

The Effectiveness of Group Psychotherapy with Transactional Analysis Approach on the Reduction of Depression, Anxiety and Stress in Opioid Addicts

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ABSTRACT

Addiction is a biological, psychological and social disease. One of the most important solutions to prevent and treat addiction is group therapy of transactional analysis. The present research was conducted aiming at analyzing the effectiveness of group psychotherapy with transactional analysis approach on reducing depression, anxiety and stress in opioid addicts. In this empirical study, 24 addicts were chosen among all opium addicts referring to addiction-beat clinics and camps using available sampling and were placed randomly in two groups of experiment and control. After dividing the individuals into experiment and control groups, the independent variable (group therapy in transactional analysis method) was analyzed according to experiment group in 8 sessions (one 1.5 to 2-hour session a week). The research information was collected through depression, anxiety and stress scale (DASS). Data were analyzed using covariance analysis. Results indicated that post-test scores and follow-up the index of depression in experiment group were reduced compared to those of control group. The reduction was significant. In addition, no reduction was existed in the indices of anxiety and stress in the phase of post-test and follow-up that was not statistically significant. According to the results, it can be mentioned that the treatment of group transactional analysis has been effective in reducing depression in both post-test phase and follow-up one that can be employed as a method.

KEYWORDS: Group Treatment of Transactional Analysis, Depression, Anxiety, Stress, Drug Addicts.

1. INTRODUCTION

Addiction is a biological, psychological and social disease. Various factors are effective in the ideology of drug abuse that in interaction with each other result in consuming drug and then addiction. The understanding of all causes and factors plans the trend of prevention, identification, treatment and follow-up purposefully. According to the UN's annual report (2005), the number of drug users among 15-44 years old in the world, is 200 million people or in other words, 5% of the whole population of the world that 16 million people of the number namely 8% of the population are opium users (United Nations Office on Drug and Crime, 2005). Drug abuse is one of the hygienic, medical and social conflicts of the today's world and it can be mentioned firmly that all societies are more or less involved in it. Iran, due to being the neighbor of Afghanistan as the world's biggest producer of opium and historic and social reasons, is considered one of world's victim of drug abuse. Iran, in the past twenty years, has had numerous victims with this big problem and has assigned considerable part of its national capital to prevent and overcome this conflict [1]. According to the results of the last rapid evaluation of addiction in the country in 2007, the addiction range has reached 800000 to 1700000 with the average of 1200000 and the average age of 32.5 years old. Iranian addicts spend \$3 billion namely 15% of the country's oil income in normal status on their drug [2]. At present, Substance use disorder and its unpleasant consequences are regarded as one of the most important problems of the public health all over the world [3]. Researchers, in treating addicts, have pointed out a number of emotional, environmental and interpersonal characteristics that results in drug reusing. Thus, in treating the prevention of recurrence, negative emotional states, desire and temptation are among the most dangerous factors of recurrence [4]. Meanwhile, the multidimensionality of etiology of the drug-depended disorder and its coexistence with other disorders are also among the other barriers of treating drug-depended patients so that research findings indicate that more than 70% of drug-depended individuals suffer from personality, sexual, anxiety, depression and physical disorders in addition to the problem of using drug [5]. One of the solutions that can be applied in order to prevent other disposed individuals from being trapped in this conflict is dealing with treating mental disorders co-occurring with this disease. Opium addiction is a chronic disease that in most cases is accompanied with a psychiatric disease. Temperament disorders and most importantly depression is among the most common disorders with

