Psychotherapy and disclosure of sero status

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Transactional Analysis (TA) is one of the most assessable theories of modern psychology which has its wide applications in clinical, therapeutic, organizational and personal development, encompassing communications, management, personality, relationships and behaviour. This study looked at how transactional analysis can be used to enhance self-disclosure of HIV+ status in Kwara State. 60 participants (TA n=30, Control=30) were conveniently sampled for the study, pre-test, post-test control group quasi experimental design was used with 2x2x2 factorial matrix. Multidimensional AIDS Anxiety Questionnaire (MAAQ), Self-Disclosure Subscale (SDS), Biodata of the participants and Eysenck’s Personality Questionnaire (EPQ) were the instruments used for the study. Data were analyzed using simple percentages, ANCOVA and t-test at 0.05 level of significance. The results showed that the therapy was effective in assisting self-disclosure of HIV+ participants over the control. Hence, it is recommended that the therapy should be adopted by social workers, nurses, midwives and clinical psychologists to enhance social interactions amongst their clients.

Key words: Discrimination, HIV+ status, self-disclosure, stigmatization, transactional analysis.

INTRODUCTION

Transactional Analysis (TA) is a method used to improve communication, it is underpinned by the philosophy that people can change and that every individual has a right to be in the world and can be accepted. TA views individuals as playing different roles (games) when they interact with others such roles include playing the role of parent, adult or child against the other person’s parent, adult or child. It asserted that when there is congruence between the roles one plays with the role played by another in a given situation, the individual will have an OK feeling. Incongruence results in I AM NOT-OK feeling. This NOT-OK feeling manifest in confusion and consequent behaviour disorders. The objective of the theory is to enable the client understand where he is in relation to his feeling about others with respect to how he relates to them structurally and dynamically and it is most appropriately used in group physiotherapy. (Kanfer and Goldtein, 1991).

The fundamental principles of TA includes; acknowledging that people are relationship seeking and interdependent throughout life; affirming the innate value of human beings, normalizing the functions of psychological processes, committing to positive life change, focusing on internal and external contacts as essential to human functioning, emphasizing the developmental process of the individual and recognizing the significance of the therapeutic relationship. TA is a contractual approach which is an explicit bilateral commitment to a well-defined course of action (Berne, 1966). This means that all parties need to agree on why they want to do something (purpose) with whom (parties concerned) what they are going to do (term) by when (time) and any fees, payment of exchange that will be (cost).

When the criteria described by TA are followed, ideas
of three distinct schools of thought can be identified, the Classical, the Cathexis and the Redecision School. The classical school is of the opinion that therapeutic model could use humour, imagery, imagination and intuition. Fun, play and creativity are encouraged as part of group life since TA is based on group interaction. Clients and therapists are responsible for their actions in the counseling encounter; the client is responsible for his behaviour towards the client as they both work for a speedy resolution of the client’s problem, since problem resolution has been identified as a major goal of counseling.

The Cathexis School has its counseling environment modeled after the family. The counselor and the client work toward the elimination of regressive tendencies and passivity of persons who are virtually incapacitated. Cooperation between the client and the therapist is elicited and strengthened as the therapist and the counseling encounter is for the purpose of helping to establish healthy symbiotic relationship which forms the core of the assessment “I am OK you are OK. The Redecision School on the other hand differs on the issues of life script in that the individual is seen in the light of an individual making life decisions as a child reacts in respect to the injunction of his parents as emphasized in the interference that ensure in parent-child interaction. The view of this school of thought based on the inter-psychic process that exists through biological and environmental influence on human life decisions.

Kanfer and Phillips (1970) were of the view that the knowledge of this theory and the language is a necessary prerequisite for effective group or individual counseling, the client is taught the theory through reading, workshops and instructions. The therapeutic process has five stages such as structural analysis, transactional analysis, game analysis, script analysis and relationship analysis. Akinboye (1992) observed that TA is one of the most accessible theories of modern psychology founded by Eric Berne.

Berne (1966) identified the following counseling goals of TA as to help the client identify and decontaminate any ego state that has been contaminated, helps the client to make use of appropriate ego state when necessary, to assist the client to operate at the level of adult ego state which embraces reality, helps the client to remove the blocks on the way of his effectiveness through counseling intervention and to assist the client to operate at the level of healthy relationship whereby I’m Ok, You are Ok is allowed to gain prominence.

OBJECTIVES

The study investigated the effectiveness of TA in enhancing self-disclosure of HIV+ status.

Conceptual model for the study

The conceptual model for this study is represented diagrammatically as in Figure 1 where the therapeutic model is TA as an independent variable, sex and personality being the intervening moderating variables in this study with enhancement of self-disclosure of HIV+ status as dependent variable which is the resultant effect of independent variable.

