Effectiveness of transactional analysis therapy on depression and marital adjustment of couples.

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By

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Supervised by Professor Mehtab Khanam, PhD.

Declaration

I, Amena Begum Sumi, MPhil student of Department of Educational and Counseling Psychology at the University of Dhaka, Session: 2018-2019, declare that works presented in this thesis entitle **"Effectiveness of transactional analysis therapy on depression and marital adjustment of couples"** has been accomplished by myself under supervision of Professor Mehtab Khanam, PhD, part-time faculty, Department of Educational and Counseling Psychology, the University of Dhaka.

Signature of the author   Date:

Amena Begum Sumi

Certification

This is to certify that, the thesis entitled **"Effectiveness of transactional analysis therapy on depression and marital adjustment of couples"** submitted by Amena Begum Sumi for the degree of Master of Philosophy in the Department of Educational and Counseling Psychology at the University of Dhaka, is an original work. It was done under my supervision. I recommend the thesis for examination.

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Abstract

The present study examined the effectiveness of transactional analysis therapy on reducing depression and improving marital adjustment of couples. The hypothesis was receiving transactional analysis therapy would reduce depression and increase marital adjustment among married couples. The independent variable was transactional analysis therapy and the dependent variables were depression and marital adjustment scores. The sample included 20 Bangladeshi married couples, who were selected through opportunistic basis from a psychiatric clinic of Dhaka city. Depression Scale and Locke Wallace -marital adjustment questionnaire were used to measure depression level and marital adjustment level of the participants. A repeated measure design was followed without control group. The pretest-posttest measured before and after 11th counseling sessions and the 12th number session was follow up session. The follow up session measured after one month of termination period in counselling. The results have shown that there was a statistically significant difference $(F = 282.65, p< 0.00)$ in marital adjustment score of participants over the three time periods and pair wise comparisons indicate that there was significant difference between pretest and post-test and also between pretest and follow- up test at the 0.05 level. Results also have shown that, there was statistically significant difference $(F = 359.26, p< 0.00)$ in depression score of participants over the three time periods and pair wise comparisons also indicate that there was significant difference between pretest and post-test and also between pretest and follow- up test at the 0.05 level. This implied a significant positive impact of transactional analysis therapy on depression and marital adjustment.

Key words: Transactional Analysis, Depression, Marital adjustment, Counselling and Marriage Counselling

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Introduction

Transactional analysis (TA) is a comprehensive theory of human behavior developed by Eric Berne in 1961.It is an interactional psychotherapy that can be used in individual therapy and is also appropriate for groups. (Corey, 1986). TA is an effective approach for personal growth and development, as well as intra - psychic and interpersonal functioning. It is a set of approaches aimed at assisting people in recognize and change their feelings and behaviors. It gives a glimpse of how people are psychologically oriented. It also comprises a communication theory. This approach assists people in better understanding their communication and accepting responsibility for current events. (Mahbuba, N. S. and Shamim F. Karim, 2005).

Transactional Analysis is basically contractual. A contract is an Adult commitment to make a change for oneself and/or someone else. The purpose, stages, and conditions of treatment are all outlined in a contract between the counselor and the client. Bern defined a contract as: "*An explicit bilateral commitment to a well-defined course of action*" (Berne, 1961).

TA believed that everyone is fine and everyone has the ability to make choices. It is possible to reverse a decision that has already been made. Even if the person has been a victim of early decisions and past scripting, TA knowledge can help to change self-defeating behaviors. The focus of TA is on games that are played in order to avoid intimacy in interactions. The personality is comprised of the ego states of Parents, Adults, and Child. Games, rackets, scripting, passive behaviors, discounting, injunctions, and drivers are key concepts of this therapy.

The purpose of TA is to assist clients in becoming script-free, game-free, autonomous individuals who can choose how they want to live their lives. TA helps people with rethinking early decisions and formulating new ones based on new information. TA focuses on the cognitive, logical, and behavioral parts of personality, with the goal of improving awareness so that the client can make new choices and change the path of his or her life (Corey, 1986).

TA concentrates on four basic strategies to explaining and predicting human behavior. (Gladding, 1995):

- Structural Analysis

- Transactional Analysis

- Game Analysis and

- Script Analysis

Structural Analysis

Structural analysis help to understand what is happening within the individual. It is considered that each person have three ego states. Bern (1964) defines an ego state as *"a consistent pattern of feeling and experience directly related to a corresponding consistent of behavior."* There are three ego states such as 1) Parent ego state, 2) Adult ego state and 3) Child ego state.
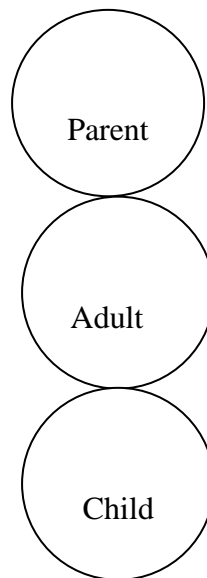
Figure: **I:** Structural Analysis of Ego States

1. **Parent Ego State**

   The parent ego state is a collection of sentiments, attitudes, behaviors, values, and prejudices instilled in children by their parents and other major parental figures.

2. **Adult ego state**

   The Adult ego state is not related to a person's age. It is oriented to current here and now reality and the objective gathering from of information. It is more logical part of the person. People in adult ego states think like computers, processing data, organizing information, estimating probabilities, making logical claims, being confident, grounded in reality, open-minded, and providing nonjudgmental feedback.

3. **Child ego state**

The archaic feelings, emotions, attitudes, and actions that are leftovers of a person's past are referred to as the child ego state.

The Functional Model of Ego States

The Controlling parent (CP) and Nurturing parent (NP) are two types of Parent ego states (NP). The Adapted Child (AC) and Free Child ego states are manifestations of the Child ego state (FC). There are positive and negative characteristics to each ego states.
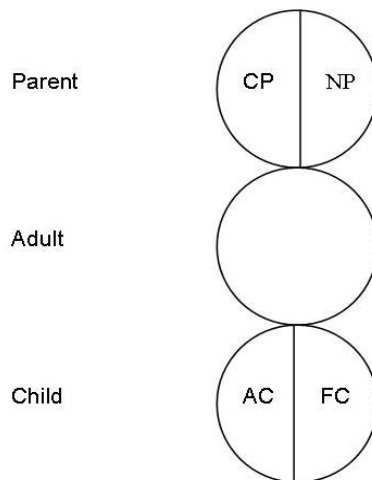
Figure: **II:** Functional Analysis of Ego States

1. **Controlling Parent (CP)**

    In Controlling Parent, people manifest themselves as disappointed, aggrieved, and feeling always right patronizing, controlling judgmental, authoritarian, putting down others. The controlling parent ego state has both positive and negative aspect, such as-

    a. **Positive CP:** The positive Controlling Parent is powerful and outspoken, standing up for their own and others' rights without belittling them—"That is a wrong thing to do."

    a. **Negative CP:** The negative CP will take away the value of another – "You are a bad person" (TA101, handbook).

2. **Nurturing Parent (NP)**

    In nurturing parent people act loving, caring, concerned, understanding, supportive encouraging, and reassuring. The nurturing parent ego state has both positive and negative aspect, such as-

    b. **Positive NP:** Cares for another person in a loving way when other wants or needs it – "Congratulations for your brilliant result".

    c. **Negative NP:** Over-nurtures, does things for others when not needed and not requested and thus prevents growth – parents who say "I'll do it" (TA101, handbook).

3. **Adapted Child (AC)**

    In adapted child, people exhibit behavior of compliance and rebellious. Complaint child acts loyal, withdrawal, pleases others, feels hurt, sulks and always fells

one down. In rebellious child people always complaining, disobeys throws temper tantrums, feels bored and distract. The adapted child ego state has both positive and negative aspect, such as-

    a. **Positive AC:** Will use automatic behaviour to facilitate getting what people want, obeys rules – "It's your turn".

    d. **Negative AC:** Will behave in some self-destructive way to get attention from others, e.g. complaining, pretending to be helpless, and forgetting things – "It's not easy task, please help me" (TA101, handbook)

4. **Free Child (FC)**

    When people in free child they tend to laugh, share fun, feel excited and enthusiastic. They express their anger, sadness and fear freely without inhibition. The free child ego state has both positive and negative aspect, such as-

    a. **Positive FC:** Expresses what is directly on people's mind, has fun and doesn't hurt anyone in the process – "I am enjoying my coffee without sugar."

    e. **Negative FC:** May hurt others or him/herself while in the process of expressing him/herself or having fun – "Let's go faster", "Let's climb higher" (TA101, handbook).