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addiction [6]. According to the fourth revised edition of DSM-IV-TR, the feature of depression disorder is depressed mood with sad feeling, low self-confidence and disinterest in any activity and daily pleasure. Depression results in considerable work disability in personal, social and work life fields and affects individual's daily performance such as eating, sleeping and healthy [7]. According to the high prevalence of depressions and anxiety disorders in addicts, individual psychotherapy cannot solve the problems [8]. Different treatment methods exist to treat drug-dependence. It seems that at present the highest emphasis is on conservative treatments in which types of narcotic and non-narcotic drugs are used. Reviewing the previous studies indicates that the effectiveness of maintenance drug has not considerable success due to mere emphasis on drug and lack of social and mental interferences. It seems that many addicts under treatment catch recurrence [9]. In the last decade, for those adults who suffered from alcohol and other drugs, a number of particular treatment methods are presented and employed that can be divided into several parts including multisystem treatment, family-based interferences, increasing and reinforcing motivation, behavioral treatment, cognitive-behavioral treatment and transactional analysis. Group treatment or group psychotherapy is a type of treatment in which individuals with emotional discomfort are placed in a group led by a therapist in order to help others in changing their personality in the group [10]. One of the psychotherapy approaches that is effective in showing healthy interpersonal relations and developing individuals' intrapersonal abilities is Transactional Analysis (TA) [11]. This theory provides a picture of men's psychological structure and helps us to find that how men act and behave as well as provides a theory for communications [12]. TA was first introduced by Erick Bern [13] that has gained considerable acceptance in psychotherapy situations and can be effective in promoting individuals' health [11,14]. Group therapy and with TA in a group background in which members can experience the plan and instructions of their life originating from initial memories in interaction with each other are the best treatment for these individuals. One of the strongest arguments in TA is that the group provides live experience that members transfer it to family, friends and society in which they live [15]. Bern. The founder of TA approach, mostly emphasizes issues such as positive social recognition (caress), unconditional attention (I am good, you are good) as the basic need in man's psychological change, change through personal responsibility, decision-making and deliberate measures. The cases are manifested in the treatment relation based on contract and treatment focus on freedom (independency) and empirical challenges here and now. Thus, the goal of TA treatment is teaching the point to patients (addicts) that although they cannot control all the aspects of their environment, can control dealing with things existing in their environment. According to the mentioned issues, this research aims to investigate whether TA treatment is effective on reducing depression, anxiety and stress in opioid-dependent addicts. It is hoped that the present research will be a step in presenting a treatment model to counselors and therapists in order to reduce the symptoms of depression and increase of hope in addicts and promote their general health level.

2. MATERIALS AND METHODS

Research objectives cannot be achieved and research questions cannot be answered without determining appropriate methods, population, studying case, methods and appropriate tools. In this chapter, research methodology, population, statistical sample, methods, data collection tools and data analysis are described in order to follow the accurate path of the process of analyzing results.

2.1.Features of Research Plan

In respect to the main research objective and to test research hypotheses, in the present study, pseudo-experimental with pre-test, post-test and control group are used. The general outline of this research is a pseudo-experimental plan with pre-test, post-test and control group according to the research objectives and nature so that they were divided into experiment and control groups after choosing the sample group and assigning them randomly.

T2	X	T1	R	E
T2	-	T1	R	C

E Group: Experiment group

C Group: Control group

R: Random Choice

T1: Pretest

X: Independent variable

T2: Posttest

2.2.Statistical Population

The statistical population of the present research includes all opium addicts referring to addiction-beat clinics and camps in Khoram Abad City in the second six mots of 2014 that were 120 persons.

2.3.Sampling Method and Sample Size

To conduct the research, a sample of 120 persons were chosen using purposeful sampling method so that first, a list of opioid addicts referring to addiction-beat centers was prepared and then they were called using their phone number in the registration book of referents and they were told about the organization of TA group therapy. 120 persons were chosen among the individuals who proclaimed their readiness to be present in the sessions, then, according to the consumption criteria, opioid, addiction period from one to five years, being 18 to 40 years old, being male, lack of physical and psychological disease record, 30 persons who had the highest inclination to participate in the therapy sessions were chosen and then were placed in two groups of experiment and control groups (each group 15 persons). In the following, after obtaining written consent letter, the patients of experiment group were invited to participate in the sessions of group therapy. In this research, two persons due to absence for more than four connective session and one person due to not being on time in sessions were excluded from the research. In addition, in the experiment group, two persons refused to participate in the therapy session due to unknown reason, one persons also was excluded randomly from the experiment group to equalize the groups. Thus, 24 persons were selected as the sample group and were placed in two groups of experiment (12 persons) and control group (12 persons).

2.4.Demographical Characteristics of the Studying Sample

Using a researcher-made questionnaire, we can collect information regarding addicts' characteristics such as age, number of family members, income, type of consumptive drug, addiction period, and record of drug beat due to referring to beat (personal inclination or the insistence of people around).

2.5.DASS

2.5.1.Tool introduction

In different researches, different inventories such as MMPI are employed to measure mental health. In various domestic and foreign researches, one of the most applied tools to measure mental health is DASS that is the abbreviation of Depression, Anxiety and Stress Scale that has two forms, 21 questions and 42 questions.

