



UNIVERSITI PUTRA MALAYSIA

***EFFECT OF TRANSACTIONAL ANALYSIS INTERVENTION ON
PARENT ADOLESCENT CONFLICT, EMOTIONAL REGULATION, AND
DEPRESSION AMONG ADOLESCENTS IN BANGLADESH***

TANNI KHANDAKER TASMINA

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By

TANNI KHANDAKER TASMINA

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
Malaysia, in Fulfilment of the Requirements for the Degree of Doctor of
Philosophy**

April 2022

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DEDICATION

This dissertation is specially dedicated to my dearest and beloved:

Parents - Mansura Begum and Nurul Islam

Spouse - MD. Afzal Hossain

Children – Hamim and Azmeer



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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

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By

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April 2022

Chair : Zaida Nor Zainudin, PhD
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Transactional Analysis (TA) by Eric Berne focused on the paradigm of the parent, adult, and child ego states. TA therapy tools have successfully reduced conflicts between parents and adolescents, emotional regulation, and depression. The main objective of this study is to examine the effect of transactional analysis intervention on parent-adolescent conflict, depression, and emotional regulation. This research used an experimental design.

This study was carried out using a non-equivalent pre-and post-test design. 60 students were randomly allocated to one of two groups: experimental (TA Intervention) or control (non-TA Intervention). Pre- and post-test trials were used to determine the scores of the dependent variables. A pre-test was administered to all study participants to assess the level of parental-adolescent conflict, emotional control, and depression. After the twelve sessions, their levels of parent-adolescent conflict, emotional regulation, and depression were tested again to see if the transactional Analysis intervention influenced the level of dependent variables. Instrumentations used are Conflict Behavior Questionnaire short form (1984), Emotion Regulation Questionnaire (2003), and Beck Depression Inventory BDI.

The descriptive analysis was performed to describe the participants' demographic profile, including their age, gender, grade of education, and parental marital status. The independent sample t-test was used to evaluate the mean scores of parent-adolescent conflict, emotional Regulation, and depression between the experimental and control groups' post-test findings. A significant difference was detected between the groups. The paired sample t-test was used to compare the mean scores of the pre-test and post-test results of parent-adolescent conflict, emotional regulation, and depression between the

experimental and control groups, and there was a significant difference in the mean scores. The MANOVA was used to determine the considerable effect of groups and genders on Parent-adolescent conflict, emotional regulation, and depression.

The findings demonstrated that Transactional Analysis was more successful for adolescents dealing with parent-adolescent conflict, emotional regulation, and depression in the experimental group than in the control group subjects. Transactional analysis therapy's therapeutic tools were found to be successful in improving parent-adolescent conflict, functional emotional control, and assisting in the resolution of depressive symptoms. The current study is a pioneer experimental investigation in Bangladesh to determine the effect of TA on parent-adolescent conflict, emotional control, and depression, which will assist mental health professionals in better treating adolescent conflict, emotional regulatory strategies, and depression in Bangladeshi adolescents.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**KESAN INTERVENSI ANALISIS TRANSAKSI TERHADAP KONFLIK IBU
BAPA REMAJA, REGULASI EMOSI DAN KEMURUNGAN DALAM
KALANGAN REMAJA DI BANGLADESH**

Oleh

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Analisis Transaksional (TA) oleh Eric Berne memfokus kepada paradigma ego ibu bapa, dewasa dan kanak-kanak. Terapi TA telah berjaya mengurangkan konflik antara ibu bapa dan remaja, regulasi emosi, dan kemurungan. Objektif utama kajian ini adalah untuk mengkaji kesan intervensi analisis transaksional terhadap konflik ibu bapa-remaja, regulasi emosi dan kemurungan. Kajian ini menggunakan reka bentuk eksperimental.

Kajian dijalankan menggunakan reka bentuk ujian pra dan pasca tidak setara (non-equivalent pre-and post-test design). 60 pelajar secara rawak dibahagikan kepada dua kumpulan: eksperimen (Intervensi TA) atau kawalan (Intervensi bukan TA). Ujian pra dan ujian pasca digunakan untuk menentukan markah pembolehubah bersandar. Ujian pra telah diberikan kepada semua peserta kajian untuk menilai tahap konflik ibu bapa-remaja, regulasi emosi dan kemurungan. Selepas dua belas sesi, tahap konflik ibu bapa-remaja, regulasi emosi, dan kemurungan diuji sekali lagi untuk melihat sama ada intervensi Analisis transaksi mempunyai pengaruh ke atas tahap pembolehubah bersandar. Instrumen kajian ialah Conflict Behavior Questionnaire short form (1984), Emotion Regulation Questionnaire (2003), dan Beck Depression Inventory BDI.