Transactional Analysis

    Transactional analysis is the second way of predicting and understanding human behaviour, it involves diagramming ego-state transactions. The diagramming of transactional analysis is internal, in contrast to the intrapersonal diagramming of structural

analysis. A transaction is made up of a transactional stimulus and a transactional reaction. It is a fundamental social discouragement or communication unit. The stimulus and response

could be verbal, nonverbal, or a combination of the two. Transaction may occur on one of three levels: complementary, crossed and ulterior transaction (Gladding, 1995).

a) **Complementary Transaction:** In complementary transactions, the transactional directions are parallel and the ego state addressed is the one that responds. The response comes from an expected ego state (Gladding, 1995).
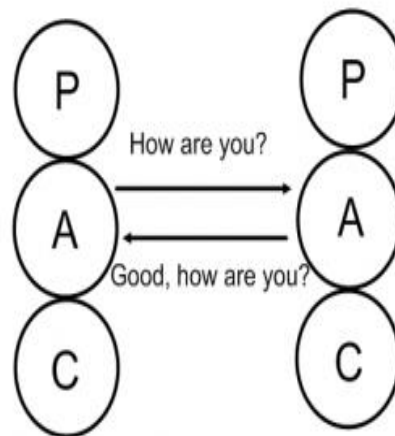
Figure: **III:** The complementary transaction

b) **Crossed Transaction:** It occurred when the transactional directions are not parallel, or in which the ego state addressed is not the one that responds. In a cross-transaction, the response comes from an unexpected ego state (Gladding, 1995).
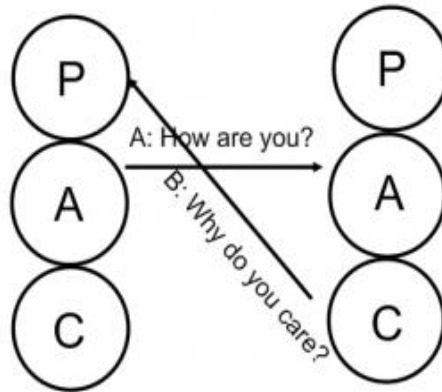
Figure: IV: The crossed transaction

c) **Ulterior Transaction:** When a person sends two messages at a time, one is an overt message (social level), the other is a secret message (psychological level), then an ulterior transaction happens. It is a very complex transaction among the three (Gladding, 1995).
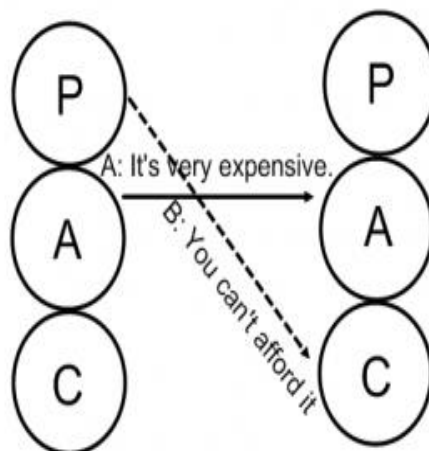
Figure: V: The ulterior transaction

Game Analysis

A game is the process of doing something with an ulterior objective that is outside of Adult awareness, that does not become clear until the participants change their behavior, and that leaves everyone puzzled, misunderstood, and seeking to blame the other person (Vann Joines, 1987).   People typically play games to repress or distract themselves from emotions they don't want to feel or are afraid to admit and accept, such as fear, rage, guilt, shyness, and so on. These are feelings that cause them strain and pressure, and they try to avoid them whenever possible. They also play games to meet their stroke requirements, reinforce their life position, advance their script, and organize their time.

There are numerous approaches to comprehending and analyzing game dynamics. Berne's Formula G captures all of the game's characteristics brilliantly.

$$\textbf{Formula G= C + G = R} \rightarrow \textbf{S} \rightarrow \textbf{X} \rightarrow \textbf{P}$$

Con + Gimmick = Response → Switch → Cross-up → Payoff

That indicates-

Con - Lies underneath social level message

Gimmick - Scripts "weak spot"

Response - Series of transactions

Switch - Cross-up - moment of confusion

Payoff - Familiar "racket" feeling

Figure: **VI:** Berne´s Formula G (1972).

Games are repetitive and involve the exchange of ulterior transactions between the players. Games start without adult awareness, then get crossed up by a moment of confusion, and end up with the players' favorite feelings.

According to Stephen Karpman (1968), whenever people play games they are stepping into one of these three roles: Persecutor (who puts other people down and belittles them), Rescuer (offers help from a one-up-position) or Victim (believes "I can't cope on my own") because a game is like a scene in a drama.
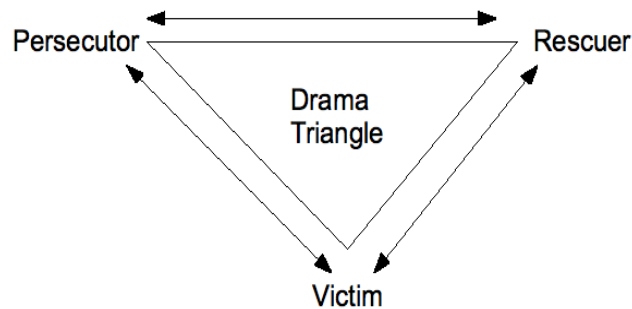
Figure: VII: The Karpman's Drama Triangle (1968)

The intensity of the games depends on the degree. There are first-degree, second-degree, and third-degree games, and all have predictable ends. The list of possible games is almost endless, and it is easy for individuals to get hooked into playing them. Game players, on the other hand, lose in the long run since they avoid meaningful and healthy human contacts. (Gladding, 1995).

Script Analysis

Berne believed that everyone makes a life script, or life plan, early in childhood, by the age of five. It is easier to understand how a person interprets an external event that influences one's interaction with others through script analysis. Script analysis can be carried out by means of a script checklist, which contains items related to strokes, injunctions, drivers, life positions, discounting, passive behavior, and rackets of a person (Gladding, 1995).

A life script involves the ability to get **strokes** (verbal or physical recognition) for certain behaviors. Berne points out that negative stroke (punishment) are better than no strokes at all (being ignored). People can collect strokes by structuring their time in six possible ways: withdrawal, rituals, pastimes, activities, games, and intimacy. Strokes result in the collection of either positive or negative emotions, which are referred to as stamps. These bed feelings can be chronic, stereotyped, and usually unpleasant feelings that may or may not be expressed when dealing with other people, and are referred to as racket feelings. Individuals redeem stamps for behaviors once they have accumulated a sufficient number of them (Gladding, 1995).

The implied messages the child perceives in his or her own small little world, depending on the situation and the intense emotional provocation, are called **injunctions.** These messages are given to the child by the parent's internal Child, usually (but not always) without the awareness of the parent's Adult. Bob and Goulding found twelve injunctions, "Don'ts," which normally parents use. Each injunction has a corresponding permission. "It's

OK to...." is not a command but invites the receiver to choose whether to do something or not (Gladding, 1995).

There are also five min-scripts (be perfect, be strong, hurry up, try hard, please people) within people's lives that focus on moment-by-moment occurrences. These are called **divers, and** allow people to escape their life scripts temporarily (Gladding, 1995).

The person makes a psychological sense regarding self, others, and life, which are called **"life positions."** These also determine the person's attitudes and perceptions. The ideal life position is "I am OK, you are OK," but people may operate from three other positions: "I am OK, you are not OK"; "I am not OK, you are OK"; "I am not OK, you are OK"; and "I am not OK, you are not OK" (Gladding, 1995).

Discounting is an internal mechanism in which people minimize or ignore certain aspects of themselves, others, or their reality situation. A discount itself is not observable. However, there are four distinct patterns of behavior that always suggest someone is discounting. Doing nothing, over-adaptation, irritation, incapacitation, and/or aggression are examples of passive behavior (Gladding, 1995).

So, transactional analysis therapy helps people increase self-awareness by taking responsibility for their thoughts and actions.

Depression

Depression is a widespread ailment that affects more than 300 million people around the world. Depression is distinct from normal mood swings and short-term emotional responses to ordinary difficulties. Depression can be dangerous to one's health, especially if it

lasts for a long time and has a moderate or severe intensity. It has the potential to lead to suicidal behavior. Suicide is the second biggest cause of mortality among 15-29-year-olds, with about 800,000 people dying each year (WHO, 2018). WHO also estimated that, by 2020, it will be the world's second most burdensome disease.

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 'the symptoms of depression are low mood, lack of enjoyment, sleep disturbances, weight changes and apatite, decreased attention and focus, suicidal thoughts, and impaired everyday functioning. People with clinically depressed when five (or more) of the described symptoms have to be present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure' (Islam, *et al.*, 2016). People who are depressed have a very low mood, are less proactive, are unable to take any initiative, and are even unable to carry out daily activities. Simple tasks, such as getting dressed in the morning or eating, can become major roadblocks in daily life. (John M. Grohol, 2009).

Depression and marital satisfaction, on the other hand, are closely linked (Zelkowitz, 2004; Milad et al., 2013) and can readily impact one another, that means poor marital satisfaction leading to depression and vice versa. "A longitudinal study with newly married couples revealed that the causal relationship between these two constructs is sex-specific. That is, while depression impacts men's marital contentment, marital satisfaction affects women's depression levels (Fincham F, S Beach, G Harold and L Osborne, 1997). As a result, identifying the most important risk factors for depression may be a

challenge."(Islam, *et al.*, 2016).So paying attention to marital issues is crucial for dealing with depression in both partners.

