. They were randomly assigned into experimental and control groups. The measurement instrument is intimacy attitude scale (IAS) questionnaire by Amidon et al. (1983) [Amidon, E., Kumar, V. K., & Treadwell, T. (1983). Measurement of intimacy attitudes: The intimacy attitude scale-revisited. Journal of personality assessment, 47(6), 635-639.] and the Beck depression inventory (BDI). The pretest and posttest scores of the intimacy attitude scale questionnaire were analyzed in both experimental and control groups. For statistical analysis of data, repeated measures analysis of variance was carried out. The research findings indicated that group counseling using transactional analysis increases the level of intimacy attitude in depressed individuals. It also increases the emotional intimacy, but it does not increase the mental intimacy.

1. Introduction

Depression is one of the commonly decease in today's world and many people are suffering from this problem. These days, most governmental agencies attempt to reduce the consequences of depression and there are literally several works to find good solutions to reduce the effects of this issue (Amidon et al., 1983; Fava et al. 1996; Bagarozzi, 2001). Bandura (1998), for instance, investigated personal and collective efficacy in human adaptation and change. According to Blatt (1998), psychoanalysis could contribute to primary clinical insights of adaptive and maladaptive psychological development, and specificaly to better understanding depression and its treatment.

Corresponding author. Tel: +989131684900
E-mail addresses parvin.gol@iaukhsh.ac.ir (P. Gol)

Bridewell and Chang (1997) performed an investigation to distinguish between anxiety, depression, and hostility. They examined the impact of internalized anger, externalized anger, and anger control as predictors of depressive, anxious, and hostile symptoms. The results of regression analysis have revealed that internalized anger, followed by lack of anger control, was found important in predicting both depressive and anxious symptoms. Nevertheless, for depressive symptoms, gender and externalized anger were also detected to be important in predicting this outcome.

Cheng et al. (2005) performed an investigation on 559 Taiwanese undergraduates regarding anger expression toward parents and depressive symptoms. They chose 5 modes of anger expression and all modes of expression were either neutral or positively related to depressive symptoms. The result was in contrast to other studies of Western culture recommending that some modes of anger expression could be beneficial. However, a substantial buffering interaction impact was discovered for women.

Deffenbacher (1999) outlined various therapeutic issues in working with angry clients and provided a conceptual model for understanding, evaluating, and treating them. They emphasized that careful attention must be devoted to unique client characteristics as well as to their stage of readiness for change. It is also important to look at the therapeutic relationship and alliance whether therapeutic impasses were to be minimized. According to Deffenbacher (2011), "Anger is conceptualized within a broad cognitive-behavioral (CBT) framework emphasizing triggering events; the person's pre-anger state, including temporary conditions and more enduring cognitive and familial/cultural processes; primary and secondary appraisal processes; the anger experience/response (cognitive, emotional, and physiological components); anger-related behavioral/expressive components; and anger-related outcomes and consequences".

Bischoff et al. (1996) performed an investigation on 221 student volunteers in thirteen public health and nursing graduate courses at the University of Hawaii at Manoa and asked them to respond to an investigator-developed questionnaire regarding elements of dialogue, structure, and transactional distance in their courses. They performed principal components and internal consistency reliability analyses and detected three factors including structure, dialogue, and transactional distance. In their survey, dialogue was bigger in the distance-format courses than in the traditional-format courses. In addition, distance-format courses were not different from traditional courses on amount of structure or transactional distance.

In this paper, we investigate the impact of group counseling using transactional analysis on the improvement of intimacy attitude in some depressed patients in city of Esfahan, Iran. The organization of this paper first presents details of our survey in section 2 while the results and hypotheses are demonstrated in section 3 and the paper ends with concluding remarks to summarize the contribution of the paper.

2. The proposed study

The proposed study of this paper performs a semi-experimental design with pretest posttest control groups among 30 patients who are suffering from depression. The sample is selected through available sampling method among the depressed patients referred to psychiatric centers. They are randomly assigned into experimental and control groups.

The measurement instrument is intimacy attitude scale (IAS) questionnaire by Amidon et al. (1983) and the Beck depression inventory (BDI). The pretest and posttest scores of the intimacy attitude scale questionnaire are analyzed in both experimental and control groups. The study examines one main hypothesis and two sub-hypotheses. The main hypothesis investigates whether group TA test has any influence on improving depression among our patients while two sub-hypotheses consider the effects of emotional and mental intimacy among patients.

