



## The effectiveness of transactional analysis (TA) on women's quality of life and marital burnout of divorced women in Shahr Kashan

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### ABSTRACT

**Objective:** This research aimed to measure the effectiveness of the transactional analysis on women's quality of life and marital dissatisfaction of divorced women in Kashan City.

**Method:** This research was applied in terms of purpose, and its method was quasi-experimental. The statistical population of the research included all divorced women of Kashan City. Thirty divorced women from Kashan City, 15 (experimental group) and 15 (control group) were selected as the sample size. The data collection tool was Pines Marital Burnout Questionnaire (1996) and Var and Sherbon Quality of Life Questionnaire (1992). Multivariate analysis of covariance (MANCOVA) and SPSS26 software was used to analyze the research data.

**Results:** TA significantly affected the experimental group's quality of life (physical function, social function, physical role-playing, emotional role-playing, mental health, vitality, physical pain, and general health) and marital burnout (physical fatigue, emotional exhaustion, and psychological exhaustion).

**Conclusion:** The research showed that TA increases the quality of life and reduces the marital dissatisfaction of divorced women in Kashan City.

**Keywords:** Transactional analysis, quality of life, marital dissatisfaction, divorced women.

### 1 Introduction

Family is the most important unit of the society and marriage is the primary core of establishing and expanding the family relationship (Darbani & Parsakia, 2022; Pirezadeh & Parsakia, 2023). Marital satisfaction is one of the important factors that affects the family in general (Weiss, Lavner, & Miller, 2018). Divorce is considered one of the most traumatic phenomena in the society, which can

be the source of many problems, including social damage and also the disintegration of the family unit (Navabinejad, Rostami, & Parsakia, 2023). Researches have shown that several factors threaten couples' marital relations over time and cause the erosion of love and intimacy between spouses and as a result their marital burnout (MB) (Falahati & Mohammadi, 2020). As a social unit, the family is the center of growth and development, healing and transformation of

injuries and complications, which is both the bed of prosperity and the bed of the collapse of relationships between its members (Rezvani Abdolabad & Manzari Tavakoli, 2021).

One of the symptoms of reduced life satisfaction is the occurrence of MB. Burnout is a painful state of physical, emotional and mental exhaustion. Burnout occurs when couples realize that despite their efforts, their relationship has not and will not give meaning to life. Burnout from love has a gradual process and rarely occurs suddenly (Pines, 2013). MB occurs due to a set of irrational and unrealistic expectations, transition from emotions, carelessness and inattention of couples to each other and each other's needs, not expressing feelings and needs to each other, and life's ups and downs. Although all marriages experience burnout in some way, many of them continue with low quality and form an unstable married life that is prone to collapse and will certainly be accompanied by an abundance of thoughts and ideas about separation (Pines et al., 2011).

According to the definition of the World Health Organization, *quality of life* (QoL) refers to people's understanding of their position in life in terms of culture, the value system in which they live, their goals, expectations, standards and priorities (World Health Organization, 2021). Based on the definitions, it can be said that the QoL is a feeling of satisfaction or dissatisfaction regarding different and important aspects of life (Azadi, Ahadi, & Hatami, 2020). In fact, QoL is a dynamic and perceptual concept that is defined by people from the situation in which they live, the cultural context and the value system in accordance with their goals, expectations, standards and interests. A high-quality life usually manifests itself in the form of contentment, satisfaction, happiness, and the ability to overcome problems; In fact, the QoL is evaluated and described by the individual (Afshinpoor, Khorami, & Nabavi, 2018) and this experience may not have the same meaning and meaning for other people.

