

Impact of Transactional Analysis on Depressive and Aggressive Adolescent students

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This study examined the effectiveness of Transactional Analysis (TA) on Depressive and Aggressive Adolescent students. Around 200 adolescent students (100 Experimental Group, and 100 Control Group) who scored high in depression and aggression were taken as sample for the study. Depression was measured by Beck's Depression Inventory (BDI-II, 1996) and Aggression was measured through Aggression Scale. In this study, it was hypothesised that TA will have a positive impact in reducing depression and aggression among Adolescents. The TA intervention was given to the Experimental Group for a period of 24 weeks and the Control Group was not given any intervention. Post-test data on BDI and AS were obtained for both Experimental and Control Groups. Findings of the study revealed that the impact of TA is positive in reducing the depression and aggression among adolescents.

Keywords: Transactional Analysis (TA), Depression, Aggression, Adolescents.

Depression is a state that is manifested by depressive episodes and characteristics that may last for at least two weeks or longer (Santrock, 2003). Historically, children were not considered candidates for depression (Whitley, 1996). Today, depression in adolescent is widely recognized and it has become a serious condition affecting both adolescents and young children (Whitley, 1996; Lamarine, 1995). Depression occurs with great frequency among adolescents present day than in the past. Views on adolescent depression have changed significantly (Kahn, 1995). It is not just bad mood or occasional melancholy. It leads the adolescent to sadness, discouragement, loss of self-worth and interest in their usual activities. Depression in adolescents is a very serious problem that impacts every aspect of an adolescent's life. The major symptoms of depression are irritability, difficulty at school, changes in sleep habits, feelings of persistent sadness and worthlessness. There is decreased interest in daily activities and responsibilities. Many a times depression in adolescents is not identified or ignored as it is considered as a normal adjustment problem and, they don't get the help when they need. If left unattended this can lead to problems both at home and school (Brent & Birmaher, 2002).

Adolescent Aggression has been defined as a harmful behaviour which violates social conventions and which may include deliberate intent to harm or injure another person or object. Aggression is expressed in many ways; including verbally, mentally and physically. When aggression intensifies it turns into violence (Bandura, 1973, Berkowitz, 1993). Aggression may also be an expression of anger or hostility, to assert dominance, to intimidate or threaten, to achieve a goal, to express possession, a response to fear, a reaction to pain, to compete with others (Bandura, 1973). According to the studies, depressive adolescents exhibited higher levels of aggression compared to the average aggression for adolescents. The results were similar for both males and females.

Transactional Analysis (TA) Psychotherapy originated by Eric Berne is based on the Parent, Adult, Child Ego states Model. As a counselling method it places importance on the development of rationality and the use of reasoning. Transactional Analysis is a theory of personality and also a model of communication through which repetitive patterns of behavior can be studied. It is mainly based on two notions: first, the personality has three parts or 'ego-states'. Parental transactions, images and

cultural aspects play an important role in making of a personality. Personality traits are manifested in the behavior through these ego states. The other assumption is that these ego states converse with one another in 'transactions' (hence the name). The flow of communication between individuals is known as transactions. Transactions are analyzed to find out which ego state the individuals are operating from (Johnson, 2011). This same model also helps to understand how people function and express themselves in their behavior (Corey, 2009).

TA offers a systematic psychotherapy for personal growth and personal change. As a theory of personality, it describes how people are structured psychologically. The client is seen as an equal partner within a therapeutic relationship with the ability to change and grow (Woolams & Brown, 1979). It introduces the idea of a "Life (or Childhood) Script", that is, a story one perceives about one's own life, influenced by parents and the significant people around. Script is a personal life plan created during childhood, based on the early decisions that are made unconsciously in the interest of the individual's survival. Behaviour is partly programmed and influenced by the script. Fortunately script can be rewritten through intervention since the behaviours governed by the script are not inborn but learned ones.

Thus TA offers a theory of a broad range of psychopathology (Karpman, 2002). The studies on TA have proved that, it is beneficial in reducing the conflicts between adolescents and the parents, helps in improving problem solving skills and also has a significant effect on the adolescent's self-esteem and adult-ego state, but has not gained a strong hold on the issues like aggression and depression among adolescents. The present study examines the effectiveness of TA on depression and aggression among adolescents.

Objectives:

The main objective was to study the Impact of Transactional Analysis on depressive and aggression adolescents.

To study the impact of Transactional Analysis on gender difference with regard to Depression and Aggression among adolescents.

Method

Participants:

A total of 400 adolescent students from different schools in Mysore, Karnataka, were administered with Beck's Depression Inventory and Aggression Scale. Finally 200 adolescents were selected who scored high on Depression and Aggression. They were randomly assigned to Experimental Group and Control Group with 50 boys and 50 girls in each group. TA intervention was only given to the experimental group and any intervention to the control group was avoided.