Marital adjustment

Marital adjustment refers to a state in which both husband and wife are happy and satisfied with their marriage and with each other. (Thomas EJ, 1977).The attitude an individual has toward his or her own marital connection can be defined as marital contentment (King, 2016). The amount of marital satisfaction is determined by a variety of things. The nature of a spouse, his or her likelihood of infidelity, the desirability of each partner, and the existence of children are all factors to consider. If one partner believes the other is causing costs (or causing difficulties) in these areas, he or she may strive to address the issue by dialogue with the other, by pursuing a new or extra partner who may better suit the individual (Bradbury, Fincham, & Beach, 2000), or by divorcing. The couple's communication system is also important, as it determines much of their happiness together (Nash AL, 2007), or it can be a major source of sorrow and contribute to marital discord. Couples who are having marital problems either don't try to communicate or their attempts are inadequate, resulting in arguments (Craddock, A, 1980). Any endeavor to improve marital relationships must begin with enhancing the husband and wife's internal and exterior communication (Navran, 1967).

Counselling and Marriage counselling

American Counselling Association (ACA), 1997, accepted the definition *"Counseling is the application of mental health, psychological or human development principles, through*

cognitive, affective, behavioral or systemic interventions, strategies that address wellness,

personal growth, or career development, as well as pathology". (Gladding, 2004)

Counseling is a developmental or interventional process. Counselors concentrate on

their clients' objectives. Counseling thus entails both decisions and changes. In some cases

"Counseling is a rehearsal for action" (Casey, 1996)

Marriage counseling is a sort of psychotherapy for married couples or long-term

partners with the goal of resolving relationship issues. Two persons usually go to counseling

sessions together to talk about specific difficulties.

American Association of Marriage and Family Counselors (AAMFC) 1997, stated-

Marriage counseling is the process by which a professionally educated counselor aids

a person or persons in resolving issues that are bothering them in their interpersonal

relationships. The focus is on the relationship between the two people in a marriage rather

than the organization of the individual's personality structure, as in psychiatric therapy.

Marriage counseling can help couples learn to cope with problems more effectively

and avoid minor issues becoming major ones. Marriage counseling, when done effectively,

has been shown to improve a person's physical and mental health while also strengthening

their relationship. A marriage counselor is trained to use different types of therapy in their

work with individuals, couples, and groups.

In this study, the therapist received TA 101 (An introduction to Transactional

Analysis) training and would like to continue session work with couples as a therapist by

assisting it. TA is a very useful therapy for solving conflicts between couples and family

members. According to research, TA therapy can aid in the treatment of a variety of

psychological issues, including depression (Enrico, B. et al., 2016), anxiety (Mark Widdowson, 2014), bipolar disorder (David J. Carter, 2018), marital adjustment (Saeedeh S. et al., 2018), marital burnout and forbearance (Sakaki, S. and Hassan, T., 2017). Consequently, the therapist would really like to select transactional analysis therapy as an independent variable for two dependent variables: depression and marital adjustment in the present study. So the aim of the present study is to investigate the effectiveness of transactional analysis therapy on depression and marital adjustment of couples.

Literature review

There are several studies that offer quantitative evaluations of transactional analysis therapy in different setting on various populations.

The effect of transactional analysis group therapy on couples' marital adjustment was explored by Saeedeh S. et al. (2018). This was a quasi-experimental study with a control group, a pretest-posttest design, and a 3-month follow-up test. The sample consisted of 16 couples who were randomly assigned to experimental and control groups using a convenience sampling procedure. The experimental group got Transactional Analysis group therapy for eight sessions. The Dyadic Adjustment Scale was used in this study as the tool. Repeated Measure Analysis of Variance was used to examine the data. When compared to the control group, the experimental group exhibited a significant difference in dyadic adjustment in the posttest and follow-up.

Sakaki, S., and Hassan, T. (2017) looked at the efficacy of transactional analysis-based group therapy in addressing marital burnout and forbearance in married female students. The sample contained 24 of these students, who were randomly assigned to two experimental and control groups after being chosen willingly and using the random selection procedure. The Couple Burnout Measure (CBM) and the Evans Marital Forbearance Questionnaire were used as measurement tools. The findings showed that transactional analysis-based therapy was beneficial in lowering marital exhaustion and boosting couples' forbearance.

In a naturalistic context, Enrico, B. et al. (2016) studied the effectiveness of short-term TA therapy for depression. In this systematic case study, the Hermeneutic Single-Case Efficacy Design (HSCED) was applied. Sara, a 62-year-old white Italian lady with moderate depression and three recent bereavements, underwent sixteen sessions of transactional analysis therapy with her therapist, a white Italian woman with ten years of professional practice. The judges came to the opinion that this was a good-outcome case since the client improved early in TA therapy, had a happy therapy experience, and maintained the improvement at the end of the follow-up.

Honari, R. (2014) investigated the impact of transactional analysis training on marital happiness of women referred to counseling clinics and cultural centers in Isfahan. The study featured a quasi-experimental design with pre- and post-tests as well as a control group. A total of 114 applications were randomly selected and divided into two groups for the training group (30 women each). The pre-test for both groups was the ENRICH marital satisfaction

test (short version). Ten sessions of transactional analysis group instruction were given to the experimental group. The results revealed a difference in marital satisfaction rates between the experimental and control groups following transactional analysis group training. Many challenges to facilitating a good relationship could be overcome by training women to become familiar with communicative and effective verbal and non-verbal interaction analysis.

H. Torkan et al. (2007) looked at the effectiveness of Transactional Analysis group therapy in improving couples' marital satisfaction. The study's participants were all the couples that sought professional help for their marital difficulties at Isfahan clinics and psychiatric centers. Four centers were chosen at random. 16 couples were chosen at random from a list of couples who had registered for psychiatric services and were assigned to the experimental and control groups. Following the dropout, six couples were assigned to the experimental group and six couples to the control group. The experimental group received eight TA sessions. Pretest, posttest, and follow-up measurements included the "Index of Marital Satisfaction" and the "Dyadic Adjustment Scale." In both the post-test and follow-up, analyses of covariance revealed that the experimental group was considerably higher on marital satisfaction than the control group (p 0.05).

Rationale of the present study

In most circumstances, marital adjustment refers to a condition in which a husband and wife are happy and satisfied with each other. Marital maladjustment can have a wide range of consequences for couples, including decreased physical and psychological health, decreased happiness and life satisfaction, increased depression, poorer self-esteem, and emotional divorce. Most of the time couple is experiencing marital difficulties for lacking

knowledge of ego states, injunctions, drivers, stroke, life position, discounting, racket and psychological game etc. which are related to intra psychic functioning and interpersonal behavior. TA is a good method for personal growth and development and understanding intra psychic functioning and interpersonal behavior of the person. TA gives picture of how people are structures psychologically. It's also called the theory of communication and helps people to change their feelings and behaviors with adult knowledge. It also helps individual achieving autonomy which is a response to here and now reality rather than a response to script beliefs. The autonomous person is able to improve his/her awareness, spontaneity and intimacy capacity. These are the most powerful strength of psychological well-being and improving relationship. Basically marital satisfaction depends on healthy intrapersonal and interpersonal communication or understands the psychological aspects of each partner. TA learning enables couple to solve their marital conflict without parents and child ego contamination. Numerous research findings indicated the effectiveness of TA therapy for reducing depression and improving marital adjustment among couples. For example, A investigated the impact of transactional analysis group therapy on marital adjustment in couples. In comparison to the control group, the results showed that the experimental group had a substantial shift in dyadic adjustment in posttest and follow-up, and they also asserted that TA appears to be an effective intervention approach for increasing marital adjustment (Saeedeh S. et al., 2018). In 2007 another study conducted by H. Torkan et al. on the effectiveness of Transactional Analysis group therapy in improving couples' marital satisfaction. The results indicated that the group therapy based on the transactional analysis had been effective in increasing marital satisfaction of couples. TA is not only an effective therapy for marital issues; it's also an effective intervention method for reducing depression

(Enrico, B. et al. 2016). From these finding it is clear that, transactional analysis is the evidence based good therapeutic intervention for couples counselling and couple are benefited by it. So, emphasis on therapeutic goal and research evidence present researcher can rely on transactional analysis therapy for obtaining better research finding without any doubt.

Purpose of the study

The purpose of the present study was to assess the effect of the Transactional Analysis Therapy on depression & marital adjustment of couples.

Objectives of the study

1. To investigate whether there is a change of Depression score while going through TA therapy at the three phases (pretest, posttest follow up).

2. To investigate whether there is a change of Marital Adjustment score while going through TA therapy at the three phases (pretest, posttest and follow up).

Hypothesis

1. First, it is hypothesized that transactional analysis therapy would have a positive impact on reducing depression among couples.