3. The results

In this section, we present details of our survey among patients for one main hypothesis as well as two sub-hypotheses.

3.1. The main hypothesis: The effect of TA group test on reducing depression

Table 1 demonstrates some basic statistics on the survey. The results of Table 1 clearly shows that the mean of experiments have been increased from pre-test to post-test. The same hold for min and max information.

Table 1
The results of some basic statistics

Test	Group	Mean	Standard dev.	Min	Max
	Pre-test	144.26	9.33	120	164
Experiment	Post-test	153.4	12.07	134	175
	Control	151.93	11.47	130	171
	Pre-test	144.73	8.26	132	157
Follow up	Post-test	148.4	8.75	137	168
	Control	147.21	8.58	136	165

In order to test the normality, we use Kolmogorov-Smirnov (KS) test, which are summarized in Table 2 as follows,

Table 2
The results of Kolmogorov-Smirnov (KS) test

Group	Mean	Standard deviation	K-S-Z	P-Value
Experiment	144.26	9.33	0.71	0.68
Follow up	144.73	8.26	0.45	0.98

As we can observe, P-Value is not statistically significance and we can accept normality.

In this section, we present details of our findings on testing various hypotheses. We first perform ANOVA test on pre-test, post-test and control in two groups of experiment and follow up, which are summarized in Table 3 as follows,

Table 3
The results of ANOVA test using Greenhouse-Geisser

Sum of square	df	Mean Square	F	P-Value	Eta-Square	Power of Statistics
140.86	1,75	80.85	4.53	0.02	0.14	0.71

The result of F-value demonstrates a meaningful difference between experiment and follow up groups and the level of significance is five percent. We have also performed LSD test after one month to see whether there is any change on our results or not and Table 4 demonstrates the results of our survey.

Table 4
The results of LSD test

Test	Mean-difference	Standard deviation	P-Value
Pre-test Post-test	9.13	2.05	0.001
Pre-test Control-test	7.66	1.81	0.001
Post-test Control-test	1.46	1.52	0.35

The results of Table 4 clearly show that medication were still effective after one month of investigation. In other words, TA test has been considered as an effective method for providing medication.

3.1.1 The first sub-hypothesis: The effect of intimacy attitude

The first sub-hypothesis investigates whether TA group consulting increases intimacy attitude among the patients in our study or not. Again, we first look at the preliminary test on some basic statistical observations summarized in Table 5 as follows,

Table 5

The results of some basic statistics associated with the first sub-hypothesis

Test	Group	Mean	Standard dev.	Min	Max
	Pre-test	82.27	5.7	68	95
Experiment	Post-test	86.47	6.53	72	99
	Control	85.8	6.42	70	96
	Pre-test	82.6	3.41	78	87
Follow up	Post-test	84.13	3.77	79	92
	Control	83.26	4.36	78	91

We also need to verify normality among data using Kolmogorov-Smirnov (KS) test, which are summarized in Table 6 as follows,

Table 6

The results of Kolmogorov-Smirnov (KS) test

Group	Mean	Standard deviation	K-S-Z	P-Value
Experiment	82.27	5.7	0.71	0.70
Follow up	82.6	3.41	0.61	0.84

As we can observe, P-Value is not statistically significance and we can accept normality. We also need to perform ANOVA test on pre-test, post-test and control in two groups of experiment and follow up, which are summarized in Table 7 as follows,

Table 7

The results of ANOVA test using Greenhouse-Geisser

Sum of square	df	Mean Square	F	P-Value	Eta-Square	Power of Statistics
38.42	1,78	21.61	3.94	0.03	0.12	0.68

The result of F-value demonstrates a meaningful difference between experiment and follow up groups and the level of significance is five percent. We have also performed LSD test after one month to see whether there is any change on our results or not and Table 8 shows the results of our survey.

Table 8

The results of LSD test on the first sub-hypothesis

Test	Mean-difference	Standard deviation	P-Value
Pre-test Post-test	4.2	0.87	0.001
Pre-test Control-test	3.53	1.16	0.009
Post-test Control-test	0.66	0.86	0.45

The results of Table 8 show that medication were still effective after one month of investigation. In other words, TA test has been considered as an effective method for intimacy attitude among patients who suffer from depression.