This scale was made by Lovibond and Lovibond [16].

This questionnaire is for people over 18 years old.

2.5.2.Validity and Reliability

Cronbach's Alpha coefficient for this scale in a normative sample of 717 persons is reported as depression 81%, anxiety 73% and stress 81% [16]. The coefficient of Cronbach's Alpha for this scale in a sample of 400 people of the general population of Mashhad is reported 70%, 66% and 76% for depression, anxiety and stress, respectively [17]. In addition, the coefficient of correlation of Beck's depression inventory, Zong's perceived stress scale and anxiety scale with subscale of this test is 66%, 49% and 67% for depression, anxiety and stress, respectively [17]. Antony et al. [18] analyzed the mentioned scale in terms of factorial analysis that their research results again indicated three factors of depression, anxiety and stress. The special value of factors of stress, depression and anxiety in the mentioned research was 70.9, 89.2 and 23.1 respectively and the coefficient of Alpha for these three factors was 97%, 92 and 95% [18,19].

2.5.3.Implementation Method and Tool Scoring

This scale has two short and long forms that each one has 21 and 42 articles, respectively.

Each of subscales of DASS-21 includes 7 questions that the final score of each one is obtained through the sum of scores of questions relevant to it.

Each question is scored from zero (it does not apply to me at all) to 3 (it applies to me completely). Then, the intensity of symptoms can be determined according to referring to the table.

A number of phrases that people use them to define themselves are mentioned in this questionnaire. Respondents are asked to read each of phrases and write a number showing how they had felt over the past week according to the following scale. No answer is not correct or incorrect. Respondents should be asked to not to spend high accuracy for the phrases, but give a response that seems their feelings during the week in the best manner.

Key of Questions

D= 3, 5, 10, 13, 16, 17, 21

A= 2, 4, 7, 9, 15, 19, 20

S= 1, 6, 8, 11, 12, 14, 18

Table 1. The Intensity of each subscale

Intensity	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Slight	10-13	8-9	15-18
Average	14-20	10-14	19-25
Intense	21-27	15-19	26-33
Extremely intense	+28	+20	+33

Since short form is used, scores should be double for referring to the table

2.6. Process of Research Implementation

First Session

Introduction, statement of research objectives, group's regulations, responsibility of group member, general descriptions of TA, its application and pre-test implementation.

Second Session

Active state analysis of infant, parent and adult, giving assignments to the subjects concerning delineating the diagram of their sensual states or echogram, statement of obedient and normal infants' characteristics, controlling parent, supportive parent and reinforcement of adult.

Third Session

Defining mutual relationship, parallel mutual relationship, crossover mutual relation, regulations of making relationship, giving assignments to the subjects to identify each kind of mutual relation.

Fourth Session

Defining caress, verbal/nonverbal caress, positive/negative, conditional/unconditional, discussing the methods of obtaining caress and giving assignments to the subjects.

Fifth Session

Identifying hidden exchanges, tangential relations, blocking relations, discussing and identifying hidden exchanges by the subjects for example husband writes with his finger on the dusted TV table that "I love you my dear wife" is what kind of relationship?

Sixth Session

How can we be a more active adult? time organization (isolation, ceremony, scheduling, activity, mental plays, intimacy), the subjects' assignments (delineating the circle of their time organization and making plan for activities relevant to increase intimacy).

Seventh Session

More explanations regarding mental plays, stamen of life situations (I am not fine), the parent neutralizers of other party such as quibbling and silence in their real life.

2.7. Eighth Session

Concluding and reviewing issues with emphasizing on employing the adult to improve life relationships and life status, making decision again for life continuation (we can change), getting ready for farewell to the group, posttest implementation.

From the second session on, first the therapist analyzes the assignments of the previous session and then suggests the subjects of each session and responds to the members' questions. At the end of each session, the booklet relevant to that session and assignments of the next session are given in order to facilitate learning so that they can implement their learning practically.

2.8. Research Ethics

Preserving the Principle of Secrecy and Maintaining Trust Concerning Patient' Personal Information

Although the patients were informed that information relevant to their paraclinical results are used in the researches, they were reminded of the use of the obtained information of psychological training in the psychological research paper and their permission was gained.

All persons who cooperated in this research were acknowledged.

2.9. Data Analysis

In this study, descriptive statistics (mean and standard deviation) and inferential statistics (covariance test) were employed in accordance with the research objectives and variables.