2. Second, it is hypothesized that transactional analysis therapy would have a positive impact on improving marital adjustment among couples.

Variables

In this present study independent variables was Transactional Analysis Therapy and the dependents variables was depression and marital adjustment scores.

Method

2.1 Research Design

A repeated measure design was utilized in this present study. This design was chosen as most fitting, as participants in the study were not randomly selected and there was no control group. A diagram of the research design is represented visually below and a narrative description follows:

Pretest	Treatment/Intervention	Post test	Follow up
DIS and LWMAT	TA	DIS and LWMAT	DIS and LWMAT

In the above diagram, "TA" refers to the "Transactional Analysis Therapy," "DIS" refers to the "Depression Inventory Scale," and "LWMAT" refers to the "Locke Wallace Marital Adjustment Test" for the experimental group.

2.2 Sample Size and Participants

The participants of the present study are comprised of 20 couples (20 male and 20 female) who can read and write. They were selected on an opportunistic basis from a psychotherapy unit in a psychiatric clinic in Dhaka city. In selecting a participant, age, educational qualification, occupation, religion, and income are considered.

Table 1

Socio-demographic Characteristics of the Participant

Variables	Male (*n*=20)	Female (*n*=20)	Total (n =40)
Age (years)	Mean *(SD),* Range	Mean *(SD),* Range	Mean *(SD),* Range
	M=39.55 (6.63), 32-49	*M*=33.05 (7.01), 22-44	*M*=36.30(6.82), 20-50
	n (%)	*n* (%)	*n* (%)
Sex	20 (50)	20(50)	40 (100)
Educational Level			
H.S.C	2 (10)	7(35)	9 (22.5)
Hon's	8 (40)	5(25)	13 (32.5)
Masters	10 (50)	8 (40)	18 (45)
Occupation			
Private Service	12(60)	8 (40)	20 (50)
Public Service	4 (20)	2(10)	6 (15)
Business	4(20)	5(25)	9 (22.5)
Housewife		5(25)	5 (12.5)
Monthly Income	25000-60000/=	10000- 43000/=	

2.3 Instruments

In present study the following two questionnaires used along with Socio-demographic data (Age, Sex, Educational Level, Occupation, Religion and Monthly Income).

2.3.1 Depression Inventory Scale (DIS)

The Bangla depression scale will be used to measure the depression of couples. The Bangla version of the Depression Scale was developed by Uddin Z and Rahman MM in 2005, Department of Psychology, University of Dhaka. The scale consists of 30 items with a 5 point rating ranging from "not at all applicable" (1), "not applicable (2)", "uncertain" (3), "a bit applicable" (4), and "totally applicable" (5). The total score is the sum of all items, with a range from 30 to 150. The reliability was 0.6789 in the split-half method and 0.8088 in the guttman split-half method, indicating that the reliability was significant. Concurrent validity was determined through three external slandered: (1) ratings of depression by the psychiatrist; (2) patients' self-ratings of depression; and (3) diagnosis of depression by the psychiatrist. The correlation between total scores of "ratings of depression by the psychiatrist" and "patients' self-ratings of depression" is respectively r = 0.3777 and r = 0.558, which is acceptable by standard by Freeman (1955) and Anastasi (1982). The scale has been frequently used in psychological research and clinical practice in Bangladesh. The internal consistency of the scale for this sample was excellent (Cranach's alpha of 0.95).

2.3.2 Locke Wallace Marital Adjustment Test

The Locke Wallace Marital Adjustment Test (LWMAT) was created to help couples determine their level of marital satisfaction. The Marital Adjustment Test (MAT) assesses

marital satisfaction, defined as "the mates' feeling content with the marriage and each other, developing mutual interests and activities, and feeling that the marriage is meeting their expectations" (Locke, 1951). The MAT is the gold standard when it comes to public-domain marital satisfaction surveys. Participation in joint activities, display of affection, frequency of marital complaints, level of loneliness and well-being, and partner agreement on key problems are all factors considered on the scale. The Bangla version of the LWMAT was employed in this study. Deeba, F., and N. Khatun, 2012, and an unpublished study produced the Bangla version of the Marital Adjustment scale. The total score, which ranges from 2 to 158, is the sum of all 15 components. A greater adjustment to marriage life is indicated by a higher score. At = 0.01, the adapted scale's Cronbach's Alpha and split-half reliability were 0.92 and 0.95, respectively. The test-retest correlation (r = 0.95, =.01) was also determined to be significant. The discriminating value (F = 38.877, = 0.000) between the clinical and non-clinical samples was used to determine construct validity. The discriminating value (F = 38.877, = 0.000) between the clinical and non-clinical samples was used to determine construct validity. The correlation (r = 0.72, =.01) between the Lock-Wallace scale and Spanier's Dyadic Adjustment Scale was also used to ensure convergent validity.

2.4 Procedure

The necessary research tools were prepared by the researcher before starting counselling. The research participants were selected on an opportunistic basis from a psychiatric clinic in Dhaka city. The participants came to the psychotherapy center to take part in the counselling service in that clinic. At first, researchers tried to build a rapport with participants by showing a nonjudgmental attitude with empathy, incongruence, and

genuineness (Rogers, 1957). Then the researcher asked couples about their interest in participating in the present study and also explained the research procedure with a cordial request to complete at least twelve (including both individual and couple) sessions to see the therapy effect (AAMFT). A repeated measure research design was followed without any control group. The session begins with an overview of the informed consent (Appendix A), and is followed by self-introductions of both the researcher and participants. Then the researcher asked participants to fill up a socio-demographic information form (Appendix-B) with two scales: the Depressions Inventory Scale (DIS) (Appendix-C) and the Locke Wallace Marital Adjustment Test (LWMAT) (Appendix-D) for pre-test evaluation. They answered the questionnaires by putting a check mark. After introducing the rules and regulations of the therapeutic process, the researcher started the session. The first and last session was couple sessions, and it was common for all participants.

2.4.1 The session length and duration

According to the American Association for Marriage and Family Therapy (AAMFT), the length of counseling will depend on the couple's needs and problems. Some couples going through a difficult transition may find that just a few sessions is all they need to get back on track, but others may need more time and help overcoming serious problems. The average number of marriage counseling sessions is about 12. Sessions are usually about an hour. Often, counselors will want to meet once a week. The first assessment session lasted 90 min, and all of the following sessions incorporated a transactional analysis therapy perspective and lasted 60 min. The participants filled up both scales in post-test evolution after completing ten (combination of both single and couple session) counseling sessions.

The number of single and couple sessions during counselling was not limited by the researcher. So the combination of twelve sessions was not the same for every participant. It was totally determined by the couples and their needs. The twelve couples took a total of eight individuals and two couple sessions; five couples took a total of nine individuals and one couple session; and three couples took a total of seven individuals and three couple sessions. After post-test evolution, the researcher also continued the counselling process with two couples who wanted to take more sessions. So, the duration of the counseling period was not the same for all participants. Nineteen couples took almost three to four months to terminate the counseling. The one couple took almost four to five months to terminate. For the follow-up evolution, they were contacted again by researchers to fill out the same questionnaires after one month of their termination. The total counselling process continued for almost six months without any session fees.

2.4.2   The Counselling and Intervention Process following TA therapy

According to Clara E. Hill (2009), the three-stage helping model (the exploration stage, the insight stage, and the action stage) is a framework for using helping skills to lead clients through the process of exploring concerns, coming to a greater understanding of problems, and making changes in their lives. The therapist followed this three-stage model in the counselling process and gave them the names: the exploration stage; the intervention stage; and the termination stage. The counselling procedure was designed by following TA therapy. The details of these three stages are described below.

1. The exploration stage

The purpose of the exploration stage was to establish a counseling contract by analyzing functional ego states, transactions, the stroke economy, and psychological games. The therapist used attending, listening, and observation skills to take information from the present situation, life history, and interpersonal relationships of the client to understand their ego state. The therapist followed four criteria (behavioral diagnosis, social diagnosis, historical diagnosis, and psychological diagnosis) for diagnosing the ego states of couples (Bern, 1961). The therapist gave psycho educational examples of how we interact with others through our parent, adult, and child ego states, which are truly felt states of being, not just roles played by the individual. The therapist also explained the different ways the client engages with partners and others in social interactions. In the exploration stage, the therapist helped the couples to draw their ego gram and helped them to identify their life position, discounting, drivers, injunctions, passive behavior, and racket feelings from their childhood experience.

The therapist identified the "I am not OK, you are not OK" life position within sixteen couples and the "I am OK, you are not OK" life position within four couples from their childhood experience.

The therapist identified lots of injunctions among the couples from their childhood experience. The eight couples had "don't be important"; five had "don't be close"; four had "don't be a child" and three had "don't be you". Two verbatim are given from two individual cases as an example of how the therapist identified injunctions during the session.

Verbatim-1

Wife: "I am not important to him (husband). While I was not important to my parents, they were the least brotherly to take my permission for this marriage". (Hostile look with sharp voice) (Don't be important)

Verbatim-2

Therapist: "I see that you are trying to stop your tears.

