The Effectiveness of Transactional Analysis Group Therapy in Increasing the Self-Esteem of Northern Khorasan Province Prisons’ Soldier-Guards

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Abstract

Aims: Soldiers serving their national military service in prisons as guards are exposed to relationships with prisoners, and this exposure can partly make for their dangerous behavior. It is important then to educate them in terms of communication patterns and give them higher awareness using group therapy in order to prevent some dangerous factors. The goal of this paper is to study the effectiveness of transactional analysis group therapy in increasing the self-esteem of soldier prison guards serving in the prisons of Northern Khorasan province, Iran.

Methods: This quasi-experimental study was done on 30 soldier-guards in 2011, using convenience sampling and the sample was divided into an experimental and a control group. The experimental group received ten 90-minute sessions of group therapy on a weekly basis while the control group received no therapy. In order to evaluate the therapy, a self-esteem test was given before and after the therapy intervention. The data were compared and analyzed using an independent t-test, a paired t-test and a covariance analysis by means of SPSS16.

Results: The mean general self-esteem scores of the control group before and after intervention were 25.33±5.58 and 27±5.41, respectively. The mean general self-esteem scores of the experimental group before and after intervention were 24.8±5.58 and 36.53±5.34, respectively. The general self-esteem score of the experimental group was significantly higher than that of the control group after the intervention (p<0.0001).

Conclusion: Transactional analysis group therapy is not only effective in increasing the self-esteem of soldier-guards serving in prisons but also improves their behavior and interpersonal relationships.

Keywords: Self-esteem, Transactional analysis, Group therapy, Soldiers, Prison

Introduction

According to Levinson, the early adulthood covers the age period 17-22, a period which lasts for 5 years and prepares the person for the next stage. During the transition periods, people advance towards more stable stages when the structure of their life is more determinable at each moment. The life structure is composed of the person’s relationship with others, including other persons, groups and organizations [1]. Starting the national military service is an important incident in the lives of men which exposes them to military situation with much stress due to military sensitivity and potential dangers [2].

Today, the problems of human relations have become more complicated along with the advancement in technology, and military establishments are no exception to this situation. Social relationships become weaker in prisons and people lose their emotional attachments which could help them in mental and emotional problems. Thus, a reduction in self-esteem is a significant issue in the soldier-guards of prisons.
Nowadays, as the first measure to cure personal and behavioral disorders, psychologists assess and improve people’s self-image, self-esteem, self-confidence and personality as well as social skills of teenagers and adolescents. Because in order to make most of their mental capacity and potential abilities, teenagers and adolescents will have to possess a positive attitude towards themselves and their surroundings as well as a strong motivation for hard work. Besides, high self-confidence, self-esteem and self-respect are among the most typical features of great controvert thinkers and creative people [3].

Many theorists, such as Adler, Alice, Eric Berne and Rogers, have worked on personality and the ways of changing problematic personalities to good ones and achieving self-esteem [4]. Most therapists take self-esteem to be an essential factor in emotional and social adjustment. Self-esteem is especially important for people dealing with the young [5].

Self-esteem is influenced by four factors: 1) the person’s sense of worthiness, resulted from being rewarded and paid attention to; 2) the person’s successful experiences and their understanding of their own position; 3) the person’s definitions of success and failure and 4) the person’s reactions to others’ negative judgments and criticism [6]. These factors are attained in interaction with others. Thus, self-esteem is how much we think others value us as persons [7].

Young people with a low self-concept or self-esteem show many signs of emotional symptoms such as the psychophysical disorders of anxiety, drug use, improper sexual relations, eating disorders (like anorexia nervosa, bulimia nervosa ), depression and general anxiety [8]. Studies show that low self-esteem is an issue in the lives of teenagers and adolescents. Jarvelin, for instance, has shown that lower self-esteem leads to a sense of weakness and inability while an increase in self-esteem results in a feeling of self-respect and power [9].