*Transactional Analysis* (TA) is one of the treatments that is effective on healthy interpersonal relationships and intrapersonal growth and pays special attention to the relationships and internal problems of a person and the relationship of humans with each other (Nejatifar, Fahami, & Abedi, 2023). In fact, TA is basically a theory based on the idea that a major part of life is spent in interpersonal exchanges and interactions. This treatment is based on the theory of Eric Berne in 1958. TA is a helping relationship in which a qualified therapist, using the TA, increases the mature awareness of the client's problem-solving

perspective. The TA is used to bring about change through appropriate methods based on the here and now, and its purpose is to increase the cognitive and emotional awareness of clients towards the specific affected area (problems in relationships and emotional regulation) (Berne, 1958). Burne believes in three types of "ego states". These modes are "parent ego mode", "adult ego mode", "child ego mode". When we establish a relationship, our message is sent through these states and reaches the other person through one of these emotional states. The child ego state is a collection of feelings, attitudes, and behavioral patterns that are remnants of one's own childhood. The state of "parent ego" is a set of feelings, attitudes and behavioral plans that have similar characteristics in parents. The characteristic of "adult ego" state is proper reality testing and rational conclusion, i.e. secondary process. This mode has the normal way of working of mature and responsible people. The purpose of TA is to enable the individual to have freedom of choice, i.e. to feel free to make autonomous and unpatterned responses to experience. In other words, the desirable perfection of mutual analysis is self-following, which is revealed by releasing or developing three types of abilities (awareness, spontaneity, and intimacy). (Soo-Hoo, 2019). In many studies, the effectiveness of TA intervention has been investigated and approved (Fazel Hamedani & Ghorban Jahromi, 2018). In this research, the researchers were looking for an answer to the question of whether the TA has an effect on women's QoL and MB among divorced women in Kashan.

## 2 Methods

### 2.1 Study design and Participant

The present research is of quasi-experimental type and with two groups design (experimental group and control group) and includes two stages of pre-test and post-test. The independent variable was TA, which was applied only in the experimental group, and its effect on the post-test scores of the experimental group compared to the control group is compared. The statistical population of this research included all divorced women of Kashan city in 2021. Among these women, 30 of them, 15 (experimental group), 15 (control group), were selected as samples through available sampling method.

## 2.2 Measurements

The data were collected and measured using *Ware et al.*'s (1998) *SF-36* and *Couples Burnout Measure (CBM)*.

### 2.2.1 Marital Burnout

CBM is created by Pines in 1996. This questionnaire has 20 items, which include 3 main components of physical fatigue (such as feeling tired, weak, and having sleep disorders), emotional exhaustion (feelings of depression, despair, being trapped) and psychological exhaustion (such as feelings of worthlessness, frustration, and anger). All these items are answered on a seven-point scale. The evaluation of the validity coefficient of marital burnout scale showed that it has an internal consistency between the variables in the range of 0.84 and 0.90. Validity has been confirmed by negative correlations with positive relational characteristics such as: positive opinion about communication, quality of conversation, feeling of security, self-fulfillment, sense of purpose, pull and emotional attraction towards spouse and the quality of their sexual relationship. Translated versions of the CBM have been successfully used in cross-cultural studies in Norway, Hungary, Mexico, Spain, Portugal, Finland, and Israel. The test-retest reliability coefficient was 0.89 for a one-month period, 0.76 for a two-month period, and 0.66 for a four-month period. Internal consistency for most of the subjects was measured by constant alpha coefficient, which was between 0.91 and 0.93 (Pines, 2013).

### 2.2.2 Quality of Life

Ware and his colleagues in 1998 designed the QoL questionnaire. It includes 36 questions that measure health status in eight dimensions of physical function, physical limitation, physical pain, general health, vitality, social function, emotional role, and mental health and the answers given are given points based on the questionnaire's instructions. The questions of this questionnaire identify both positive and negative aspects of health (Ware Jr & Gandek, 1998). Also, different rating scales, such as a five-point Likert scale from excellent to poor and yes and no, are used to answer the different questions of this tool. The scoring method of the 36-question form is a separate score for each of the subscales and a score for the two general parts, physical and mental-psychological, based on its special guide. The maximum score for each section or subscale is 100 and the minimum score is zero, where high

scores indicate better health status and low scores indicate poorer health status. The total QoL score is also obtained by averaging different dimensions of health status (Azizi et al., 2011). In some studies, the reliability of the QoL questionnaire has been evaluated using statistical analysis of internal consistency and validity by comparing known groups and convergent validity. Internal consistency analysis has shown that the scales of the Persian version of the Sf-36 questionnaire have a minimum standard reliability coefficient in the range of 77% to 90% (Azizi et al., 2011). In the present study, the reliability of this questionnaire was obtained based on Cronbach's alpha equal to 0.79.