Husband: "Yes! Your observation is right. Actually, it felt weird to cry in front of people. It's childish behaviour (don't be a child). "

The therapist noticed that ten couples had "Please people" and five couples had "be strong" drivers. The other five couples had the combination of both "be perfect and try hard" divers. Examples are given from a case with verbatim-

Therapist: "Okay! Who said to you that crying is a sign of weakness? May I know "?

My husband: "My mother likes that and I have seen her strong mentality in every difficult moment since my childhood. She said to me, "Never give up".

Discounting self, others and situation was common in couples. Therapist diagnosed discounting of self within ten couples, discounting of others within six couples and discounting of situation within four couples. Therapist understood these discounting by the couples statement. For example,

Wife: "I am not skillful negotiate in price, that's why I went to fixed price market" (Discounting self). But my husband doesn't like it. He thought's just wasting money. He claimed, I am not good in saving.

Therapist observed that the 40% couple adapted "doing nothing", the 25% couples adapted "over adaption", and the 35% adapted "agitation" as a passive behaviour. Example is given from two separated case- Therapist asked some open question to explore the couples' passive behaviour. Such as

Therapist: "When you faced any difficulties in your childhood, how could you solve it"?

Husband: "Most of the time I felt upset and remain silent, when I was in problematic situation. I can't share to anyone. Actually I expected a lot rather than express".

Therapist: "When you made any mistake in your childhood, how could you solve it"?

Wife: I felt anxious and I take lots of responsibility to make up the situation until to make it perfect".

The therapist identified that 40% of couples had guilt, 30% of couples had anger, and 30% of couples had fear as a racket feeling. The therapist asked some questions which were involved with their feelings to find out their racket feelings. An example is given from a case with verbatim-

Therapist: "What happened when your husband take a decision without any kind of discussion with you"?

Wife: "I felt so angry! I can't control myself that moment. It's totally insulting for me. Can you imagine what kind of relationship I am continuing? I am nothing for this relation"! (Weeping).

Therapist: "It appears to you very painful and frustrating right now. Because you are not finding self-worth in this relationship, now would you say to me, "How long is the anger lasting?"?

Wife: "It remains so long in my mind, even through the years!"

The therapist observed that crossed and ulterior transactions were common in their communication during the session. The therapist identified these transactions from their communication pattern. An example is given verbatim.

Wife: "Why did you (husband) invite your friends on Monday without any discussion with me?"

Husband: "I am busy right now!"(Crossed transaction)

"Will you (wife) go to the party with me tonight?" (Almost one hour later, husband asked this question to his wife with harsh voice)

Wife: "Why do you (husband) always ask me? Don't you know how much pressure is going on me the whole day? Can't you find somebody else? "(Ulterior transaction)

After identifying these transactions, the therapist provided some psycho education to couples on what kind of transactions they are using in their communication and why they

need to avoid them. At the end of the exploration stages, the therapist gave home work sheets to couples on how to draw their expected ego gram (Appendix-E) and create a healthy time-structuring chart (Appendix-F) to collect enough strokes for them. The purpose of the home work was to prepare them for the intervention stage. At the end of the exploration stage, the therapist also used the self-disclosure (discloser of feelings) technique with a few couples to help clients feel as if the therapist was in a similar situation as them.

2. The Intervention Stage

The intervention processes addressed both intra psychic (areas of the mind) and inter psychic levels of the person. Before starting this stage, the therapist asked the clients which area they wanted to address first. Basically, the intervention stage involves decontamination or de-confusion of ego states. Decontamination or de-confusion means having a separated adult ego state from parent and child ego states. The Adaptive Child (AC) is often the most problematic part in relationships because it develops reactively and continues to result in or stimulate knee-jerk reactions to stimuli that often have more to do with childhood issues than here and now problems (Alipieva, 2017). The main purpose of the intervention stage was to reinforce the adult ego state and conflict resolution. The adult engages in clear thinking and generates options to help with problem solving, planning, and productive procedures with clarity. The adult has no emotions and makes its decisions based on data and logic. Being a mature human being or grown up is not the same as being in the adult ego state. Little children can be in their adult ego states as well (Alipieva, 2017). Here's an example of a couple who decided to start with the intra psychic area of mind or the process of decontamination.

Case of Alizah, working in Intra psychic level

Alizah, (Sudo name) was 25 years old married woman, her presenting problem was depression, social anxiety, low self-confident and lack of trust toward partner with poor marital adjustment. Her Diagnosis according to TA: life position-I am not ok, you are not ok; injunction- Don't be closed; Drivers- Be strong; Discounting-self; Passive behaviour- withdrawal; Racket feeling- Fear. Her session contract was "I feel lonely and I'd like to get closer to people". Her Adult was contaminated by Parent and Child ego.

In the intervention, the therapist assessed her to decontaminate her of ego states through the two-chair technique. The goal of two-chair work is to complete unfinished issues from the past.

During a role-play, Alizah stated she wanted to change her feelings of inadequacy in childhood and her script decision to remain "closed" to other people. The therapist asked which ego state she wanted to talk about first and put her in the chair for role-playing. Alizah first called her CP ego state to speak with her AC ego state. Then she started a conversation in the following ways:

Controlling Parent (CP): "People are very complex. Don't share your personal life with others; it can hurt you. Don't be so closed. Always keep a distance and stay safe, otherwise you have to pay for it (AC)."

Adaptive Child (AC): ""You are scaring me. I can't take this fear. I have a hard time sharing my emotions with others, please..............! (CP)"

Nurturing Parent (NP): "I love you, my child! You can trust me without any doubt. (AC)"

Adaptive Child (AC): "I also can't..........! (NP)"

Controlling Parent (CP): "If you allow people or trust them, they will control your life. (AC)"

Adaptive Child (AC): "Please stop......! You are always protecting me. Why? I am feeling so sad. Because of you, I can't trust and love those who really deserve it. (CP)".

Nurturing Parent (NP): "Relax, my child. I can't tolerate your pain; I love you as you are. You are my princes." (AC)

Adaptive Child (AC): "I can't enjoy anything. There is no fun and joy in my life (crying). (NP)"

Nurturing Parent (NP): "Go and share your feelings with those who really loved you and trusted you a lot. I know you can be intimate with full confidence. " (AC)

Adaptive Child (AC): "Could I..................! (Silent)"

Nurturing Parent (NP): "Yes, my child, because you want it! My love and my support will always stand by you. It's OK to be closed now (supportive voice)". (AC)

Therapist: "Do you want to say something to your AC from your Adult ego state?"

Alizah: "Yes!"

Adult: "You are no longer a little girl; you are a grown woman who is capable of taking care of you."

Adaptive Child (AC): "I can't enjoy anything... (Adult)"

Adult: "You have to celebrate your achievement. You are an educated and skillful mother who takes care of your kids with love and trust. You make food when they get hungry; you ensure their safety when they are in difficulty. They (kids) also love and trust you a lot. "

Therapist: "After a long pose...! May I know what is going through your mind?"

Alizah: "Yes, it's true! I never appreciated me either. I can solve any kind of problem regarding my children's issues (confident voice). But I never realized there was also a child scared in my mind (calm voice). After a long breath, yes! I am capable and loveable too. "I can close with people confidently. Actually, it's not every day that someone is cheated."

Therapist: "You appear to be more self-assured than before. Now will you tell me how you will start to get closer to people?"

Alizah: "At first, I will avoid any close places for shopping, like super shops. I will try to go to the local market and buy staff at a bargain price."

Therapist: "Wow...! That's great.... Do you want to celebrate the day?"

Alizah: "Of course! I will take a warm shower, and then treat myself to a cup of coffee. (FC)."

In the couple session, the therapist explored a list of possible games that people play in relationships by drawing on the Karpman drama triangle model (Karpman, 1968). It was explained to them that they may be unaware of the games they play because the games feel familiar, having been played since childhood. These games interrupt healthy interpersonal communication. To address these games in the sessions, the therapist requested they play a role. The two engaged in previous transactions where the husband stated, "My salary is not so handsome. I think you should avoid any kind of super shop or fixed price market to save money." Her (Alizah's) response was, "it's better you go to the local market and buy whatever you want." It seems insulting to me when the shopkeeper uses odd words. "Then the therapist worked on the content of the message sent by the wife to her husband and transacted from the adult. She practiced stating, "I was not aware that you worried so much about money to close the bank loan." This opened up a dialogue between the two that was from the adult and NP instead of the AC.

3. The Termination Stage

The final stage was devoted to the ending process, which involved transactional restructuring and maintenance. During the session, the couple and therapist reviewed the entire therapy, discussing and celebrating the key changes the couple had made, specific life events, and how they had handled them differently. The therapist also reviewed and reinforced the couple's contingency planning and relapse prevention skills. The couples learned how to make a complementary transaction by shifting ego states or changing the discussion topic focus on their current situation. During the 11th session, the couple

completed the post-test. Differences between the pre-test and post-test were discussed and celebrated, and a follow-up session was scheduled after one month.