For a person newly diagnosed with HIV, disclosure of his or her status to another person can invoke almost paralyzing fear; disclosure can be more frightening than the fear of AIDS itself as many people may choose to keep their diagnosis a secret: some do not disclose for fear of being labeled “untouchable”, a leper of society, others are afraid they will be rejected and or bring shame to their family. Self-stigma is a significant barrier preventing others from disclosing or not to upset those close to them or the negative impacts that their disclosure may have on the person they are telling. Antelmann et al. (2001) asserted disclosure should be an ongoing issue as it can bring great relief as one no longer has to carry the heavy and lonely burden of secrecy. It helps a person to come to terms with their new situation and to continue to live productively and positively which can in turn, be beneficial to people’s health.

Hypotheses

It is expected that there will be no significant difference between TA experimental group and control in their measure of self-disclosure of HIV+ status.

It is expected that there will be no significant difference in the TA introverted personality and extroverted personality groups in their measure of self-disclosure of HIV+ status.

METHODS

The study followed this line:

Design

The study adopted the pre-test, post-test and control group quasi experimental design. It used 2x2x2 factorial matrix as in Table 1. The design had two groups i.e. group I exposed to TA while group II a control group which received no treatment. All the two groups were given pre-test and post-test administration of research instrument.

Population

The population of the study was all the clients attending
**Figure 1.** Conceptual Model for the Study.
The behavioural equation S-O-R represents the total interaction of the various variables in the study.

**Key**
S= Stimulus (Independent Variables)
O= Organisation (Factors inherent in the organism which are intervening variables i.e. internal and external).
R= Response (Dependent Variables i.e. the resultant effect of personality) moderating variables of the study.

**Table 1.** Factorial design for study.

<table>
<thead>
<tr>
<th>ROWS Groups</th>
<th>Columns Self-disclosure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>B1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male Personality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introvert a</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Extrovert b</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>B2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female Personality</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Introvert a</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Extrovert b</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Transactional Analysis(TA) (A1)</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control (A2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40</td>
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<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>80</td>
</tr>
</tbody>
</table>

**Key**
Rows: The two groups (TA and Control groups).
Columns: Sex (Male/Female) and Personality (Introvert/Extrovert).

the health facilities where the 80 participants were drawn from.

**Sample of the study**
The participants were allocated according to their sex and personality using Eysenck’s Personality Inventory and their Bio-data. The experimental group members were very active in the group while control group did the first and last sessions being the pre and post-test sessions. The experimental group consisted of 40 participants (i.e. 15 males; 7 introverts and 8 extroverts) and 25 females (15 introverts and 10 extroverts).
participants while the control group had 40 participants also who volunteered themselves for the study [10 males: (7 introverts and 3 extroverts) and 30 females: (18 introverts and 12 extroverts)] participants as shown in Table 1.

Eligibility criteria

Inclusion criteria for the participants were potential HIV+ males and females, introverted and extroverted individuals accepted HIV tests and attended screening centres. They were chosen by volunteerism so the informed consent of the participants was freely given to ensure adequate cooperation.

Instrument

The researchers used the following instruments:

(a) Bio-data of the participants
(b) Self-Disclosure Subscale (SDSC)
(c) Eysenck’s Personality Questionnaire (EPQ)
(d) Multidimensional AIDS Anxiety Questionnaire (MAAQ)

Bio-data

This is a self-reporting instrument designed by the researchers to obtain information on the participants' demographic background. The questionnaire had only eight (8) items.

Self-Disclosure Subscale (SDSC)

It is a self-report inventory designed by Snell and Belk (1987) and adapted by the researchers that an individual was able to report his or her experience on Self-disclosure of AIDS. The scale consists of 29 items which were responded to any of the five options of 1 - 5. Test-retest reliability coefficient was found to be 0.90.

Eysenck’s Personality Questionnaire (EPQ)

The questionnaire was designed to assess the personality of the participants for this purpose, the extraversion subscale was used. The questionnaire was developed by Eysenck and Eysenck (1975) which contains 91 items. By its original design, 21 of these items were designed to assess the level of extroversion or introversion.

Multidimensional AIDS Anxiety Questionnaire (MAAQ) (Snell & Finney, 1996)

Knowing that AIDS create a lot of anxiety which could cause psychological arousal, fear, cognitive worry, sexual inhibition or discussion inhibition. It measured the general anxiety trait level of the participants. It consists of 50 items, individuals were asked to indicate how characteristic each statement is of them. A 5-point Likert Scale was used to collect data. Test-retest reliability coefficient of the instrument was found to be 0.92.

