



## Summary

Depressive disorders are among the most common mental health problems in society and appear to be affecting younger age cohorts than in past generations (*Cross-National Collaborative Group, 1992, Lewinsohn et al., 1993 and Young et al., 2001 quoted by Greening et al., 2005*). Depression is a significant and pervasive problem. Not only is it highly prevalent and can strike at any time, but it also has a high rate of relapse and recurrence. One in 10 adults is affected by depression each year, nearly twice as many women as men. Moreover, the relapse rate for depression within the next year is 50% (*Zauszniewski & Rong 1999 and American Psychiatric Association, 2005*).

Depressive symptoms are linked to multiple factors including genetic, physiological, social, environmental and/or cognitive variables. The cognitive models for depressive symptoms are especially interesting from a clinical perspective because they focus on information processing as the core process, suggesting that depressive symptoms may be amenable to psychotherapy (*Ingram & Holle, 1992, Young et al., 2001 and Kessler et al., 2001 quoted by Greening et al., 2005*).

Psychotherapy is a treatment of emotional distress with techniques that rely on verbal and emotional communication, most forms of psychotherapy are guided by a theory or a model about the psyche and the methods needed to solve problems within that framework, such as, the transactional analysis theory (TA) (*Buddle, 2000*).



TA does indeed offer a system of psychotherapy that is used to explore how clients develop their own Unhealthy Existential Positions, that reflect their views about themselves, others and the world. It also allows therapists to reflect on their experience, applying their treatment plan and offering a new experience that facilitates the clients changing their existential positions. Transactional analysis has various approaches, one of them (the one that will be adopted in this study) is the relational approach.

The present study has two aims. First, to detect the patients' actual existential positions reflected by their depressive symptoms. Second, to encourage the patients to change their unhealthy existential positions and substitute them with the healthy one, through contracting, didactic individual interventions using transactional analysis concepts.

The study subjects were five clients, who were attending Metanoia Counselling and Psychotherapy Service (MCPS) and who were referred to the researcher as a practitioner (who was a student and trainee at the MSc course at Metanoia).

### **Study design:**

This study will be designed as multiple case studies using the action research as an overall frame. The research question is "can the use of the transactional analysis model improve / change the unhealthy existential positions of depressed patients?"



## **Tools of the present study:**

### ***1- The CORE (Clinical Outcomes in Routine Evaluation) system:***

This is a system of measures/ instruments, which has been designed in the UK for use in psychotherapy, counselling and other psychological therapies to measure outcome and provide for service audit, evaluation and performance management. The Psychological Therapies Research Centre at the University of Leeds co-ordinated the development of CORE from 1995-1998 through a multi-disciplinary team of researchers and practitioners representing the major psychological therapy professions (Evans, 2008 and CORE IMS, 2008). The CORE system is based on two measures:

a-A self-report “Outcome Measure” (CORE-OM) that is supposed to be filled by clients twice, pre-therapy and post-therapy.

b- A therapist completed assessment form (CORE-A) which is subdivided into two parts; the first part called “Therapy Assessment Form” that is supposed to be filled pre-therapy. The second part is the “End of Therapy Form” and is supposed to be filled post-therapy (Evans, 2003).

### ***2-“The Cognitive Triad Inventory”, (CTI) :***

It is a self-report questionnaire designed by **Ernest E. Beckham, (1986)**, to measure the cognitive triad (view of self, view of world, and view of future) conceptualized by **Aaron Beck (1967)** to be a central etiological and treatment variable in depression. The CTI contains 30 items divided into 3 subscales, each subscale contains 10 items, some items keyed in a positive direction and the rest are keyed in a negative one.



After thorough review of literature and references on the subject about *Beck Depression Inventory*, the researcher suggests the following interpretation of the scores in relation to the depressive symptoms-

These ups and downs are considered normal.	→ 60 – 70%
Mild depression	→ 50 – 59%
Moderate depression	→ 40 – 49%
Severe depression	→ 30 – 39%
Extreme depression	→ Less than 30%

**The collected data, assessment, diagnosis and forms’ results of each client of the five clients were applied and presented as follows:**

- A.The first part of the therapist completed ‘Therapy Assessment Form’ (CORE-A).
- B.The researcher’s assessment, diagnosis, and contract through out the first four sessions.
- c.Pre and post results of the self-report ‘Outcome Measure’ (COR-OM).
- D.Pre and post results of the Cognitive triad inventory (CTI).
- E.The second part of ‘The End of Therapy Form’(CORE-A).
- F.The result of psychotherapy as concluded with the client.

**The following are the main results:**

- All the five clients had disturbed relationship at least with one parent.
- Three client’s their fathers were alcoholic abusers and they married alcoholic abusers.



- All clients were abused by their parents or parental figures, two of them suffered sexual abuse and the other three suffered verbal and mental abuse.
- All the clients were abused by their spouses/ partners.
- All the clients had disturbed relationships with their children.
- It was revealed that all client received, accepted and adopted injunctions, racket feelings, drivers, scripts,..... From at least one parent and which were indicated from their depressive presentations.
- Susan, Hanna, and linda's responses to the Core sheet showed remarkable improvements from clinical category before counseling to non clinical one after counseling.
- Generally all the clients showed improvement in their responses to the CTI form after counseling.
- Although both of Lucie and Linda showed slight or no change at least in one subscale of the CTI, the counseling process showed remarkable improvement in their presentations.

**In the light of the results of the present study the following recommendations are suggested:**

***A- Recommendations for clinical applications:-***

1-Researchers/ counsellors/ psychotherapists shouldn't build their Assessment, diagnosis or treatment plans onto clients' self-report instruments/ forms. The filled forms may be not more than one of the contexts where they play their related scripts, unconscious games, decisions, racket systems,.....etc.

2-A system of "academic counseling" using TA may be initiated in our universities to:



- ✓ Deal with students different problems (personal, educational,.....etc).
- ✓ Develop staff skills in TA.
- ✓ Building up a counseling staff who can help problematic students using TA.
- ✓ Establishing “an academic counseling center”, through which staff members can easily detect scripted students, understand them, help them discard their scripts and regain their autonomous personalities.

3-Those who are involved in teaching new generations can be trained in Transactional Analysis, in order to:

- ✓ Appreciate the value of giving permissions.
- ✓ Help students stop resisting to accept permissions.
- ✓ Discover scripted students.
- ✓ Help scripted students change their unhealthy decisions.
- ✓ Support students and assert their new decisions.

4- Mass media may indirectly/ directly help parents in better rearing of their kids by presenting T.V and radio programs/ drama, that analyze transactions between family members that value permissions and disvalue and correct injunctions.

### **B- Recommendations for Further studies:-**

1-Further researches may consider measuring the impact of psychotherapeutic processes on the client’s brain and its biochemical chemistry. The thing can be used as a scientific guide to the therapeutic process.



2-Replication of the study is recommended with various psychological / mental and social problems such as:

- ✓ Those who have PTSD e.g. due to the current revolution, abused children, battered wives .....etc .
- ✓ Those with psycho-physiological disorders.
- ✓ Divorced women.

3-Further studies are also needed to determine the appropriate and needed permissions for each developmental stage and the appropriate way of delivering them.