



## CASE REPORT

# Psychotherapy Services Based on Transactional Analysis Played an Important Role in the Case of Depression

S.Z. Rezina Parvin\*, Khursheed Erfan Ahmed, Mehedi Hossain

MA, General History, Jagannath University, NU, Bangladesh

MA, Philosophy, Dhaka University, Bangladesh

MBBS, Sir Salimullah Medical College Hospital, Bangladesh

### Abstract

**Introduction:** Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds., (Depression, World health organization, 22 March 2018) [1].

The identification of the nature of an illness and examination of the symptoms' (Oxford Dictionaries, April 2010) we can find the accurate diagnosis, it has been an important skill within transactional analysis (Clarkson, 1992, p58). Diagnosis is an essential part of treatment planning, but TA goes beyond reliance on standard diagnostic manuals (Stewart, 2000, p14) in its use of observation and intuition to recognize the ego state a client is presenting from and to identify shifts from one ego state into another.

**Method:** A case analysis of depressive client will be reported based on Transactional Analysis approach. This case history of a depressive client will be discussed who received total 16 therapeutic sessions among them 12 individual sessions (8 sessions for wife, 4 sessions for husband), 4 couple sessions were provided for them over the period 10 months. In dept assessment of client's childhood through Script analysis and systematic Transactional tools was applied in therapy session for her symptomatic relief. The therapy process was followed based on the four rules of therapy and the concept of CURE. Bipolar mood management technique , action plan and daily mood monitor tools were also applied for client to measure her depressive mood and mood management.

**Result:** Hear the case study will show the feature of depression of a woman and how she overcome from the depressive mood with the therapeutic support which is based on Transactional Analysis. Permission transaction, Strokes, confrontation of Rackets and Game, restructure her Time structure, ESCAPE Hatches closer, Impasse, re-decision therapy are the most significant techniques was applied for her growth and change.

**Conclusion :** Holistic approach is important for depressive client to be cure. Long term therapeutic support, medical support, also intensive family support required to reach the self autonomy as well Then client can re decide about her future life and make a shift from Not Ok life position to OK life position.

### Introduction

Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide. Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds. A depressive disorder is a syndrome (group of symptoms) that reflects a sad and/or irritable mood exceeding normal sadness or grief [1].

(Depression World health organization, 22 March 2018) In depression people are become very low mood , less proactive , can't take any initiative, even barrier in daily activity .

Even simple things -- like getting dressed in the morning or eating -- become large obstacles in daily life. (John M. Grohol, Psy.D 1) [2].

### Symptoms of Depression

Depression is a clinical condition presents with low mood, lack of pleasure, sleep disturbance, changes in weight, fatigability, impaired attention and concentration, changes in activity, guilt feeling, suicidal thoughts, and impaired daily functioning According to World Health Organization, it will be the second most burdensome disease across the world by 2020 The

**Correspondence to:** S.Z. Rezina Parvin, MA, General History, Jagannath University, NU, Bangladesh, Tel: +88001972326004; Email: skrezina70[AT]yahoo[DOT]com

**Received:** Feb 05, 2019; **Accepted:** Feb 08, 2019; **Published:** Feb 14, 2019

symptom of persistent sad, anxious, some times decreased energy, fatigue, being slowed down, difficulty concentrating, remembering, or making decisions, insomnia, early-morning awakening, or oversleeping, appetite and/or weight loss or overeating and weight gain [3].

### Types and Symptoms

Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe.

A key distinction is also made between depression in people who have or do not have a history of manic episodes. Both types of depression can be chronic (i.e. over an extended period of time) with relapses, especially if they go untreated [1].

### Recurrent depressive disorder

This disorder involves repeated depressive episodes. During these episodes, the person experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite and may have feelings of guilt or low self-worth, poor concentration and even medically unexplained symptom

### Bipolar affective disorder

This type of depression typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep. (Depression World health organization, 22 March 2018) [1]. Intensive family support also needed to ensure better outcome for the depressive client.