Table 2. Demographical characteristics and characteristics relevant to drug use in experiment and control groups

Variables		Experiment group		Control group	
		Frequency	Percentage	Frequency	Percentage
Age	18-30 years old	5	41.6	4	33.3
	30-40 years old	6	50	7	85.3
	Over 40 years old	1	8.3	1	8.3

Marital status	Single	2	16.6	2	16.6
	Married	10	83.3	10	83.3
Education	Junior high school	0	0	1	8.3
	Diploma	10	83.3	8	66.6
	Higher than diploma	2	16.6	3	25
Job Status	Employed	4	33.3	3	25
	Unemployed	8	66.6	9	75
Type of use	Opium	8	66.6	7	58.3
	Refined opium	3	25	4	33.3
	Heroin	1	8.3	1	8.3
Amount of daily use	Lower than 1 g	4	33.3	5	41.6
	1-2 g	6	50	5	41.6
	2 g and higher	2	16.6	2	16.6
Times of daily use	1 time	1	8.3	2	16.6
	2 times	8	66.6	6	50
	3 times and over	3	25	4	33.3
Addiction period	1 years and over	8	66.6	7	58.3
	Under 5 years	4	33.3	5	41.6
Number of addiction beat	1 time	2	16.6	2	16.6
	2 time	6	50	6	50
	3 times and over	4	33.3	4	33.3

According to the data from Table 2, it is observed that the two groups are almost similar in terms of demographical characteristics. Furthermore, this issue is prove din the indices related to drug use such as daily intake, daily times, addiction period and beat times.

3.RESULTS

3.1.Testing the First Hypothesis

TA results in reducing opioid addicts' depression.

3.1.1.Data Description

According to the fact that the test plan of this research is pretest and posttest with control group, covariance statistical method was used to control the effect of pretest factor.

Table 3. Mean and standard deviation of depression rate in both groups

Groups	Number	Mean	Standard deviation
Control	12	16.66	2.74
Experiment	12	9.5	5.48

According to Table 3, the mean of depression in the control group is higher than that in the experiment group. We refer to Table 4 to analyze whether this obtained difference is significant or not.

Table 4. Results of covariance analysis test to compare the scores of depression in both groups

Sources of changes	Sum of squares	Freedom degree	Mean of squares	F-value	Significance level	Square of 1 to
Intergroup	320.89	1	320.89	19.39	0.0001	0.48
Pretest	66.29	1	66.29	4.008	0.058	0.16
Error	347.3	21	16.54	-	-	-

3.1.2. Data Analysis

As shown in the table, the F-value is significant at the significant level of $P \leq 0.0001$ for the difference between the groups (control and experiment) in the sense that a significant difference (with the control of pre-test factor) exists between the depression score of experiment and control group. Therefore, the first hypothesis is confirmed. In other words, the treatment method of TA reduces the depression rate in the experiment group. The other index that should be taken into account is "effect size" that is specified as "eta-squared". Eta-squared indicates a percentage of depression variance that is created by implementing the experiment. The value of eta-squared is 0.48 that if it is converted into percentage, it becomes 48% in the sense that 48% of the changes of depression scores are resulted from the treatment method. In other words, the group has made 48% of changes in depression score with spiritual TA.

3.2.Testing the Second Hypothesis

TA results in reducing opioid addicts' anxiety.

3.2.1.Data Description

Covariance statistical method is employed to analyze this hypothesis.

Table 5. Mean and standard deviation of anxiety rate in both groups

Groups	Number	Mean	Standard deviation
Control	12	15.5	9.42
Experiment	12	9.66	5.1

According to the fact that the mean of anxiety in the control group is higher than in the experiment group, we refer to the following table to analyze whether this obtained difference is significant or not.

Table 6. Results of covariance analysis test to compare the scores of anxiety in both groups

Sources of changes	Sum of squares	Freedom degree	Mean of squares	F-value	Significance level	Square of 1 to
Intergroup	198.4	1	198.4	3.34	0.07	0.14
Pretest	52.17	1	52.17	0.904	0.352	0.41
Error	1211.49	21	57.69	-	-	-

3.2.2.Data Analysis

As shown in Table 5, the F-value is not significant at the significant level of $P \leq 0.07$ for the difference between the groups (control and experiment) in the sense that a significant difference (with the control of pre-test factor) does not exist between the anxiety score of experiment and control group. Therefore, the second hypothesis is not confirmed. In other words, the treatment method of TA has not reduced the anxiety rate in the experiment group.