PROCEDURE

Therapy session

The programme lasted for 10 sessions of minimum of one hour each. The therapists met with the participants for TA on Monday (10 weeks). The pre-test was administered to the experimental group on the first Monday while the control group was met on Wednesday and pre-test was also administered to them. At the tenth week, a post-test was administered to each group (TA and Control groups).

Session I: General introduction and administration of pre-test of the four instruments (pre-treatment/pre-test session). At the end of the session, the participants and the therapists socialized with each other, established confidence, trust and good working relationship with one another.

Session II: Discourse on the TA therapy was the focus.

Session III: Review of previous activities and ego state (personality) such as parent, adult and child ego states were discussed with the participants while Session IV was on the types of Transaction; Complementary and Crossed transactions and session V dealt with contamination of the adult ego state after the previous contact was reviewed such as parent, child and double contaminations. Session VI reviewed the previous contact and discussed the concept of scripts and its application to daily living, section VII was on descriptive modes of TA this was on how humans behave with each other which may be termed ineffective and effective while session IX dealt with skills needed to enhance TA therapy and session X reviewed the treatment programme, post-test administration of the four instruments and termination of therapy session by allowing the participants to go for their free HIV screening test.

Statistical analysis of data

The Analysis of Covariance (ANCOVA) and t-test were the two statistical tools used to analyze the data at 0.05 level of significance, the standard deviation as measure.
Table 2. ANCOVA Summary of participants exposed to TA and the control group.

<table>
<thead>
<tr>
<th>Source of Variations</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rows</td>
<td>1434.46</td>
<td>1</td>
<td>14346.140</td>
<td>950.53</td>
<td>S***</td>
</tr>
<tr>
<td>Columns</td>
<td>10.715</td>
<td>1</td>
<td>10.715</td>
<td>0.71</td>
<td>NS</td>
</tr>
<tr>
<td>Interactions</td>
<td>1.579</td>
<td>1</td>
<td>1.579</td>
<td>0.10</td>
<td>NS</td>
</tr>
<tr>
<td>Within</td>
<td>12210.508</td>
<td>76</td>
<td>15.039</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key
S***: Significant at 0.001.
NS: Not Significant.

Table 3. Unadjusted X, Y, mean scores and adjusted Y-means of self-disclosure of HIV+ status.

<table>
<thead>
<tr>
<th></th>
<th>X-X</th>
<th>Y-X</th>
<th>X-X</th>
<th>Y-X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>male</td>
<td>female</td>
<td>male</td>
<td>female</td>
</tr>
<tr>
<td>Experimental</td>
<td>40</td>
<td>50.067</td>
<td>170.667</td>
<td>63.200</td>
</tr>
<tr>
<td>Control</td>
<td>40</td>
<td>53.684</td>
<td>47.053</td>
<td>52.091</td>
</tr>
</tbody>
</table>

of variability determined the pattern of spread of scores. T-test is used to show how the factors or the variables have contributed more to the difference that occurred between the groups.

The pre and post-test results were collated and analyzed to see if there was an improvement in their self-disclosure due to exposure to the therapy and measured by ANCOVA while the post-test results were compared to the experimental group to determine the effectiveness of the therapy (t-test) then comparison of the performance in self-disclosure of the participants categorized as males and females exposed to TA (ANCOVA) was done, the performance of the participants categorized as introverts and extroverts exposed to TA was also compared using ANCOVA.

RESULT

The scores obtained in the pre and post-tests were analyzed and compared for statistical significance in order to bring out the changes brought about as a result of the therapy (TA). For the analysis, statistical significance was computed using ANCOVA and t-test methods respectively for the hypotheses.

Discussion

The discussion of this research was based on the two (2) hypotheses used for the study.

Hypothesis 1

It is expected that there will be no significant difference between TA experimental group and Control in their measure of HIV+ status.

Findings as shown in Tables 2 - 4 revealed that there was a significant difference between the experimental group (exposed to TA) and the control group in their measure of self-disclosure of HIV+ status, the results indicated that the participants in the TA experimental group responded positively to the treatment when compared with the control which was a result of the exposure and awareness created in the experimental group.

Table 2 revealed significant difference in the treatment of the post-test scores F (1/78) = 950.53; P < 0.001. The result indicates that there was significant difference between the experimental groups (exposed to TA).