### Case Study

A couple seeks for psychotherapy service. Husband was conscious of his wife’s mental health and supportive. The wife Reema (pseudo name) is 36 years old and husband, Sumon (pseudo name) is 44 years old, Both are service holder and highly educated. They are married for 8 years. Total 16 therapeutic sessions were provided for her. 12 individual sessions (8 sessions for the wife, 4 sessions for husband), 4 couple sessions were provided for them over the period of 10 months. She was referred by her therapist to a psychiatrist for proper medical support at the 3rd session and diagnosed as a bipolar mood disorder.

Reema is suffering for the last 4 years. She is emotionally unstable, frustrated, she had a history of the relational problem with her both parent, also with her in-law’s family. She gradually started feeling (of- omit).... depressed, neglected, lonely and helpless. Shown occasionally showed aggressive mood and destructive attitude with her partner. She disrespected her husband, wanted to leave the house, couldn’t accept him as he is looked “ugly” as per her statement. Reema couldn’t concentrate in daily activity. Became socially withdrawn felt low energy and Physically she (has – omit) developed somatic pain in her knee joint, backache, sleep problem ( and – omit) Also she had history of suicidal attempt.

### Case analysis, treatment planning and management

Reema was very confused about her life. She felt neglected and she belived “No nobody loves me!” There is a self-identity crisis from her early childhood. During her Script analysis/exploration, it was identified that she is 3<sup>rd</sup> sibling and unexpected child. Mother tried to abort the baby, had taken medicine, which was highlighted in front of her in her childhood. Due to this childhood memory, she felt insecure, unlovable and neglected. Recently there is no attachment to her parent for 3 years. Her father (is- omit) showed very critical parenting style. She was extremely beaten at the age of 15 years old by her father, he kicked her on her lower abdomen which is still a sad and traumatic experience! Reema is very angry with her father as he pushed her to get married to such a person whom she can’t tolerate. She had a history of a relationship with the boy and the boyfriend betrayed her after 7 years of the affair. She avoided her parents and didn’t maintain even phone conversation with them. This unexpected feeling leads her to feel frustrated, neglected even became suicidal.

To analyze her personality, Berne’s 4 stages of the Treatment Sequence: 1. Structural Analysis 2. Transactional Analysis 3. Game Analysis 4. Script Analysis was followed. The injunction she had - do n’t exist, don’t be close, don’t think, don’t feel. Her racket feeling is anger, the rackety display is destructive behavior.

Her Ego Gram shows that very predominant Rebellious Child and low Adult. She always invites Game. The most significant Game she played are Poor me, yes but & Now I got You. In Game her husband became victim position and she became a prosecutor. She also develops adjustment problem & can’t maintain a relationship with others (Figure 1).

In her case, The Therapist found ( on her - omit) all three types of Impasses. She is holding a psychological a block. Such as:

**Type 1:** In later childhood, she has received messages from both parents especially from her father’s verbal instruction (counter injunction) the “Try hard” and “Be perfect” driver. Her parent’s message was “Do your task perfectly”. Due to her depressive mood she can’t perform her task properly. That’s why she feels she is not capable to do the task perfectly.

**Type 2 :** she was internalized in early childhood through non-

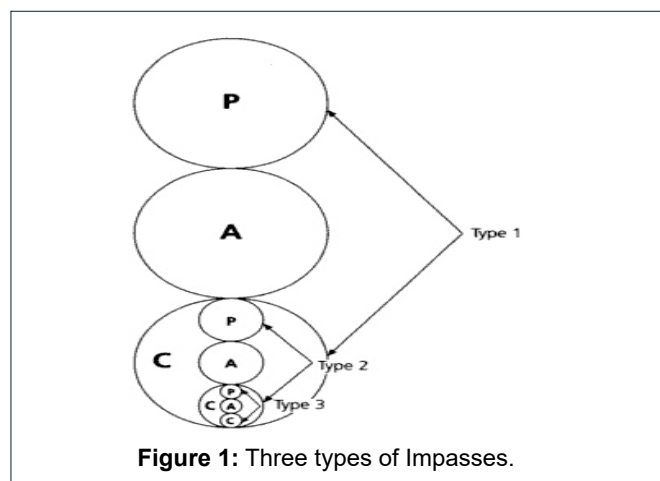


Figure 1: Three types of Impasses.