Transactional analysis is used where therapists need to understand the people and their interpersonal relationships [10]. It is based on a theory of personality which also provides us with a regulated method of psychotherapy (personality development), a rational method of analyzing and understanding one’s behavior, acquiring knowledge and responsibility [5]. The analysis is accomplished in the four domains of personality, interaction, games and plays [11] and aims at the relationship between adults [12]. Ben has argued that group therapy provides the therapists with a better awareness of the client’s personal life [13]. In group therapy, the clients’ self-concept, self-respect, work for success, educational progress, self-confidence, interest in one’s health, pleasure in relationships with others, and optimism towards future success are all developed [14]. Psychotherapy is actually a matter of interpersonal relation. This is why all psychotherapists believe that they should establish a strong relationship which plays a very vital role in the success of the therapy [15]. Transactional analysis is especially effective in dealing with family relationship issues, group quarrels, behavioral deviations, drug abuse, criminal behavior [16], reduced perception in cancer patients and nurses [17], nurses’ mental health [18] and parents’ relationships with their children [19].

When people grow in an orderly and sympathetic situation, they feel more secure and self-confident and are more inclined to self-development [20]. This study concerns the therapist’s effort to establish a strong and effective relationship using transactional analysis. Counseling and psychotherapy using transactional analysis is a means of assessing mental health indicators (positive self-concept and high self-esteem) which, when integrated with other models, becomes
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even more effective [21]. This method is used to help people establish an acceptable relationship with others and improve their awareness of them moreover build proper connections to them. In other words, the method aims at making people self-aware in order to help them in dealing with their environment [22]. Various studies have shown that transactional analysis group therapy can reduce the young’s emotion-based and increase their problem-based reactions in dealing with stress [16], improve students’ self-concept [11], reduce the high school students’ aggressive behavior [23], solve the identity crisis in teenage days [24], and improve family relations and effectiveness [25]. In view of the soldier-guards’ duties in prisons, including security jobs and escorting prisoners to courts and medical centers, educating them will help improve their awareness, attitudes and performance in order to prevent hazardous behavior in them.

Generally speaking, the mental ability of soldier-guards depends on their self-esteem, self-concept and self-respect, so, if soldier-guards feel important and valued and respect themselves, they will show a better and more successful organizational behavior, which in turn, make for more effective operation of the Office of Prisons, reduce the risk of abnormal and criminal behavior, improve the guards’ healthy organizational behavior thereby result in a balanced development of the whole country. The goal of this study, therefore, is to determine the effectiveness of transactional analysis group therapy in improving the self-esteem of the soldier-guards of the Northern Khorasan Province prisons.

Methods
The present research was an applied study in terms of its nature and quasi-experimental in its methodology (using a control group with a pretest and a posttest). The statistical population consisted of all soldier-guards serving in 2011 in the prisons of Northern Khorasan Province. Sampling was done after the prison’s relevant authorities’ agreement was declared. 30 guards with the lowest self-esteem were selected using a convenience sampling method and the subjects were divided into two groups: a control group and an experimental group. The experimental group underwent ten 90-minute sessions of transactional analysis group therapy.

Data were collected using a demographic questionnaire and a standard Coopersmith self-esteem inventory questionnaire which the latter assessed teenagers in terms of general, social, educational and familial self-esteem. The Coopersmith scale consisted of 58 items categorized into four major scales and one lie scale. Scoring was done using Yes/No corresponding to values 0/1. The minimum score was 0 and maximum 50, excluding the lie-detector scores. A higher score meant higher self-esteem. If a subject received a score above 4 for the lie-detector scale, it would mean that the subject was trying to appear better that he or she was [26].

A halving method was utilized to check the reliability of the questionnaire in Iran. The reliability coefficient was 0.83, a statistically significant value. In another study, the reliability of the questionnaire proved to be 0.89, and the questionnaire has been frequently used by Iranian and non-Iranian researchers [27].