Analisis deskriptif dilakukan untuk menerangkan profil demografi peserta, termasuk umur, jantina, gred pendidikan dan status perkahwinan ibu bapa. Ujian-t bebas digunakan untuk menilai skor min PAC, ER, dan kemurungan antara penemuan ujian pasca kumpulan eksperimen dan kawalan, dan perbezaan yang signifikan telah dikesan antara kumpulan. Terdapat perbezaan signifikan antara kedua-dua kumpulan. Ujian-t sampel berpasangan digunakan untuk membandingkan skor min keputusan ujian pra dan ujian pasca PAC, ER,

dan kemurungan antara kumpulan eksperimen dan kawalan, dan terdapat perbezaan yang signifikan dalam skor min.MANOVA digunakan untuk menentukan kesan ketara kumpulan dan jantina pada konflik ibu bapa-remaja, regulasi emosi dan kemurungan.

Dapatan menunjukkan bahawa Analisis Transaksional berjaya untuk remaja menangani konflik ibu bapa-remaja, regulasi emosi, dan kemurungan dalam kumpulan eksperimen berbanding subjek kumpulan kawalan. Terapi analisis transaksional didapati berjaya dalam memperbaiki konflik ibu bapa-remaja, fungsi kawalan emosi, dan membantu dalam penyelesaian gejala kemurungan. Kajian semasa adalah kajian rintis di Bangladesh untuk menentukan kesan TA ke atas konflik ibu bapa-remaja, regulasi emosi, dan kemurungan, yang akan membantu profesional kesihatan mental dalam merawat konflik remaja, strategi pengurusan emosi dan kemurungan dengan lebih baik bagi remaja Bangladesh.

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

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CHAPTER 1

INTRODUCTION

1.1 Chapter Overview

This chapter begins by discussing the background of the study, statement of the problem, research objectives, research questions and hypotheses, significance of the study, and the limitations of the study. Definitions of the main variables will also be provided.

1.2 Background of the Study

Adolescence is a stage of human development and maturation in the life cycle. It refers to the transition from childhood to adulthood that usually spans around the age of 12 to 18 years old and closely corresponds to the transition from puberty to adulthood. During the transition, most adolescents will encounter rapid changes and growth in their lives' physical, emotional, cognitive, and social elements. Adolescents' physical and hormonal changes are characterized as perseverance, where they will find it difficult to maintain relationships with their parents and peers considering their psychological well-being. According to Hassan and Husain (2016), adolescence is frequently linked to behavioral issues, and disruption, hostility, and academic failure are issues in schools around the country. A child's emotional connection with a critical attachment figure is commonly defined as an attachment (Ainsworth, 1989).

Conflict is a disagreement between individuals or groups of people (Thorndike, 1904). In adolescence, the development of age-appropriate autonomy requires gradual renegotiation of patterns of interaction. Parent-adolescent conflicts are suggested to play an essential role in this reorganization of the parent-child relationship (Branje, 2018). Parental depressive symptoms have been shown to predict conflict in adolescent children. Still, as managing conflicts is inevitably an interpersonal situation, parental difficulties in interpersonal functioning could also play an important role (Rognli et al., 2020).

Most adolescents are mature and seek autonomy from their parents by frequently challenging their parents' authority and decision-making (Laursen & Collins, 2009). Adolescents will monitor and ensure parents' availability to meet the former's attachment needs in the context of co-parenting conflict, thereby affecting the development of parent-adolescent attachment during adolescence (Zou et al., 2019). Adolescents' need for parental sufficiency and self-determination is reflected in such disputes (Pinquart & Silbereisen, 2002). Adolescents' physiological or psychological maturation frequently alters the development of parent-child interactions. The hormonal changes of adolescents

are influenced to give parents a sense of independence and individuality (Bios, 1979), and disagreements with parents will lead to sophisticated and comprehensive interactions between adolescents. During the transition to adolescence, parent-adolescent relationships become increasingly egalitarian, with adolescents striving for more autonomy (Hadiwijaya et al., 2017). This flexibility is more important than the emotional decoration of conflict interactions (Lunkenheimer et al., 2012). Research suggests that mothers and adolescents who express solely positive emotions during conflicts do not act in consonance with the situational demands of a competition (Lougheed & Hollenstein, 2016).