verbal commands or cues which based on injunction-Don't feel, don't exist, don't think. Due to this messages by her parent, she started believing is life is only for struggling so she Feeling helpless, frustrated.

**Type 3:** This impasse develops at the preverbal phases. As she was unexpected, her parent's intended to abort the baby, this don't exist messages she received at her somatic level. She felt alone not even wanted to exist. Her physical symptom the somatic pain is also from the preverbal massages. (Mellor 1980, m MC Neel 1976, Goulding 1979) [4-6]. Due to the Impasse, her life position is I am not OK + others are OK.

Bipolar mood management technique, action plan and daily mood monitor tools help the client to move on. © Carol Vivyan 2009, Therapist suggested to the client's husband to keep record about: to think about what client starts to feel like, the way she starts to think, what she does when she starts to become high or low, and when she is very high or low [7].

### Bipolar Action Plan

It was offered to client's husband to write down in each box an action plan or what client needs to do at house times in order to make her mood more balanced. It includes:

1. Challenging unhelpful thoughts
2. Self-talk
3. Changing clients focus on attention
4. Planning and doing activities that help client to feel better and cutting down on what doesn't help
5. Visualization
6. Medication

### Client Action Plan

Very low mood	Starting to get low	Starting to get high
<b>What I need to do to lift my mood</b>	<b>What I need to do to become more balanced</b>	<b>What I need to do to become more balanced</b>
<p><b>Think:</b> My life is hell</p> <p><b>Do :</b></p> <ul style="list-style-type: none"> <li>➤ Wishing to die.</li> <li>➤ Withdrawal</li> <li>➤ Laying on bed whole day.</li> </ul> <p><b>Don't do :</b></p> <ul style="list-style-type: none"> <li>➤ not taking meal</li> <li>➤ Not intend to attend the therapeutic session</li> </ul>	<p><b>Think:</b> I need to recognize myself.</p> <p><b>Do :</b></p> <ul style="list-style-type: none"> <li>➤ Started sewing cloth for her house decoration</li> <li>➤ Took initiative to write a literature for published in a newspaper</li> </ul> <p><b>Don't do :</b></p> <ul style="list-style-type: none"> <li>➤ Not so cooperative with husband</li> </ul>	<p><b>Think:</b> I am capable to do many things. My life is worth full for myself.</p> <p><b>Do :</b></p> <ul style="list-style-type: none"> <li>➤ Taking therapeutic session regularly.</li> <li>➤ Intend to involve household work.</li> <li>➤ Kook for husband</li> </ul> <p><b>Don't do :</b></p> <ul style="list-style-type: none"> <li>➤ Not talk with father still</li> </ul>

After completing this, therapist suggested making an action plan to monitor clients' mood each day using a sheet. Which

are categorize as - Daily Mood Monitor, rate of mood, thought, feelings- psychological sensation and emotions, what I did ( or plan to do ) Day and time? Rating scale: 5 = low 0=Healthy, +5 = High. © Carol Vivyan 2009, at the end of the session her mood rate shows 1 (She is not in low mood now) [8].