After selecting the sample subjects based on the proper criteria for including them, the goals, features, moral issues, and planned schedule of the group therapy sessions were explained to the soldier-guards. The sessions started after making the necessary agreements with the authorities and after the soldier-guards gave their consent to participate in the research. The participants were first divided into an experimental group and a control one. All participants filled out the Coopersmith self-esteem questionnaire as
a pretest. Then, the intervention started using the Eric Berne transactional analysis [28] in the form of group therapy with ten sessions lasting 90 minutes each for the experimental group. These sessions took place on a weekly basis and took around three months to complete. A posttest was then given to both groups and the results were studied. In order to follow ethical considerations, the researchers promised to provide the control group with proper education after finishing the research project. The data were analyzed using the SPSS 16 software on a descriptive level by creating the tables and determining the mean values and standard deviations (Table 1). On an inferential level, an independent t-test was used to compare the quantitative data with normal distribution for both groups (Table 2) and a paired t-test in order to compare the data for the experimental group(Table 3). P<0.0001 was considered to be significant. Analysis of covariance was used to prevent the test errors and control the unwanted variables [29] (Table 4).

The structure of the transactional analysis sessions was determined using a book entitled A new introduction to transactional analysis [10].

The practical guideline of the research and an account of the transactional analysis group therapy session

Session 1: After introduction, the counselor explained the group rules and regulations to the participants. The process of therapy consisted of verbal and nonverbal messages, structural analysis of simple states (adult, parent, child). The participants were asked to give a brief account of their past and present situations including their interpersonal relations.

Session 2. The therapist gave short history of transactional analysis and prepared the situation for the participants’ homework. Each of the participants read out a conversation and other group members were asked to comment on the relationships depicted in the conversations. Then, the participants were assigned a task to be completed at home (drawing an ecogram).

Session 3. The counselor gave a brief explanation about Thomas Harris’s book Staying OK and four life positions. The session also included an explication of the role of relationship rules in respecting oneself, others, and friends as well as asserting oneself. The assignment consisted of drawing an ecogram based on complex transactional analysis.

Session 4. The previous session assignment was checked. The participants were then familiarized with the role of communication patterns in personal and social life. Teaching how to caress and explaining crossed and complementary transactions were among the interventions.

Session 5. The previous session assignment was checked. The child state unintentional caressing and basic life positions were completely explained. Each of the group members read out two pages of Eric Berne’s Games People Play. Then the Parent state caressing was exemplified using simple language.

Session 6. The participants were asked to talk about their preoccupations such as being away from the family, unconditional obedience to commanders and group life. The therapy also consisted of teaching the Adult state caress. The subjects were again asked to discuss their preoccupations with other subjects. Hidden communications and double transactional behavior were taught and a few examples of hidden relationships were provided. An assignment was made.

Session 7. The previous session assignment was checked. Teaching the four life positions and curing the child within were among therapeutic interventions. The participants were encouraged to analyze the three ego states (Parent-Adult-Child) and to learn how to connect these states together in their
everyday life. An assignment was made consisting of acting and reacting using the dominant and non-dominant hands.

Session 8. The previous assignment was checked. Participants practiced playing roles and communication skills. Also those who liked gave a history of their lives. The subjects were also taught time management concepts and how to activate the Adult state. The assignment included managing time and using the Adult state in the subjects’ behavior.

Session 9. The previous assignment was checked. The participants provided feedback by presenting some of their mental states and present behavior through role playing. Inhibiting and encouraging factors as well as decision making were explained.

Session 10. The previous assignment was checked. The subjects’ questions were answered and the previous sessions were reviewed. The therapy’s plans, goals were reviewed and the feedback and its role in the progress of the therapy were analyzed. The last interventions included taking control of the Adult ego, using transactional analysis lessons in group, family and social situations and helping the subjects gain self-leadership.

Results
The mean ages of the experimental and control groups were 20.8±1.53 and 19.8±1.39, respectively. The mean educational experiences of the experimental and control groups were 6±3.98 and 6.3±4.2 years of study. Table 1 depicts the various aspects of self-esteem in the two groups. The mean pretest scores of the groups were close, which meant that there were/had been no difference between the two groups in this aspect. A comparison of the two groups in terms of their posttest scores, however, revealed that the experimental group’s scores had increased in all aspects.