Emotional regulation, which refers to a process that people use to manage the emotions they experience when they happen, and how they are experienced and expressed, is indispensable to adapt to social dynamics, try to maintain good physical and psycho-emotional health, as well as healthy and productive interpersonal relationships (Bonilla et al., 2020). The Extended Process Model of Emotional Regulation proposed by Gross (2015) indicates that the emergence of emotions -and other affective states- occurs as a result of a series of evaluations that individuals perform. Negative emotions, such as anger, can trigger conflicts or even episodes of violence if they are not appropriately regulated (Fritz et al., 2015; Filella et al., 2018). This process begins with a given situation (entry), which the person perceives subjectively. The analysis generated by this perception allows the activation of an evaluation system for the said situation, which finally leads to action. Gross (2015) highlights, as a central element in this process, that individuals have different evaluation systems, a reason that justifies the different types of outputs (responses or actions) that they manifest.

Two types of emotional regulation have been reported in the literature, namely adaptive and maladaptive emotion regulation. Adaptive emotional regulation is a reassessment of positive or neutral interpretations of events and problem-solving abilities (Aldao, 2010). Meanwhile, maladaptive regulation of emotions refers to repression and prevention (Gross, 1988). The cognitive reappraisal is usually superior to the suppression because the suppression reduces positive emotional expressions and experiences. As a result, people will be less socially supportive and less communicative, which will have profound implications for social relations (John & Gross, 2003). This exemplifies the necessity to accept and appreciate emotional reactions as the inclination to have negative feelings in response to one's emotional responses is uncontrollable and linked to more emotional regulation challenges. Past research indicates that sharing emotional experiences is associated with suppression and emotional disclosure is less likely to involve compromised emotional regulation skills (Garrison et al., 2011). As a result, it is believed that emotional regulation plays a significant role in child care as it enables thoughtful and adaptive consideration and facilitates the child's development (Rutherford et al., 2015).

On the other hand, maladaptive emotional regulation is commonly viewed as the avoidance, rumination, and suppression of emotions which can lead to significant difficulty in responding to environmental stresses (D'Agostino et al.,

2017). Several studies have found a link between parenting approaches and children's emotional regulation abilities. Harsh parenting and poor upbringing impact children's ability to regulate and be accountable for emotional dysregulation (Chang et al., 2003; Morris et al., 2007). Furthermore, children's emotional regulation is negatively viewed as a controlling attitude with parental hostility. Although adolescence is a time of heightened conflict (Steinberg & Morris, 2000), parental support is vital at this time to help adolescents manage their unpleasant emotional experiences. Differences in positive emotions between the two genders become more evident with age, where girls often display more positive feelings than boys during middle childhood (Chaplin & Aldao, 2013). Parent-adolescent connection is the major environment in which adolescents will learn how to cope with interpersonal stress in order to regulate unpleasant emotions with others. Indeed, children's negative regulation of emotion is interpersonal in character, with family members supplying the majority of negative emotional regulation (Morris et al., 2007). Emotion regulation (ER), like depression, appears to be regulated by genetic (Hawn et al., 2015) and environmental variables, implying numerous routes linking parent and child ER capacity (McRae et al., 2017). Avoiding distress gives momentary respite, but it fosters withdrawal tendencies linked with depression (Felton et al., 2019). Stressful situations significantly ameliorate depression (Felton et al., 2017, 2019).

Depression has been seen as a significant public health problem. According to the Mental Disorders Diagnostics and Statistics Manual (DSM-5), depression implies a sad, vacant, or irritable mood characterized by physical and cognitive alterations that considerably affect individuals' functions. The American Psychiatric Association (2013) describes depressive disease as a classic condition. It defines the symptoms over a similar timespan of two weeks, which implies a change from the initial state with at least one sign: i) a depressed mood or ii) a loss of interest or pleasure. Depression frequently occurs in a painful situation with a sense of melancholy, soft feeling, emptiness, impatience (particularly in depressed children), and loss of interest or pleasure (Hanafiah & Van Bortel, 2015). There are several mental and emotional symptoms that signal depression in adolescents. The symptoms include negative and antisocial behavior, irritation and unrest, lousy mood, aggressiveness, willingness or attempts to run out, lack of acceptance and family cooperation, isolation, personal hygiene or self-care issues, social retirement hypersensitivity, sadness, and aging, as well as typical cognitions. Individuals can also engage in anti-social behaviors like drug abuse, stealing, and suicide (American Psychiatric Association, 2013). In addition, the age from 13 to 18 also represents a significant stage for depression (Kessler et al., 2005) and is highly comorbid with other mental diseases (Avenevoli et al., 2015).