### Case management

Reema's treatment planning was planned according to Eric Berne: Four stages of Cure: (1961 TA psychotherapy in Action)

- 1. Social control:** In this situation the client carries out the actions which were previously avoided. So she started moved on, become proactive intended to sit for a therapy session.
- 2. Symptomatic relief:** in which the client no longer feels the fear associated with the previous difficulty. In the long journey of a therapy session, she felt comfort and her somatic symptoms was reduced.
- 3. Transference cure:** in which the client appears to reach autonomy, however this is only in response to the transference with the therapist. She started to take care of herself with therapeutic support.
- 4. Script cure:** in which the person reaches autonomy. Is this possible? Yes for many difficulties but I don't think we ever actually self-actualize..... not unless we are a saint or an eastern master [9, 10].

### Lettering Therapy

Throw Lettering Therapy she could express her anger about her mother then she started missing her mother and took initiative to contact with her over phone, there no connection with her for the last 3 years. Family attachment helps her to feel comfortable and connected.

After resolving her personal relational issues, she has developed her self-awareness, which made her to better communicate with others, took initiative for self-care. Now she can think with Adult awareness and make any decision within herself. Feel confident and capable.

Significant effect shows in her personal development. Now she maintaining intimate relationships with her family, especially with her mother and also actively maintains her daily activity. There is no suicidal thought and destructive attitude. Her pastime has been increased and socialization increased.

Couple relationship is better than before. Her husband becomes more supportive and he took individual session for his personal growth, to adjust and maintain positive relationship with his wife.

### The feedback & feeling sharing by the couple

- Now I know the way of adjusting with others (Reema)*
- I have found my inner power to move forward (Reema)*
- I have regained my destroyed life. (Reema)*
- Now I am feeling good! I am not mentally sick! (Reema)*
- Our understanding level increased (Sumon)*
- We became more supportive. (Reema)*

*I am feeling accepted, Reema started respect me ...! (Sumon)*  
*Counseling & psychotherapy helps to change our self; who wants to change. (Reema)*

*I have no speech to say thanks to the therapist.....Reema becomes responsible for her household activity. (Sumon)*

Her previous SRQ (Self Report Questioner) score was: 11, which shows moderate stress level. After six months interval her stress level decreased of Score: 8, which shows the positive impact of psychotherapy service [11].

## Discussion

Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders. Another barrier to effective care is an inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants [1].

Studies published since 1980 with original human data that used a standardized interview or validated a questionnaire to assess depression were included [12] that's why treatment planning should be multiple focus oriented. Acute myocardial infarction practice guidelines recommend that the psychosocial status of patients be evaluated, "including inquiries regarding symptoms of depression [13].

Diagnosis is also a central aspect of determining client protection. The most fundamental question each transactional Analyst has to answer about each client is how much available Adult ego state does this client have? Different character style (Johnson, 1994: Mc Williams .1994; Benjamin, 2003) each have to present and some are more prone to destructive acting out than others [14]. Reema was referred to psychiatrist by therapist for confirming her diagnosis and proper management. Therapist maintain ongoing networking with the psychiatrist and took supervision for the beneficiaries.

According to Eric Berne, Script is an on-going program developed in early childhood under parental influences, which directs the individual's behavior in the most important aspects of his life. Here the clients don't exist message make her feel unloveable [4].

A Script decision, whether one of compliance, is the best decision the child can make to survive in the world as he or she knows it. It is also a manifestation of the Adapted Child of false self. Later when person begins to change whatever we call --- re-decision, self-actualization, Self-activation, or expressing the true self ..... he or she may suffer separation anxiety and abandonment depression. At such time he or she especially needs continued permission and a sense of the therapist's potency, protection and availability [14].

With the empathetic therapeutic support client felt relief and

protected. She was motivated to take regular medication, under regular follow up of therapist and psychiatrist.

According to Richard Erskine, Script is a life plan based on decision made at any developmental stage, which inhibit spontaneity and limit flexibility in problem-solving and in relating to people Counseling and psychotherapy session helps her to reconstruction her personality, Reparenting and Re-decision help her to feel accepted [6].