As depicted in Table 2, the mean and standard deviation of the control group’s self-esteem before and after intervention were 25.33±5.58 and 27±5.41, respectively, while they were 24/8± 5/58 and 36 /53 ± 5/34 for the experimental group. A comparison of the two groups’ total self-esteem scores and application an independent t-test showed that there was a significant difference between the two groups (p<0.0001).

As shown in Table 3, the difference between all self-esteem factors’ values of the experimental group before and after the intervention was significant (p<0.0001).

Table 4 illustrates the significant difference between the two groups based on the analysis of variance. According to Tables 2, 3 and 4, which show an increase in all the self-esteem factors of the experimental group after the intervention, the changes in the posttest results of the experimental group have not been influenced by the pretest scores.

Discussion
Some studies reveal that transactional analysis therapy improves self-esteem [11, 16, 23]. Similarly, the general findings of this study showed that transactional analysis group therapy enhanced the soldier-guards’ self-esteem (Table 2, 3, 4) and communication skills, which was compatible with the findings of other similar studies [17-19]. This study showed that the communication skills of the experimental group were improved. According to Steiner and Caplan, young people with low self-concepts, an external controlling source, ineffective family relationships or low or underdeveloped self-esteem show some symptoms of psychophysical anxiety, drug abuse, improper sexual relationships and eating disorders [30]. These factors should be considered in the interpretation of the study results for the purpose of providing such people with mental and physical health.

Other studies have also shown that psychological therapy and education, including transactional analysis, can help
enhance the clients’ self-esteem, communication skills and emotional reactions and help them stop drug abuse [31-33]. A few studies have revealed that Transactional Analysis (TA) can be useful in treating family relationships, parental conflicts with teenagers, group quarrels, behavioral deviations, drug abuse, criminal behavior and alcoholism [16, 34, 35]. Since group counseling is especially effective in increasing self-esteem, it has been recommended to select clients for group counseling who suffer from low self-esteem, self-respect or self-confidence [36]. In our study, clients found a new attitude towards their own behavior and emotions after participating in group therapy and interacting with other members of the group, and that attitude influenced their conception of the self. The positive value of such changes in their conception of the self have been revealed because this conception plays an important role in personal and social adjustment and in educational and career decisions [12]. Group treatment using symbolic games and yoga can facilitate people’s sentimental relations, especially those experiencing stressful conditions [14]. Also as a result of changing attitude to that of I’m OK, You’re OK and using effective communication agreements, people may attain better communicating abilities and management [37]. Basically, group work is more attractive than working individually and provides positively motivating feedback to the participants. Group members are more committed to accomplishing group tasks, and gain back their self-esteem and self-confidence [38]. These findings tell us that TA could be used in any situation where understanding people and interpersonal relationships is needed [10]. Another benefit of this type of therapy is making the clients establish Adult-to-Adult relationships as soon as possible [12]. Studies have shown that TA can help decrease perceived stress in cancer patients, increase nurses’ mental health and improve parents’ relationships with their children, increase problem-based reactions and decrease emotional reactions in stressful teenagers [17-19]. The present research results revealed that transactional analysis group therapy helped the soldier-guards to show higher self-esteem in communicating with themselves and others. This progress was made possible by considering the guards’ expectations of themselves, their self-respect levels and the way they define human value. The subjects made progress also by providing each other with proper feedback, helping each other, and establishing good relations even outside the group. Identifying the danger factors in each area and implementing educational programs based on those factors can enhance the effectiveness of the measures [33].