## 2.3 Intervention

In this study, experimental group underwent TA interventions.

### 2.3.1 Transactional Analysis

In the present study, the method of TA included group training of mutual behavior analysis, which consists of 8 sessions of 90 minutes (1 session per week) based on Burne's method (1950). The topics of the training sessions are described in the table below.

**Table 1**

*TA sessions summary*

Session	Content
1	Introduction, group rules, goals, definition and analysis of the functional structure of personality and basic functional analysis and assignment presentation.
2	Acquainting members with structural and functional personality problems, (rejection, pollution), stabilization of my states
3	Familiarizing the group with the concept of exchange and mutual communication, complementary, cross exchange and its types
4	Acquainting learners with strengthening "adult ego", controlling "parent ego" and satisfying "child ego".
5	Comprehensive introduction of all types of verbal and non-verbal, positive and negative, conditional and unconditional caresses, methods of obtaining caresses, caressing yourself, presenting homework.
6	Getting to know the concept of time organization and its necessity, getting to know Karpman's dramatic triangle and providing a solution to break the flow of the psychological game, presenting the assignment.
7	Discussing the nature of the root of life's draft, types of winning, losing, non-winning drafts, the need to adopt a healthy stance in life and submit assignments.
8	Acquaintance and explanation about the concept of unified adult.

## 2.4 Data Analysis

The data were analysed with SPSS software and multivariate analysis of covariance (MANCOVA) method.

## 3 Findings and Results

As can be seen in Table 2, the mean and standard deviation of the pre-test QoL variable were 18.53 and 5.59 in the experimental group and 18.02 and 4.85 in the control

group; The mean and standard deviation in the post-test were 40.21 and 7.10 respectively in the experimental group and 20.98 and 5.54 in the control group. Also, the mean and standard deviation of the pre-test of the MB variable in the experimental group were 102.40 and 8.44, respectively, and in the control group, 101.80 and 8.64; The mean and standard deviation of the post-test were 90.13 and 7.74 in the experimental group and 101.00 and 8.18 in the control group.

**Table 2**

### Descriptive findings

Variable	Component	Experimental Group					Control Group				
		Pre-test		Post-test		Adjusted mean	Pre-test		Post-test		Adjusted mean
		Mean	SD	Mean	SD		Mean	SD	Mean	SD	
QoL	Total	18.53	5.59	40.21	7.10	40.01	18.02	4.85	20.98	5.54	21.18
	Physical performance	18.33	10.80	28.00	12.21	28.88	19.00	14.90	20.00	14.26	19.12
	Playing a physical role	15.00	12.67	45.00	19.36	46.60	16.66	18.09	21.66	20.84	20.06
	Playing an emotional role	24.44	19.78	59.99	25.82	56.22	19.99	24.55	19.99	21.07	23.76
	Vitality	20.00	16.90	46.66	19.51	45.84	16.00	13.52	25.33	19.22	26.16
	Mental health	14.66	7.95	28.53	12.08	29.17	16.53	10.35	20.53	10.56	19.89
	Social performance	22.50	16.50	41.66	18.70	42.08	25.00	14.94	27.50	19.01	27.07
	Physical pain	17.66	14.28	42.50	16.66	43.68	19.66	11.60	19.83	13.14	18.64
	General health	15.66	8.83	29.33	11.47	27.51	11.33	8.33	13.00	7.74	14.82
MB	Total	102.40	8.44	90.13	7.74	89.84	101.80	8.64	101.00	7.18	101.28
	Physical fatigue	32.46	4.29	28.13	4.62	28.16	32.46	4.45	32.06	4.78	32.03
	Emotional breakdown	33.66	3.51	29.53	3.50	29.48	33.53	4.64	33.40	5.06	33.45
	Mental breakdown	36.26	4.16	32.46	3.97	32.26	35.80	3.78	35.53	3.50	35.74