WHO, among other agencies, has developed brief psychological intervention manuals for depression that may be delivered by lay workers? An example is, Problem Management Plus, which describes the use of behavioral activation, relaxation training, problem-solving treatment and strengthening social support. Moreover, the manual Group Interpersonal Therapy (IPT) for Depression describes group treatment of depression. Finally, Thinking Healthy covers the use of cognitive-behavioral therapy for perinatal depression [1].

Reema's suicidal thought and destructive attitude was confronted by Escape Hatches Closer. The client must make a commitment to himself never to kill himself, never to go crazy, and never to kill anyone. This may seem astringe way to start off treatment, but I have found through experience that even the best – educated, most sophisticated, and most comfortable patient may be harboring their option of suicide, craziness, or murder and must give them up before contracts, decision, re decisions, and changes are fully effective and potent [13].

Recognition is essential when there is low psychic energy and people are in depressed mood. A Stroke is defined as a unit of recognition. (Berne 1971) It is also a unit of attention which provides stimulation to an individual. (Williams and Brown: Transactional Analysis 1978) Therapist used Stroke as a tool in therapy session. In the case of depression, it works as motivation or inspiration. Reema's husband was learnt about the concept of stroke and applied on Reema. After this , he has become more accepted by Reema [15-17] (TA total hand book p-50).

Culture plays a significant role in shaping up depressive symptoms, its awareness and impact, and care-seeking. For instance, people with depression have more somatic symptoms in non-Western countries than their counterparts in the West [1]. In Bangladesh, Chowdhury found a significant presence of somatic symptoms among 191 patients [18].

According to Borchard, T there are four supportive ways which help a depression client to overcome these are 1. Be on Their Side 2. Give Plenty of Reassurance 3. Give Understanding and Sympathy 4. Offer to Help. Transference cure occurs when the client stays out of script only by substituting the therapist for the original parent, and script cure occurs when the person's own Adult takes over the intrapsychic role of the therapist (Stewart, 1996, p. 18). Hereafter therapy client shows positive outcome as she had script cure [19, 20].

## Conclusion

Early identification of depression and Multi-professional management services including counseling, psychotherapy,



psychiatry services and intensive family support can help people to reduce stress and depression. Networking needs to be maintained among the mental health professionals to ensure holistic support and better outcome of the depressive client. Moreover not being confined in stigma and seek help from mental health professional is essential for a depressive client. To prevent depression adequate family support needs to be ensured. By awareness of mental health issues both in general and clinical populations can be helpful to reduce the burden of depression in a country like Bangladesh.

### Authors to contributed

1. Shekh Zadi Rezina Parvin.

MA, General History, Jagannath University, NU, Bangladesh

Diploma in Counseling TA and NLP, Asha Counseling Services Center, Coimbatore , India, Psycho traumatology EMDR ,Trauma Aid , Europe , Switzerland

CTA in Psychotherapy (trainee) Asha Counseling Services Center,Coimbatore , India

NARM - Neuro Effective Relational Module (Trainee), Austin, USA

Psychotherapist and General Secretary

“PRERONA” Child - Adolescent Development and

Psycho social Support Services Center

2. Khursheed Erfan Ahmed

MA, Philosophy, Dhaka University

Psychotherapist

Diploma in Counseling TA and NLP, Asha Counseling Services Center, Coimbatore, India,

Course CTA in Psychotherapy (trainee) Asha Counseling Services Center, Coimbatore, India

Founder member of Ain o Salish Kendra, Bangladesh

3. Mehedi Hossain

MBBS, Sir Salimullah Medical College Hospital, Bangladesh, AMC part 2, Australia.