Follow-Up

The couples attended a follow-up session after one month of their posttest evaluation. They filled out the same questionnaires for follow-up evaluation. They shared their feedback of positive outcomes of new behavior. They shared their new experience of how TA helped them to reduce depression and improve marital adjustment by avoiding psychological games in follow-up. The therapist noticed that they were aware of complementary communication with partners. The couples thanked the therapist for helping them to learn such an effective therapeutic approach and its implications in their daily life.

2.5 Data Analysis:

The data in this study were analyzed using a repeated measure design and the Statistical Package for Social Science (SPSS) 16 version of computer software. The mean, standard deviation, and one-way ANOVA are shown in the result section consecutively.

Result

Table 2

Mean SD and F-value of depression inventory (DI) score over three time periods of the

participants.

Time periods	Mean	SD	N	F	Sig.
Pretest	112.50	18.46	40		
Post-test	62.05	16.50	40	359.26(df=2)	0.00
Follow up	37.07	7.79	40		

In the Table 2, a repeated measure design was conducted to compare depression scores at three time points. There was also a highly significant difference (F = 359.26, df = 2, p< 0.00) in depression score of the participants over the three time. Mean scores appear to vary over the three time periods.

Table 3

Pairwise comparisons showing mean differences of depression inventory (DI) score over three time periods of the participants.

(I)DI	(J)DI	Mean difference (I-J)	Std.Error	Sig.
1	2	50.450	3.084	.000
	3	75.425	2.851	.000
2	1	-50.450	3.084	.000
	3	24.975	2.649	.000
3	1	-75.425	2.851	.000
	2	-24.975	2.649	.000

In Table 3, pairwise comparisons indicate that there was significant difference between pretest and post-test (P=.000); and between pretest and follow up test (P=.000). Moreover, there was also significance difference between post-test and follow up test (P=.000) as all the values are below 0.05.

Table 4

Mean SD and F-value of marital adjustment (MA) score over three time periods of the participants.

Time periods	Mean	SD	N	F	Sig.
Pretest	49.80	21.68	40		
Post-test	108.77	13.18	40	282.65(df=2)	0.00
Follow up	118.17	9.88	40		

In the Table 4, a repeated measure design was conducted to compare marital adjustment scores at three time points. There was a highly significant difference (F = 282.65, df = 2, p< 0.00) in marital adjustment score of the participants over the three time. Mean scores appear to vary over the three time periods.

Table 5

Pairwise comparisons showing mean differences of marital adjustment (MA) score over three time periods of the participants.

(I)MA	(J)MA	Mean difference (I-J)	Std.Error	Sig.
1	2	-58.975*	3.729	.000
	3	-68.375*	3.749	.000
2	1	58.975*	3.729	.000
	3	-9.400*	1.097	.000
3	1	68.375**	3.749	.000
	2	9.400*	1.097	.000

In Table 5, pairwise comparisons indicate that there was significant difference between pretest and post-test (P=.000); and between pretest and follow up test (P=.000). In addition, there was also significance difference between post-test and follow up test (P=.000) as all the values are below 0.05.

Discussion

According to the International Transactional Analysis Association, transactional analysis (2011) is a theory of human personality, a theory of social behavior, and a comprehensive system of psychotherapy (Vidushi Dixit and K. Ramachandran, 2019). TA is a good therapeutic approach for personal growth and development. It aids the understanding of intra psychic functioning and interpersonal behavior by mental health professionals. TA gives a picture of how people are structured psychologically. TA helps people to understand their own ego states and accept responsibility with regard to what is happening in the present.

The present study examined the effectiveness of transactional analysis therapy in reducing depression and improving the marital adjustment of couples. The first objective of the present study was to investigate whether there is a change in depression scores while going through TA therapy at three phases (pretest, posttest, and follow up). The second objective was to investigate whether there was a change in the Marital Adjustment score while going through TA therapy at three phases (pretest, posttest, and follow up). In this study, the target population was 20 couples who were selected through an opportunistic method from a psychiatric clinic in Dhaka city. The counselling process continued for almost six months with a follow-up session.

The first research hypothesis stated that "transactional analysis therapy would have a positive impact on reducing depression among couples." Results of the present study showed that there was a highly significant difference in depression scores over three time periods. Mean scores appeared to vary in all three phrases. And pair wise comparisons indicated that there were significant differences in depression scores in all the three phrases. The results revealed that the main effect is significant. So, the research hypothesis is confirmed. That is,

couple therapy based on transactional analysis has been effective for the reducing level of depression and improving positive feelings and psychological well-being of couples. The result obtained was consisted with Enrico, B. *et al.* (2016) and Florsheim, P.W. (2003). They demonstrated that therapy based on transactional analysis can lead to reduced depression and marital burnout among participants.

The second hypothesis indicated that "transactional analysis therapy would have a positive impact on improving marital adjustment among couples." Results of the present study showed that there was a highly significant difference in marital adjustment scores over the three phrases. Mean scores appeared to vary over the three phrases. Pairwise comparisons indicated that there were significant differences in marital adjustment scores over three phrases. The research results demonstrated that the main effect is significant. Thus, the second research hypothesis was also confirmed. That is, couple therapy based on transactional analysis has been effective in reducing marital dissatisfaction and increasing the level of marital adjustment for couples. The results obtained consisted of Saeedeh, S., *et al.* (2018); Sakaki, S., and Hassan, T. (2017); Honari, R. (2014); and H. Torkan et al. (2006). They demonstrated that therapy based on transactional analysis causes an increase in the marital satisfaction, positive feelings, and intimacy of couples. According to Deal (2010), Couples who communicate well are healthier and have a more empathic mutual relationship, which leads to marital fulfillment and pleasure.

In explaining these hypotheses, it can be mentioned that high levels of depression and low marital adjustment are associated with a negative self-concept and negative feelings such as sadness, worthlessness, hopelessness, or emptiness. These are the symptoms of low psychic energy, which lead to a lack of interest in maintaining a healthy relationship among

couples. A lack of interest in oneself and others indicates a poor marital adjustment, which may lead to divorce. Sometimes couples with high levels of depression reflect an emotional state of pain and guilt that may affect their communication patterns. Bolte GL, 1975). The couple's communication system is crucial, as it determines much of their pleasure together. (Bolte GL, 1975). Communication problems with oneself and others can have an impact on marital adjustment and contribute to marital disharmony (Mayamma MC and K Sathyavathi 1985). There are two types of communication: one is intrapersonal communication and the other is interpersonal communication. Improvement in both intra and interpersonal communication is necessary to bring happiness in married life. Crossed and ulterior communication is a by-product of poor relationships, which might lead to physical violence as well. After the counseling intervention by TA therapy, couples were able to avoid psychological games by changing their communication patterns to complementary communication. That means the contamination of Adult (the rational ego state) has taken place successfully through TA therapy. The therapist also noticed that couples were able to boost their psychological energy by taking and giving strokes empathetically. They learned how to give strokes to themselves and also give strokes to their partners. They became more aware of their time management, especially spending time on productive activities. They started spending more intimate time with each other. TA helped couples to understand how they are discounting themselves, others, and situations without conscious awareness. TA taught couples how to communicate with themselves at an intra-psychic level when they felt impatient, depressed, and sad. TA also helped couples to understand how their inner feelings and thoughts contaminated their Adult ego states, which were the causes of marital difficulties and dissatisfaction. It means that the transactional analysis approach helped

couples to improve their relationship between their inner Parent and Child in their heads. So it is demonstrated that TA had a positive impact on reducing depression and helped couples be more aware and efficient in handling their intra and interpersonal relationships after therapeutic intervention.

Therefore, based on the research findings, it can be concluded that Transactional Analysis is an effective therapy for dealing with depression and marital adjustment. In the Bangladeshi context, the use of TA in marriage counseling is still very limited. As far as the researcher's knowledge goes, this kind of research on the effectiveness of TA in improving marital adjustment and reducing depression is the first attempt in Bangladesh.

Afterward, the research has certain drawbacks. There were also two drawbacks to this research. The first is that the sample size was limited and opportunistically chosen; therefore the results of this study should be interpreted with caution for the entire population of couples. In the second, there was no control group against which the experimental group could be compared. As a result, future research should look into these possibilities.