3.1.2. The second sub-hypothesis: The effect of mental intimacy

The first sub-hypothesis investigates whether TA group consulting increases mental intimacy among the patients in our study or not. Again, we first look at the preliminary test on some basic statistical observations summarized in Table 9. The results of Table 9 do not show significant difference between two groups. In other words, there is no meaningful change in mean, min and max before and after the test was applied.

Table 9
The results of some basic statistics associated with the second sub-hypothesis

Test	Group	Mean	Standard dev.	Min	Max
	Pre-test	63.2	7.59	60	84
Experiment	Post-test	63.8	3.74	58	71
	Control	63.53	7.81	54	82
	Pre-test	62.26	4.97	54	70
Follow up	Post-test	62.8	5.84	57	75
	Control	62.93	5.61	55	76

Therefore, we also need to verify normality among data using Kolmogorov-Smirnov (KS) test, which are summarized in Table 10 as follows,

Table 10
The results of Kolmogorov-Smirnov (KS) test for the second sub-hypothesis

Group	Mean	Standard deviation	K-S-Z	P-Value
Experiment	63.2	7.59	0.85	0.46
Follow up	62.26	4.97	0.81	0.51

As we can observe, P-Value is not statistically significance and we can accept normality. We also need to perform ANOVA test on pre-test, post-test and control in two groups of experiment and follow up, which are summarized in Table 11 as follows,

Table 11
The results of ANOVA test using Greenhouse-Geisser for the second sub-hypothesis

Sum of square	df	Mean Square	F	P-Value	Eta-Square	Power of Statistics
49.68	2	24.84	2.92	0.065	0.094	0.54

The result of F-value demonstrates that there is not a meaningful difference between experiment and follow up groups and the level of significance is five percent. Therefore, we can conclude that our test did not have any impact on our patients in terms of mental intimacy.

4. Conclusion

In this paper, we have presented an empirical investigation to measure the effect of group TA test on some patients who were suffering from depression. While the main hypothesis of this survey has been confirmed, meaning that the test had significant impact on improving depression and it also improved emotional intimacy but the results did not provide any support on improving mental intimacy.

References

Amidon, E., Kumar, V. K., & Treadwell, T. (1983). Measurement of Intimacy Attitudes: The Intimacy Attitude Scale-Revisited. *Journal of personality assessment*, *47*(6), 635-639.

Bagarozzi, D. (2001). *Enhancing Intimacy in Marriage: A Clinician's Handbook*. Routledge.

Bandura, A. (1998). Personal and collective efficacy in human adaptation and change. *Advances in psychological science*, *1*, 51-71.

Bischoff, W. R., Bisconer, S. W., Kooker, B. M., & Woods, L. C. (1996). Transactional distance and interactive television in the distance education of health professionals. *American Journal of Distance Education*, *10*(3), 4-19.

Blatt, S. J. (1998). Contributions of psychoanalysis to the understanding and treatment of depression. *Journal of the American Psychoanalytic Association*,*46*(3), 723-752.

Bridewell, W. B., & Chang, E. C. (1997). Distinguishing between anxiety, depression, and hostility: Relations to anger-in, anger-out, and anger control.*Personality and Individual Differences*, *22*(4), 587-590.

Cheng, H. L., Mallinckrodt, B., & Wu, L. C. (2005). Anger expression toward parents and depressive symptoms among undergraduates in Taiwan. *The Counseling Psychologist*, *33*(1), 72-97.

Deffenbacher, J. L. (1999). Cognitive-behavioral conceptualization and treatment of anger. *Journal of Clinical Psychology*, 55, 295-309.

Deffenbacher, J. L. (2011). Cognitive-behavioral conceptualization and treatment of anger. *Cognitive and Behavioral Practice*, *18*(2), 212-221.

Fava, M., Alpert, J., Nierenberg, A. A., Ghaemi, N., O, Sullivan, R., Tedlow, J., Worthington, J., Rosenbaum, J. F. (1996). Fluoxetine treatment of anger attacks: A replication study. *Annals of Clinical Psychiatry*, 8, 7-10.