Measures:

Beck's Depression Inventory (BDI-II), by Beck (1996): It is a multiple choice report inventory, and a revised version of the BDI, developed in 1996. It is designed for individuals aged 13 and over. The items are mainly related to symptoms of depression such as hopelessness, irritability, guilt, fatigue, weight loss and lack of interest in sex. Items related to changes in body image, hypochondria and difficulty working were replaced and, items related to loss of sleep and appetite, were included. Each answer is scored on a scale value of 0 to 3. The cut offs used differ from the original, i.e. 0-13: minimal depression, 14-19: mild depression; 20-28: moderate depression; 29-63: severe depression. If total scores are high, they indicate severe depressive symptoms.

Aggression Scale (AS), by Mathur and Bhatnagar (2004): This scale is used to measure the level of aggression in any age group [above 14 years]. It consists of 55 statements and each statement describes different forms of individual aggression in different situations. It is a Likert type 5 point scale. In this scale statements are in two forms i.e. positive and negative. Reliability co-efficient of the AS was calculated by 'Test Retest Reliability' method. Reliability was .88 in males and .81 in females.

Procedure:

Stage I: Screening/Pre-test: During this stage, Beck's Depression Inventory and Aggression Scales were administered to a large sample 400 adolescent students. Finally, 200 adolescent students who scored high on BDI and

AS and were willing to participate in the study were selected. 100 boys (50 for experimental and 50 for control groups) and 100 girls (50 for experimental and 50 for control) were randomly distributed to form Experimental and Control groups. The groups contained both boys and girls.

Stage two: TA intervention for the Experimental Group: After the selection of the sample, the subjects in the Experimental Group were subjected to TA intervention in 24 sessions with each session lasting for about 50 to 60 minutes. The intervention was given to 16 people in a group.

In the first session, the subjects were allowed to talk about themselves and a therapeutic alliance was initiated. During the 2nd, 3rd, and 4th sessions they were explained about the selection and group therapy processes, ethics of group therapy, and confidentiality in a group, setting goals for the therapy etc.,

In the 5th, 6th, and 7th sessions psycho education was given by explaining them how TA intervention would help them in resolving issues like Depression and Aggression. The adolescents were explained about the concepts of TA and the nature of the intervention in finding solutions to their problems. These sessions were mainly aimed to educate them about the problems they face during the adolescent period. One of the main goals of transactional analysis with adolescent students is to facilitate insight so that they are able to assume increased control of their thoughts, feelings, and actions. On the other hand, they understand themselves better and make the necessary changes with respect to themselves and also while transacting with others.

During the 8th, 9th, and 10th sessions the students were taught how to close the escape hatches which was an important part of the intervention. Each one in the group was invited to close these escape hatches. For e.g. : Taking one's own life, or harming oneself is closed by an Adult decision "to live and take care of myself", To act in a crazy way is closed by an Adult decision to "stay sane and to keep the Adult available", To set up to become physically sick is closed with an Adult decision to "take care of

myself and to live a healthy life", To harm or kill someone else is closed with an Adult decision to "let others live and take care of themselves". At the closure, it is put as "No matter how I feel or what others do or say, I will" etc.

During the 11th, 12th, and 13th sessions, psycho-education was provided about some important concepts such as Parent-Adult-Child ego state model, and how the transactions are based on these three ego state model. The life-positions one has at this stage of life were explained to them. Homework assignments were given to the participants to identify the ego states that are operating during the problem situations and they were reviewed in the beginning of the next sessions. In the 14th, 15th, and 16th sessions, the group was educated about Aggression and expression of aggression, how they occur, in what way (verbally, mentally and physically).

In the 17th, 18th, and 19th sessions, the researcher and the adolescents agreed to state the areas in which they wish to make changes and also the outcome expected. The contracting questions were like "What do you want to change, What needs to happen for you to make this change, What are you willing to do in order to make this change, How will you reward yourself for making the change.....?". During these sessions, the adolescents were allowed to share their experiences, discuss about their depressive thoughts, and their consequences. They were helped to challenge the continuous negative dialogue that runs inside and help them to replace that critic with a more nurturing message that in turn generates a more positive attitude. They were offered a sympathetic and non-judgemental space which allowed to off-load the negative thoughts and feelings.