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Appendix A

Inform Consent

প্রিয় অংশগ্রহণকারীগন,

আমি আমিনা বেগম সুমি,বর্তমানে ঢাকা বিশ্ববিদ্যালয়ে এড়ুকেশনাল এবং কাউন্সেলিং সাইকোলজি বিভাগের পক্ষ থেকে এমফিল গবেষক হিসেবে একটি গবেষণা পরিচালনা করছি। উক্ত গবেষণায় আপনি এবং আপনার সঙ্গীকে অংশগ্রহণ করার জন্য অনুরোধ করছি।

গবেষণার বিষয়বস্তু

বৈবাহিক সম্মনয় বজায় রাখতে এবং বিষন্নতা কমাতে ট্রানজেকশনাল এনালাইসিস থেরাপিটি দম্পতিদের জন্য কতটুকু ফলপ্রসূ তা পরিমাপ করার উদ্দেশ্যে বর্তমান গবেষণাটি পরিচালনা করা হচ্ছে।

আপনাদের যা করতে হবে

এখানে আপনাদের কাউন্সেলি সেবা প্রদান করা হবে। আপনাদের কাজ হবে নিয়মিত কাউন্সেলি সেবা গ্রহন করা এবং কাউন্সেলিং এর কাজগুলো অত্যন্ত গুরুত্ব সহকারে সম্পূর্ন করা। থেরাপি ফলোপ্রসু দেখার জন্য আমাদের মোট দশ থেকে বারটি সেশন লাগতে পারে। তাই এই প্রক্রিয়াটি সম্পূর্ন না হওয়া আগ পর্যন্ত আপনাকে এই গবেষণার সাথে সংশ্লিস্ট থাকার জন্য অনুরোধ করা হচ্ছে। তবে আপনি যদি অতিরিক্ত সেশন নিতে চান সেক্ষেত্রে আপনাকে সম্পূর্নরুপে তা প্রদান করা হবে। আপনাকে প্রথম এবং দশম সেশন এ দুটি প্রশ্নপত্র পুরন করতে হবে। এই কাউন্সেলিং সেবা গ্রহনের জন্য আপনাকে কোন প্রকার ফি দিতে হবে না। আপনার অংশগ্রহনই এই গবেষণার জন্য অত্যন্ত গুরুত্বপূর্ন।

ঝুঁকি ও গোপনীয়তা

এইগবেষণায় অংশগ্রহণ সম্পূর্ণ ঝুঁকিমুক্ত। গবেষণায় অংশগ্রহণের ফলে আপনার কোন প্রকার ক্ষতি হবার আশংকা নেই। বর্তমান গবেষণাটি এড়ুকেশনাল এন্ড কাউন্সেলিং সাইকোলজি বিভাগের ইথিক্স কমিটি দ্বারা অনুমোদিত। গবেষণাটি একজন শিক্ষকের তত্ত্বাবধানে করা হচ্ছে। সংগৃহীত তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহৃত হবে।অন্যকোন ব্যক্তি বা প্রতিষ্ঠানের ব্যবহার করার জন্য এই তথ্য শেয়ার করা হবেনা।এছাড়াও কারো ব্যক্তিগত নাম, পরিচয় সংগ্রহ করা হবেনা। সম্মতি ছাড়া আপনার কোন তথ্য নেয়া হবেনা এবং আপনি চাইলে যেকোন সময় এই গবেষণা থেকে নিজেকে সরিয়ে নিতে পারবেন।সেক্ষেত্রে আপনার সকল তথ্য ডাটাবেস থেকে মুছে দেয়া হবে।

সম্মতি পত্র

সকল তথ্য ও গবেষণার বিষয়বস্তু ভালভাবে পড়েছি / শুনেছি।এই গবেষণায় অংশগ্রহণে সেচ্ছায় সম্মতি দিচ্ছি। আপনাকে কাউন্সেলিং সেশন এ স্বাগতম এবং আপনার সহযোগিতার জন্য ধন্যবাদ।

স্বাক্ষর ও তারিখ

Appendix B

Demographic Information

০১।   নাম ঃ (ঐচ্ছিক)

০২ । বয়সঃ   ০৩ । লিঙ্গঃ   নারী (   )   পুরুষ(   )

০৪। শিক্ষাগত যোগ্যতা ঃ

> মাধ্যমিক

> উচ্চ মাধ্যমিক

> স্নাতক

> স্নাতকোত্তর

০৫।   পেশাঃ

> বেসরকারী চাকুরী

> সরকারি চাকুরী ব্যবসা

> গৃহিনী

০৬।   মাসিক আয়ঃ

Appendix C

Depression Inventory Scale (DIS)

বিষন্নতা পরিমাপক (উদ্দিন ও রহমান, ২০০৫)

নিচের বিবৃতিগুলো পড়ে গত এক সপ্তাহের মধ্যে এই বিবৃতিগুলো আপনার ক্ষেত্রে কতটা প্রযোজ্য তা বিবৃতির পাশের সম্ভাব্য পাঁচটি উত্তরের যেটি প্রযোজ্য সেটির ঘরে টিক (√) চিহ্ন দিয়ে নির্দেশ করুন।আপনাকে এই সম্ভাব্য পাঁচটি উত্তর থেকে যে কোনো একটিকে বেছে নিতে হবে এবং সবগুলো প্রশ্নের উত্তর দিতে হবে। অনুগ্রহ করে লক্ষ্য করুন সবগুলো প্রশ্নের উত্তর দিয়েছেন কিনা।

ক্রম	বিবৃতিসমূহ	একেবারেই প্রযোজ্য নয়	প্রযোজ্য নয়	মাঝামাঝি	কিছুটা প্রযোজ্য	পুরোপুরি প্রযোজ্য
		১	২	৩	8	৫
১	আমার অশান্তি লাগে					
২	ইদানিং আমি মনমরা থাকি					
৩	আমার ভবিষ্যত অন্ধকার					
8	ভবিষ্যতে আমার অবস্থা দিন দিন আরো খারাপ হবে					
৫	আমার সব শেষ হয়ে গেছে					
৬	আমি মনে করি যে, জীবনটা বর্তমানে খুব বেশী কষ্টকর					
৭	বর্তমানে আমি মনে করি যে মানুষ হিসাবে আমি সম্পূর্ণ ব্যর্থ					
৮	আমি কোথাও আনন্দ-ফুর্তি পাই না					
৯	নিজেকে খুব ছোট মনে হয়					
১০	সবকিছুতে আমার আত্মবিশ্বাস কমে গেছে					
১১	আমার মনে হয় মানুষ আমাকে করুণা করে					
১২	জীবনটা অর্থহীন					

১৩	প্রায়ই আমার কান্না পায়					
১৪	আমি প্রায়ই বিরক্ত বোধ করি					
১৫	আমি কোন কিছুতেই আগ্রহ পাই না					
১৬	আমি ইদানীং চিন্তা করতে ও সিদ্ধান্ত নিতে পারি না					
১৭	আমি আজকাল অনেক কিছুতেই মনোযোগ দিতে পারি না					
১৮	আমি আগের মত মনে রাখতে পারি না					
১৯	আমি দুর্বল বোধ করি এবং অল্পতেই ক্লান্ত হয়ে পড়ি					
২০	আমি এখন কম ঘুমাই					
২১	আমি এখন বেশী ঘুমাই					
২২	আমার মেজাজ খিটখিটে হয়ে গেছে					
২৩	আমার ক্ষুধা কমে গেছে					
২৪	আমার ক্ষুধা বেড়ে গেছে					
২৫	আমার ওজন কমে গেছে(ইচ্ছাকৃতভাবে ওজন নিয়ন্ত্রণের চেষ্টা করার ফলে নয়)					
২৬	আমার মনে হয় যে আমার কাজকর্মের গতি কমে গেছে					
২৭	হাসির কোন ঘটনা ঘটলেও আমি আর হাসতে পারি না					
২৮	যৌন বিষয়ে আমার আগ্রহ কমে গেছে					
২৯	সামাজিক কাজকর্ম আগের মত করতে পারি না					
৩০	শিক্ষা বা পেশাগত কাজকর্ম আগের মত করতে পারি না					

30-100 =Minimum   Total:

101-114=Mild

115-123=Moderate

124-150 =Severe

Appendix D

Locke Wallace - Marital Adjustment Test (LWMAT)

বৈবাহিক উপযোজন সংক্রান্ত

স্কেলের নির্দেশনা অনুযায়ী আপনার ক্ষেত্রে প্রয়োজনে উত্তরটি বাছাই পূর্বক আপনার মতামত প্রদান করুন। খেয়াল করুন কোন প্রশ্নের উত্তর যেন বাদ না পড়ে।

০১। আপনার বৈবাহিক সম্পর্কের বর্তমান অবস্থা বিবেচনা করে আপনি নিজেকে কতটুকু মনে করেন তা বোঝার জন্য নীচে প্রদত্ত স্কেলের ডট চিহ্নিত স্থানে নির্দেশ করুন। স্কেলের মাঝামাঝি মাত্রা "সুখী" এমন সুখবর অবস্থা নির্দেশ করে যা বেশীর ভাগ মানুষ বৈবাহিক জীবন থেকে পেয়ে থাকে। বামদিকের মাত্রাগুলো যারা খুবই "অসুখী" তাদের অবস্থাকে নির্দেশ করে এবং ডানদিকের মাত্রা যারা বিবাহিত জীবনে "খুবই সুখী" মনে করেন তাদের নির্দেশ করে।