3.3.Testing the Third Hypothesis

TA results in reducing opioid addicts' stress.

3.3.1.Data Description

Table 7. Mean and standard deviation of stress rate in both groups

Groups	Number	Mean	Standard deviation
Control	12	15.33	7.1
Experiment	12	11.83	7.15

According to the above table, the mean of stress in the control group is higher than in the experiment group. We use covariance analysis statistical test is used to the significance of this difference.

Table 8. Results of covariance analysis test to compare the scores of stress in both groups

Sources of changes	Sum of squares	Freedom degree	Mean of squares	F-value	Significance level	Square of 1 to
Intergroup	56.52	1	56.92	1.13	0.293	0.51
Pretest	68.55	1	68.55	1.37	0.255	0.61
Error	1049.77	21	6.36	-	-	-

3.3.2.Data Analysis

As shown in Table 7, the F-value is not significant at the significant level of $P \leq 0.293$ for the difference between the groups (control and experiment) in the sense that a significant difference (with the control of pre-test factor) does not exist between the stress score of experiment and control group. Therefore, the third hypothesis is not confirmed. In other words, the treatment method of TA has not reduced the stress rate in the experiment group.

4.DISCUSSION

Concerning the research hypothesis suggesting TA results in reducing opioid addicts' depression. The results of statistical analyses indicated that the experiment group had a significant improvement statistically in relation to the control group in DASS' questionnaire after the treatment. Thus, it can be concluded that the psychotherapy of TA is an effective treatment in reducing the depression symptoms of addicted patients. The importance of this result is that researches have indicated that addicts are individuals who have higher rate of depression and according to the fact that only several symptoms of depression reduce individuals' performance significantly [6], the existence of these symptoms in addicts can undesirable consequences for the treatment course of their addiction.

Therefore, short-term treatment development can improve addicts' symptoms. In addition, it does not take addicts' time so much. Various researches have indicated that short-term treatments have positive effects on reducing symptoms in patients with depression disorders [20,21]. The present research indicated that available treatment models such as TA can be employed to improve the symptoms of depression. These results are in consistent with the research conducted by Barkham et al. [22]. In the research conducted by Barkham et al. [22], 116 persons that showed depression symptoms in the questionnaire of depression, were treated by three

treatment sessions with two models of cognitive-behavioral treatment and interpersonal psychodynamics that results indicate the effectiveness of these treatments in reducing the symptoms of sub-symptom depression. Thus, the present research suggesting the reduction of the symptoms of depression in 8 sessions is another confirmation on the effectiveness of short-term treatments in individuals with depression symptoms. One of the reasons of changes can be due to the placement of individual in the group. Group increases patients' awareness about their own self owing to interacting with other members and receiving feedback from them. Furthermore, it contributes to the improvement of interpersonal and social skills as well as individuals' adaptability with the environment. This situation creates social support for the group's members. Moreover, the support is an important factor in reducing depression based on the previous researches.

According to the results of Table 5, a significant difference did not exist between the scores of experiment and control groups and TA did not reduce anxiety in the experiment group. In explaining this issue, it may be mentioned that one of the reasons of inaccessibility to the intended answer (reduction of anxiety), the limitations of this research was the researcher-made treatment package and therapist's limited experience. In addition, according to the characteristics of the experiment group that most of the members were under treatment and they were improved recently, side effects such as fear of recurrence, fear of losing family's support and tempting thoughts may have increased stress and anxiety that short-term psychological treatment had not been responsive in this regard. The results of this research concerning anxiety are consistent with the researches conducted by Pour Seyyed Aghayi (2010). Regarding the insignificance of the effect of treatment period on reducing the rate of anxiety and stress, it can be expressed that principally stress occurs against some external conditions such as disease and the probability of the existence of stress exists until these conditions exist. This definition of stress includes patient's environment and physical state.

5. CONCLUSIONS

On the basis of statistical analysis, the approach of TA was recognized as an appropriate method to treat opioid-dependent addicts' depression, but the interpretation of the results should be made with caution. However attempts were made to control conditions, controlling all conditions is impossible. Moreover, TA is new in the field of psychology and treatment requiring wide research in all fields. It is suggested that this treatment be conducted on other types of patients with different disease phases and the obtained result would be compared.

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