Before testing the research hypotheses using multivariate covariance analysis, the assumptions of this test (normality of the dependent variable in the studied groups, equality of variances in the studied groups, homogeneity of the regression slope, and equality of the variance-covariance matrix) were checked. Based on the results of the Kolmogorov-Smirnov test, the assumption of normality in the components of QoL and the components of MB in 2 groups in all 2 stages of measurement was confirmed with a significance level greater than 0.05 ( $p > 0.05$ ). Levene's test was used to check the assumption of homogeneity of error

variances. Based on the listed results, the assumption of homogeneity of variances in QoL components, except for the mental health component, is confirmed with a significance level greater than 0.05 and in MB components with a significance level greater than 0.05 ( $P > 0.05$ ). A variance test was used to check the assumption of regression slope. The results showed that this hypothesis is confirmed in the components of QoL ( $F_{(2,23)} = 1.60 . P = 0.22$ ) in the components of MB ( $F_{(2,23)} = 0.18 . P = 0.83$ ) with a significance level greater than 0.05 ( $P > 0.05$ ).

**Table 3**

### MANCOVA results for between-group effects

Variable	Effect	Value	F	Df hypo.	Df error	p	Eta
QoL	Pillai's trace	0.96	39.28	8	13	0.001	0.96
MB	Pillai's trace	0.91	76.77	3	23	0.001	0.91

MANCOVA results are reported for the comparison between the experimental and control groups (Table 3). The findings showed that there is a significant difference between the two groups in the linear combination of QoL components with a significance level of 0.001 and MB components with a significance level of 0.001 ( $P < 0.01$ ).

That is, the effect of TA intervention on the linear combination of 8 components of QoL and 3 components of MB was significant. In order to determine the effect of TA on which of the components was significant, the results of single variable covariance analysis are given in Table 4.

**Table 4**
*ANCOVA results for between-group effects*

Source	Variable	Components	SS	df	F	p	Effect size	Power
Group	QOL	Physical performance	622.65	1	35.45	0.001	0.64	1.00
		Playing a physical role	6605.00	1	21.48	0.001	0.52	0.99
		Playing an emotional role	6886.33	1	26.60	0.001	0.57	0.99
		Vitality	529.99	1	14.03	0.001	0.41	0.94
		Mental health	562.62	1	12.48	0.002	0.38	0.92
		Social performance	1472.62	1	9.63	0.006	0.32	0.84
		Physical pain	4097.84	1	56.75	0.001	0.74	1.00
		General health	1053.05	1	16.70	0.001	0.45	0.97
	MB	Physical fatigue	111.61	1	72.62	0.001	0.74	1.00
		Emotional breakdown	117.83	1	103.92	0.001	0.80	1.00
		Mental breakdown	90.30	1	46.45	0.001	0.65	1.00

According to the results of [Table 4](#), after eliminating the pre-test effect, the difference between the two experimental and control groups in all components of QoL is significant at the alpha level of 0.01 ( $P < 0.012$ ). The adjusted mean of the experimental group was higher than the control group in all eight QoL components; As a result, TA has been effective in improving physical performance, social performance, playing a physical role, playing an emotional role, mental health, head of life, physical pain and general health of the experimental group. Also, according to the results of the above table, after removing the effect of the pre-test, the difference between the two experimental and control groups in all components of MB is significant at the alpha level of 0.01 ( $P < 0.012$ ). The adjusted mean of the experimental group was lower than the control group in all three components of MB; As a result, the TA has been effective in improving the components of physical fatigue, emotional exhaustion, and psychological exhaustion of the experimental group.

#### 4 Discussion and Conclusion

This research was conducted to measure the effectiveness of TA on women's QoL and MB of divorced women in Kashan City. The research showed that TA training increases the QoL and reduces MB of divorced women in the the experimental group. The research findings were consistent with previous studies results on the effectiveness of TA ([Dehnashi Latan & Johari Fard, 2020](#)). The research findings showed that TA affects the QoL (physical function, social function, playing physical role, playing emotional role, mental health, head of life, physical pain and general health) of divorced women in Kashan city. TA training increases a person's awareness and, in this way, makes a