The results further confirmed the study of Simoni et al. (2000) that women often disclose to multiple categories of people, some disclose to partners and family members, others disclose to female confidants and others disclose in their social network. However, the adjusted Y-mean on MAAQ scale showed that the males benefitted more in the therapy than their female counterparts while extroverts benefitted more than the introverts but in the unadjusted X,Y, mean scores it showed that the female participants benefitted more than male participants even though the extroverts were more advantaged than introverts, these results were in agreement with Bechu (1998) that mothers tend to disclose to their children earlier than fathers will do, and more often to daughters than to sons. Mothers are more likely to disclose if they perceive their children are already experiencing stigma. The result showed that the therapy is effective in enhancing self-disclosure of positive Sero
### Table 4. Pair comparison of the Y-means using t-test on self-disclosure of experimental and control groups.

<table>
<thead>
<tr>
<th>No</th>
<th>Source of variation</th>
<th>N</th>
<th>DF</th>
<th>LMS</th>
<th>S.E</th>
<th>t.ob</th>
<th>t.Crit</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a vs b</td>
<td>40</td>
<td>78</td>
<td>15.093</td>
<td>15.12</td>
<td>-0.133</td>
<td>2.000</td>
<td>NS</td>
</tr>
<tr>
<td>2</td>
<td>a vs c</td>
<td>40</td>
<td>78</td>
<td>15.093</td>
<td>15.12</td>
<td>8.005</td>
<td>2.660</td>
<td>S**</td>
</tr>
<tr>
<td>3</td>
<td>a vs d</td>
<td>40</td>
<td>78</td>
<td>15.093</td>
<td>15.12</td>
<td>7.705</td>
<td>2.660</td>
<td>S**</td>
</tr>
<tr>
<td>4</td>
<td>b vs c</td>
<td>40</td>
<td>78</td>
<td>15.093</td>
<td>15.12</td>
<td>8.138</td>
<td>2.660</td>
<td>S**</td>
</tr>
<tr>
<td>5</td>
<td>b vs d</td>
<td>40</td>
<td>78</td>
<td>15.093</td>
<td>15.12</td>
<td>7.839</td>
<td>2.660</td>
<td>S**</td>
</tr>
<tr>
<td>6</td>
<td>c vs d</td>
<td>40</td>
<td>78</td>
<td>15.093</td>
<td>15.12</td>
<td>0.330</td>
<td>2.000</td>
<td>NS</td>
</tr>
</tbody>
</table>

Key
S**= Significant at 0.01
NS= Not Significant
a= Male Introvert (TA)
b= Female Introvert (TA)
c= Male Extrovert (Control)
d= Female Extrovert (Control)

### Table 5. T-test summary showing significant difference between TA introverted and extroverted personality groups on self-disclosure of HIV+ status.

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Personality of Participants</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>T</th>
<th>df</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-disclosure of</td>
<td>Introvert</td>
<td>20</td>
<td>170.67</td>
<td>20.00</td>
<td>0.52128</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>HIV+ status</td>
<td>Extrovert</td>
<td>20</td>
<td>174.67</td>
<td>22.01</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\( t (28) = 0.521 \) P>0.05. Key: NS= Not Significant

status as the participants benefited immensely in the therapy because they interacted and transacted greatly with themselves in the therapeutic sessions which promoted their interpersonal relationship.

### Hypothesis II

It is expected that there will be no significant difference between TA introverted and extroverted personality groups in their measure of HIV+ status.

Table 5 showed the t-test summary of significant difference between TA introverted and extroverted personality groups which indicated no significant difference existed. However, a higher mean score in the extroverted personality group (174.67) than their counterparts introverted personality group (170.67) in their measure of self-disclosure of HIV+ status but the mean difference was not significant at 0.05 level of significance. The result of the mean score supports the study of Hogan (1998) that for the introverted individuals to self-disclose their Sero-status will depend on a number of factors like the establishing of a trusting relationship, as confidentiality is central to establishing trust which allows the client to keep control over sensitive information like HIV/AIDS status, client’s fear of and experiences of stigma impaired and disclosure to family/social networks. Considering the nature of the typical introvert, quiet, retiring sort of person, introspective, reserved and distant to people except to intimate friends, keeps his feelings under close control and all these characteristics will not make him freely disclose his Sero-status to anybody but the extroverted person who has many friends, sociable, who freely associates and this nature will assist him to be freely disposed to self-disclosure.

### Recommendations

The therapy was highly effective, as at the end of the sessions, the participants became favorably disposed to self-disclosure of whatever the result of their screening so it is hereby recommended that:

- Therapists should create natural environment for their clients to be homely.
- TA should be frequently used in group therapy.
- Therapists should identify introverts in the group and get closer to them, encourage them, create natural trust and relationship with them.
- The therapist must be sincere with the clients and maintain confidentiality of offered information by the clients/patients.
REFERENCES