Discounting is an internal mechanism by which the individuals minimise or maximise an aspect of reality, themselves or others (like grandiosity). In other words they are not accounting for the reality of themselves or others or the situation. This gets manifested externally by ulterior transactions, passive behaviours, doing nothing, over adaptation, agitation, and violence towards self and others. At this stage the adolescents were helped to

Table 1: Mean and SD scores of Post-test on Depression

Variable	Groups						
	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
Depression	Boys	9.88	2.29	25.22	6.04	17.55	8.95
	Girls	10.34	3.06	27.56	5.50	18.95	9.72
	Total	10.11	2.70	26.39	5.86	18.25	9.34

Table 2 Mean and SD scores of post-test on Aggression

Variable	Groups						
	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
Aggression	Boys	152.66	7.474	210.78	18.914	181.720	32.522
	Girls	135.46	12.489	216.58	26.055	176.020	45.551
	Total	144.06	13.400	213.68	22.838	178.870	39.581

identify the transactions and behaviours that result from discounting. Here the focus was on external manifestations (20th, 21st, and 22nd sessions). The second step was to identify the areas, types and modes of discounting where the focus was on what happens inside their head. Finally they were helped to get in touch with their investments in discounting and they were taught how the same can be reinvested to obtain non-discounting behaviour. A positive reinforcement would also be obtained from the consequence of the behaviour. During the final sessions, evaluation of the entire process and a follow-up was done (in the 23rd, 24th sessions).

Results

The pre- test data was analysed to examine if the control and experimental groups were similar to each other. Independent tests revealed zero significant difference between the control and experimental groups ($t = -0.325$; $p = 0.746$ and $t = -0.618$; $p = .538$) with regard to depression and aggression, respectively.

Table 1 shows the mean and standard deviation of post-test scores on depression. The mean score for the control group was 26.39 (SD = 5.86) and that of the Experimental group was 10.11 (SD = 2.70). In the gender category (including both control and the experimental groups), the boys had a mean score of 17.55 (SD=8.95) and the girls had a mean score of 18.95 (9.72). The results of

Repeated Measures ANOVA reveals a significant difference between the control and experimental groups ($F(1,196) = 269.75$, $p = .000$). On combining the data of experimental and control groups, no significant gender difference was found ($F(1,196) = .81$, $p = .370$). However, a significant interaction between the group and gender was found ($F(1,196) = 6.63$, $p = .011$), indicating that gender affected the treatment outcome.

Table 2 shows the mean and standard deviation scores of Aggression post TA. The mean score for the control group was 213.68 (SD = 22.84) while that of the experimental group was 144.06 (SD = 13.40). In the gender category, the boys had a mean score of 181.72 (SD=32.52) and the girls had a mean score of 176.02 (SD = 45.55). The results of Repeated Measures ANOVA reveals a significant difference between the control and experimental groups ($F(1,196) = 294.01$, $p = .000$). A significant gender difference was also found ($F(1,196) = 9.24$, $p = .003$). The interaction between the group and gender was also found to be significant ($F(1,196) = 35.75$, $p = .000$).

Discussion

The findings of the study revealed that TA was highly effective in reducing aggression and depression among adolescent students. Although the review of literature related to the effectiveness of TA on adolescent's issues is

scanty and no specific literature reported about the effectiveness of TA in reduction of aggression and depression among adolescents, studies (e.g., by Emdady and Shafiabadi (2010); Roth and Richard (1977); Stuart and Alger (2011), have concluded that TA is an effective form of therapy for the interventions in adolescent groups. For example, Jenser, Baker and Koepf (1980) examined the effect of TA on developmental issues in adolescents like autonomy, identity and independence. They showed that TA, when used in brief psychotherapy was an effective therapeutic tool with students. Another study done by the Youth Centre Project by Jeness (1975), examined the effectiveness of two different programs with delinquent youth. They summarized that most of the youth residents change for the better. Improvements on psychological measure favoured TA intervention. A study on Black adolescents to address the negative self- concept caused due to psycho-socio-political factors conducted by Hlongwane (1989) showed that, treated youth exhibited a significant reduction in their negative self-concept. Erskine and Richard (1997) in their study examined the effectiveness of TA on socially maladaptive adolescents. Their data suggests that TA may be an effective treatment for improving their problem solving skills and hence favourable to be used as an educational approach. This was supported by Amundson (1976), who reported a significant effect of TA on adolescent's adult ego state and self-esteem and recommended its use in school settings. Such knowledge might lead to an increase in the use of the principles of TA in reducing aggression and depression in adolescents.

Conclusion

In this present study, it is concluded that the TA has a positive impact on adolescent students and it has helped to identify the ego states that operate during problem situations and challenge the continuous negative dialogue that runs inside. The main goal was to facilitate insight, so that they would be able to control their thought, feelings and actions. Moreover, therapists and mental health professional need to develop treatment approaches like TA and offer a sympathetic and non-judgemental space

which would allow the adolescents to off load the negative thoughts and feelings.

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