**Conclusion**

The experimental group’s self-esteem is higher than that of the control group. Therefore, paying more attention to such people in prisons can help improve the soldiers’ self-esteem, behavioral performance and interpersonal relations. Transactional analysis group therapy can help such people gain better social adjustment, more joy in communicating with others, higher self-respect, better mental health, higher resistance against mental pressures and stress and efficacy, all of which make for development, self-realization and mental well-being of the soldiers. And this, in turn, leads to a reduction in their behavioral and social problems. Therefore, it is suggested that counselors and authorities systematically use this method of therapy to cause effective communications and to control negative excitements and dangerous behaviors.

**Acknowledgements**
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Table 1) Self-esteem scores of experimental and control groups before and after intervention

<table>
<thead>
<tr>
<th>Self-esteem variables</th>
<th>Experimental group</th>
<th>Control group</th>
<th>T-test results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before intervention</td>
<td>After intervention</td>
<td>Before intervention</td>
</tr>
<tr>
<td>General</td>
<td>10.27±2.43</td>
<td>18.53±3.07</td>
<td>10.87±2.46</td>
</tr>
<tr>
<td>Social</td>
<td>3.07±1.44</td>
<td>5.07±1.1</td>
<td>3.47±1.69</td>
</tr>
<tr>
<td>Family</td>
<td>3.87±1.81</td>
<td>6.67±0.9</td>
<td>4.87±2</td>
</tr>
<tr>
<td>Educational</td>
<td>3.07±1.59</td>
<td>5.73±1.71</td>
<td>3.6±1.72</td>
</tr>
<tr>
<td>Total</td>
<td>24.8±5.58</td>
<td>36.53±5.34</td>
<td>25.33±5.58</td>
</tr>
</tbody>
</table>

Table 2) Mean scores and standard deviation values of experimental and control groups before and after intervention considering independent t-test results

<table>
<thead>
<tr>
<th>Self-esteem variables</th>
<th>Experimental group</th>
<th>Control group</th>
<th>T-test results</th>
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<td></td>
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<td>3.6±1.72</td>
</tr>
<tr>
<td>Total</td>
<td>24.8±5.58</td>
<td>36.53±5.34</td>
<td>25.33±5.58</td>
</tr>
</tbody>
</table>

Table 3) Mean scores and standard deviation values of the experimental group before and after intervention considering paired t-test results

<table>
<thead>
<tr>
<th>Studied group</th>
<th>Self-esteem variables</th>
<th>Before and after intervention</th>
<th>T</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental group (before and after intervention)</td>
<td>General</td>
<td>11.73±6.51</td>
<td>6.98</td>
<td>P&lt;0.0001</td>
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<td></td>
<td>Social</td>
<td>11.73±6.51</td>
<td>4.7</td>
<td>P&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>2.8±1.66</td>
<td>6.55</td>
<td>P&lt;0.0001</td>
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<tr>
<td></td>
<td>Educational</td>
<td>2.67±1.95</td>
<td>2.92</td>
<td>P&lt;0.0001</td>
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<td></td>
<td>Total</td>
<td>11.73±6.51</td>
<td>6.98</td>
<td>P&lt;0.0001</td>
</tr>
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</table>

Table 4) Results of covariance analysis for comparing the two groups’ scores

<table>
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<tr>
<th>Source of variation</th>
<th>Sum of degrees of squares</th>
<th>Degree of freedom</th>
<th>F-statistic</th>
<th>Significance</th>
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<tr>
<td>The transactional analysis therapy group</td>
<td>1032.533</td>
<td>1</td>
<td>34.577</td>
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</tr>
<tr>
<td>Residual</td>
<td>28213.333</td>
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<td>944.793</td>
<td>0.0001</td>
</tr>
<tr>
<td>General self-esteem (the effective variable)</td>
<td>1032.533</td>
<td>1</td>
<td>34.577</td>
<td>0.0001</td>
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<tr>
<td>Error</td>
<td>836.133</td>
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<td></td>
<td></td>
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<tr>
<td>Total</td>
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<td>30</td>
<td></td>
<td></td>
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<tr>
<td>Corrected total</td>
<td>1868.667</td>
<td>29</td>
<td></td>
<td></td>
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</table>

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