person consciously aware of his strengths and weaknesses and plans to improve them. In other words, treating TA can improve the QoL in two ways ([Ebrahimi & Khanjani Veshki, 2021](#)). First, by increasing the client's awareness of behaviors and the ability to analyze these behaviors and find the origin and reason of the behavior, this awareness improves the QoL by increasing a realistic attitude toward his own and others' behaviors. The second method is through the mediating role of the quality of communication with others. TA, by splitting the way divorced women interact with themselves and others, causes the formation of a wide knowledge of these people about themselves and others. Based on this, TA can lead to the formation of broader social relationships and improve the QoL of divorced women. On the other hand, TA has changed the way of looking at life by helping to solve problems in human relationships, and it leads to a better QoL for people under training. These skills eventually lead to the discovery of a new way of life full of joy and happiness, which also leads to improved QoL ([Ebrahimi & Khanjani Veshki, 2021](#)).

Another research finding showed that TA affects MB (physical fatigue, emotional exhaustion and mental exhaustion) of divorced women in Kashan city. In explaining these findings, it can be stated that MB is a gradual process that enters life bit by bit and is so effective that it can change life. Burnout makes a person uncomfortable with the relationship and shows no desire to solve life problems. People who experience MB no longer have hope to solve problems; this hopelessness makes the person feel empty and lonely and finally makes him suffer from depression ([Kayser, 1996](#)). The feeling of not having an emotional supporter plunges the person further into depression which leads to the emotional divorce of couples ([Pines, 2013](#)). When a marriage begins with unreasonable



expectations, it does not take long for the couple to become frustrated with each other for not meeting their expectations. In this situation, the smallest issues appear like a giant. If couples do not express their wishes honestly and do not try to solve their problems, it will not be long before they face a mountain of problems. However, the reasons for the cooling of the marital relationship are very diverse (Ghobadi et al., 2021).

Lack of skill to enjoy life and continuous effort in everyday life are the factors that lead to MB. These things have nothing to do with the level of education and social class of people. Research shows that MB occurs more among educated women. Infertility is also one of the factors that cause burnout from the spouse. The reason for MB can be found in different dimensions of a marital relationship. The subtleties of this relationship are many and diverse, and this causes the dangers that threaten it to be different (Capri, 2013). Some reasons for burnout in married life are related to sexual issues, while others are related to emotional aspects and expected expectations in a marital relationship. When some time passes from living together and our curiosity about this relationship is satisfied and that initial enthusiasm settles in us, this feeling of burnout comes to us in married life. Why are we no longer excited? Why is everything becoming normal? You think that the end of all pleasures has come. Sometimes burnout is just because our initial excitement has subsided and we feel that we will never experience it again. Of course, it must be accepted that everything you experience in a marital relationship is a part of its pleasure because of its virginity, and you should never expect to have the same feeling every time and every day (Dehnashi Latan & Johari Fard, 2020; Nejatifar, Fahami, & Abedi, 2023).

## 5 Limitations

Among the limitations of the research, due to the existing conditions and the lack of access to the entire statistical population of divorced women, the use of the available statistical sample was one of the limitations of the present research. Usually, in this type of research, the information collected is from a point in time, so better results will be

obtained if the information collected is in the form of a time series. Not considering other variables affecting TA in the research model due to the limited time and research facilities is one of the other limitations of the present research, and the statistical population of the study is limited to divorced women of Kashan City, which makes it difficult to generalize the results to other societies.

## 6 Suggestions and Applications

Since MB is a gradual process and does not occur suddenly, it is suggested to implement a long-term and continuous training program for this issue. It is suggested to use this treatment method to improve the QoL of couples and divorced women, and for all age groups, including students, etc. Since prevention is better than cure, it is suggested to provide the possibility of implementing the TA model for training and group work by specialists and psychologists in institutions such as education, courts, social emergency centers, social work clinics, etc. Compiling a TA training booklet is also possible to make access to educational materials easier for others. TA has a double emphasis on emotional insight and extensively deals with interpersonal relationships, interactions, coordination and inconsistency of messages, and instead of attributing emotional problems to spontaneous thoughts, it emphasizes the roots of life situation transformation, draft messages and life plays. Therefore, it is suggested to use this treatment approach to find the roots and deal with these cases and details.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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