০	২	৭	১৫	২০	২৫	৩৫
◯	◯	◯	◯	◯	◯	◯

খুবই অসুখী   সুখী   খুবই সুখী

নীচের উপাদানগুলিতে আপনি এবং আপনার স্বামী/স্ত্রী কতটুকু একমত বা দ্বিমত পোষণ করেন তা নির্দেশ করতে যে কোন একটি মান বেছে নিন। অনুগ্রহ করে প্রতিটি বিষয় সম্পর্কে আপনার অবস্থান নির্দেশ করুন।

ক্রমি ক নং	বিরতিসমূহ	পুরোপুরি একমত পোষণ করি	প্রায় সময়ই একমত পোষণ করি	মাঝেমধ্যে দ্বিমত পোষণ করি	বেশীরভাগ ক্ষেত্রে দ্বি-মত পোষন করি	প্রায় সময়ই দ্বি-মত পোষণ করি	সব সময় ই দ্বি-মত পোষন করি
০২	পরিবারের খরচপাতি সামলানোর বিষয়ে	৫	৪	৩	২	১	০
০৩	অবসর সময় কাটানো বা বিনোদনমূলক কাজে	৫	৪	৩	২	১	০
০৪	মায়া-মমতা বহিঃপ্রকাশে	৮	৬	৪	২	১	০
০৫	বন্ধুবান্ধব (নির্বাচনে/সদস্য বাড়ানোর	৫	৪	৩	২	১	০

০৬	যৌন সম্পর্কের ক্ষেত্রে	১৫	১২	৯	৪	১	০
০৭	প্রথাগত গুন বা চরিত্রের ক্ষেত্রে (যেমন- কোনটি ভাল বা কোনটি সঠিক আচরণ ইত্যাদি সম্পর্কে)	৫	৪	৩	২	১	০
০৮	জীবনের প্রতি দৃষ্টিভঙ্গির ব্যাপারে	৫	৪	৩	২	১	০
০৯	শ্বশুর বাড়ির আত্মীয়দের সাথে সম্পর্কে বজায় রাখার ক্ষেত্রে	৫	৪	৩	২	১	০

নীচের বিষয়গুলোর জন্য যেকোন একটি উত্তর বেছে নিনঃ

১০। যখন কোন বিষয়ে আপনার ও আপনার স্বামী/স্ত্রীর মাঝে দ্বিমত তৈরী হয় সেটি সাধারণত শেষ হয়-

ক) স্বামীর নতি স্বীকার করার মাধ্যমে (০)   খ) স্ত্রীর নতি স্বীকার করার মাধ্যমে (২)   গ) পারস্পরিক সমঝোতার ভিত্তিতে মতৈক্যে পৌছে (১০)

১১। সাংসারিক বিষয়ের বাইরে আপনি এবং আপনার স্বামী/স্ত্রী কি একইসাথে সাংগ্রহে অংশগ্রহন করেন?

ক) সব বিষয়ে (১০)   খ) কোন কোন বিষয়ে (৮)   গ) অল্পকিছু বিষয়ে (৩) ঘ) কোন বিষয়ই না (০)

১২। অবসর সময়ে আপনি সাধারণতঃ কি পছন্দ করেন?   ক) বাইরে বেড়াতে যেতে-   খ) বাড়ীতে অবস্থান করতে-

আপনার স্বামী/স্ত্রী কি পছন্দ করেন?   ক) বাইরে বেড়াতে যেতে-   খ) বাড়ীতে অবস্থান করতে

ক) দুজনই বাড়ীতে অবস্থান (১০) খ)) দুজনই বাইরে বেড়ানো (৩) গ) মতের অমিল (২)

১৩। আপনার কি মনে হয় যে আপনি বিয়েটা না করলেই পারতেন?

ক) প্রায়ই/ঘন ঘন মনে হয় (০)   খ) মাঝে-মধ্যে মনে হয় (৩)   গ) কদাচিৎ (৮)   ঘ) কখনও না (১৫)

১৪। জীবনটাকে যদি পুনরায় শুরু করার সুযোগ পেতেন তাহলে কি করতেন:

ক) একই ব্যক্তিকে (আপনার বর্তমান স্বামী/স্ত্রীকে) বিয়ে করতে চাইতেন (১৫)   খ) অন্য একজন ব্যক্তিকে বিয়ে করতে চাইতেন (০)   গ) আদৌ বিয়ে করতে চাইবেন না (১)
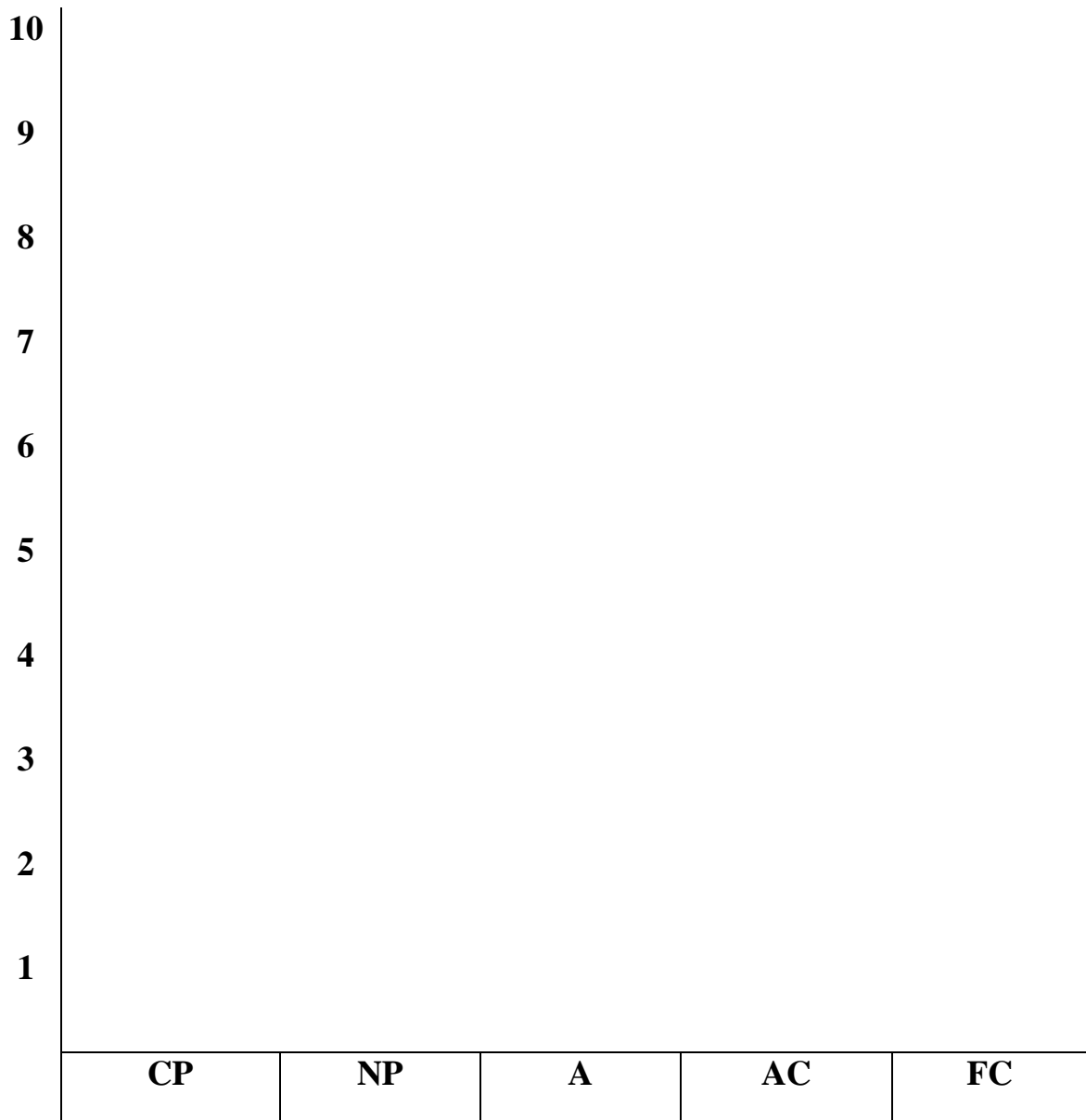
১৫। আপনি কি আপনার সঙ্গীর কাছে আপনার গোপন বিষয় আস্থার সাথে খুলে বলতে পারেন?

ক) প্রায় কখনই না (০) খ) কদাচিৎ (২) গ) অধিকাংশ ক্ষেত্রে (১০) ঘ) সবসময়ই (১০)

Appendix-E

Home work -01

Draw Your Expected Ego-Gram

	CP	NP	A	AC	FC
10					
9					
8					
7					
6					
5					
4					
3					
2					
1					

Appendix-E

Home work -02

Restructure Your Time structuring

According to example, create a time structuring Pie Chart for yourself for increasing intensity of strokes. Six ways of structuring time with other people -

- ➤ Withdrawal
- ➤ Ritual
- ➤ Pastime
- ➤ Activities
- ➤ Games
- ➤ Intimacy

For Example