General Physician

PRERONA Child - Adolescent Development and

Psycho social Support Services Center

### References

1. Depression (2018) *WHO* 22. [[View Article](#)]
2. John M. Grohol (2009) Depression. *Psychocentral*. [[View Article](#)]
3. S.M. Yasir Arafat, Shahoriar Ahmed, Md. Saleh Uddin (2018) Depression Literacy Status in Bangladesh: A Cross-Sectional Comparative Observation. *Journal of Behavioral Health* 7(2):91-97. [[View Article](#)]
4. McNeil J. (1976) ‘Type Casting: The Influence of Early Childhood upon the ... ‘The Parent Interview’. [[View Article](#)]
5. Ken Mellor (1979) ‘Suicide: Being Killed, Killing and Dying. *Transactional Analysis Journal* 6(1):61-68. [[View Article](#)]
6. Goulding. R, M Goulding (1976) Injunctions, Decisions and Redecisions. *Transactional Analysis Journal* 1. [[View Article](#)]
7. James R. Allen & Barbara A. Allen (2005) Therapeutic Journey: Practice & life. TA press 436 14<sup>th</sup> St. Suite 1301 Oakland, California 94612- 2710, USA. P- 243, P- 366. [[View Article](#)]
8. Managing Unstable Moods Self Help For Bipolar Disorde. [[View Article](#)]
9. Treatment planning a non-linear approach to treatment planning and a review of classical treatment plans – Also notes on contracting in TA and Dave’s two stages of psychotherapy. *TA and treatment planning for psychotherapists*. 2016. [[View Article](#)]
10. Orchard T. (2015) Eric Berne: Four stages of Cure: (1961 TA psychotherapy in Action). 4 Ways to Support Someone with Depression. *Psych C*. [[View Article](#)]
11. Parvin SZR, Alam AR, Begum N, Khan NZ Prevalence of Stress in Mothers of High-Risk Newborns 2007, Dhaka Shishu (Children’s) Hospital Journal. [[View Article](#)]
12. Thombs BD, Bass EB, Ford DE, Stewart KJ, Tsilidis KK, et al. (2006) Prevalence of Depression in Survivors of Acute Myocardial Infarction Review of the Evidence. *J Gen Intern Med* 21(1):30-38 [[View Article](#)]
13. Welin C, Lappas G, Wilhelmsen L (2000) Independent importance of psychosocial factors for prognosis after myocardial infarction. *J Intern Med* 247:629-639. [[View Article](#)]
14. Mark Widdowson (2010) Transactional Analysis, 100 key points & Techniques. Routledge, 711 third avenue, New York 10017. P-304 [[View Article](#)]
15. Stanley Woollams, Michael Brown (1979) the total handbook of Transactional Analysis, A spectrum book, USA 10987634321. P- 50 [[View Article](#)]
16. Parvin SZR, Alam AR, Begum N, Khan NZ (2007) Prevalence of Stress in Mothers of High-Risk Newborns, Dhaka Shishu (Children’s) Hospital Journal. [[View Article](#)]
17. Transactional Analysis after Eric Berne, Teaching & practice of three TA schools, Graham Barnes, harper’s college press, Harper & Row, publisher, 10 East 53<sup>rd</sup> Street, New York, USA. P-407. [[View Article](#)]
18. Nasima Selim, James P ( 2010) Cultural Dimensions of Depression in Bangladesh: A Qualitative Study in Two Villages of Matlab, Grant School of Public Health, BRAC University, 66 Mohakhali Commercial Area, Dhaka 1212, Bangladesh). *Journal of Health, Population and Nutrition* 28(1):95-106. [[View Article](#)]
19. Jan Grant (2013) Short-Term Counseling and Transactional Analysis. *Transactional Analysis Journal* 43(1):58-67. [[View Article](#)]
20. William F. Cornell. Exploration in Transactional Analysis, TA press, 2186 Rheem, Pleasanton. California, 94588-2775, USA, p- 176 192. [[View Article](#)]

**Citation:** Rezina Parvin SZ, Ahmed KE, Hossain M (2019) Psychotherapy Services Based on Transactional Analysis Played an Important Role in the Case of Depression. *Women’s Health and Complications* 1: 001-005.

**Copyright:** © 2019 Rezina Parvin SZ, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.