Furthermore, depression can also happen among adolescents, especially when a previously successful young person in school is poor, retires from society, or demonstrates offenses and maladaptive behaviors. Often linked to revolt, the family can perceive these behaviors as a natural and brief stage in the adolescents' growth. As such, the detection of depression in this age group can be delayed or never recognized until a crisis occurs. Among the prominent

classic signs of such issues include diminished pleasure capacity, feeling hated or generally disliked weight loss or gain, and intention to commit suicide (Hankin et al., 2015). In addition, comorbidities such as anxiety, behavioral problems, and hyperactivity condition (ADHD) are also connected to depressed moods among adolescents (Avenevoli et al., 2015). Past studies indicate that the 1-year depression prevalence of 13 to 18 years in the Continental United States is 7.5%. Such frequency is higher during adolescence, with depression in older adolescents being twice as prevalent than in younger adolescents. In addition, female adolescents experience a two to a three-fold risk of major depressive disorder compared to males and have a nearly four-fold risk of experiencing severe major depressive disorder (Avenevoli et al., 2015). Thus, it is believed that the quality of the parent-adolescent relationships is an effective remedy to prevent depression among adolescents (Berne, 1964). According to Joormann & Stanton (2016), depressed persons are more prone to respond to negative consequences with ineffective techniques such as rumination and repression. They also face difficulties in executing helpful approaches such as distractions and reappraisal.

Transactional Analysis (TA) proposed in Eric Berne's psychotherapy is founded on the paradigm of parent, adult, and child ego states. Individuals' behaviors and features result from ego states known as parents, adults, and children. A parent ego state is characterized as either critical parent (CP) or nurturing parent (NP). In contrast, the child's ego state is divided into three categories of adaptable child (AC), natural or free child (FC), and rebellious child (RC). A nurturing parent maintains a nurturing, caring, and loving parenting style, whereas a critical parent supports an integral, controlling, frightening, and guilty parenting style.

On the other hand, the adult ego is formed by sensible and logical notions present here and now. Berne (1964) stated that the adult ego state is the optimum state. The natural or free child possesses playfulness, carefreeness, self-love, and a desire for pleasure.

Meanwhile, the adaptive child exhibits passivity, submissiveness, adaptability, and obedience traits. In contrast, the rebellious child has a defiant, reactive, stubborn, and argumentative demeanor. These states are significant in determining an individual's personality and are determined by parental and societal influences. It is also the transactions related to the flow of person-to-person communication and may imply that a customer is 'transacting' with it (Johnsson, 2011). Other ideas in the Transactional Analysis theory include 'life position,' 'games,' 'rackets,' 'injunctions,' and 'transactions. TA offers the concept of a 'life (or childhood) script,' which is a story that one has about their existence. Another TA term is 'transaction,' described as people's communications based on their ego state. It is separated into three parts: additional, crossed, and subsequent (Johnsson, 2011a). In a complementary transaction, the initiator and respondent communicate from the same ego state. The core principles of TA are teaching customers, aiding them with relationship analysis, and monitoring the results. According to Berne, the behavioral transformation procedure involves getting rid of bad habits, getting people out of

mental facilities, and teaching and implementing new communication and realignment procedures. TA also prioritizes positive social acknowledgment (compassionate) and indiscriminate positive attention (I am good, you are good); they are regarded as critical demands in human psychological change, which occurs through individual accountability, decision-making, and purposeful action.

Furthermore, similar elements appear in contract-based therapies that emphasize liberty and practical difficulties (Berne, 2016). Most people with mental health problems may understand and benefit from Transactional Analysis (TA) for behavior because it provides a consistent understanding of human nature and contextual circumstances based on clinical observations (Rajabi and Nikpoor, 2018). However, scarce empirical investigations have investigated the influence of TA on adolescents. Therefore, this study aims to assess the effect of transactional analysis on parent-adolescent conflict, emotional regulation, and depression among adolescents in Bangladesh..

1.3 Statement of the Problems

Adolescence is a developmental stage in the human life cycle. Epidemiological studies frequently reveal that parent-adolescent conflict, emotional regulation, and depression are common mental health issues among adolescents in Bangladesh. Previous research indicated that inter-parental conflict has an indirect effect on adolescents' psychological disadvantage through experienced threat (the cognitive component) and perceived mother and paternal disapproval (contextual factor) (Khaleque et al., 2016). School-based group therapy is found to help decrease parent-adolescent conflict. Moreover, intervention with parents and adolescents effectively reduces stress at home (Tannous Haddad & Shechtman, 2019). Transactional analysis can help adolescent pupils to manage their conflicts and depressive symptoms. Even though this empirical investigation found that TA reduced parent-adolescent conflict and aggressiveness, the control group received no intervention (Kulashekara & Kumar, 2014). The current study includes structured treatment for the control group to obtain meaningful and trustworthy results. Despite the need to examine the usefulness of transactional analysis in improving parent-adolescent relationships, relatively few studies have been undertaken in Bangladesh.

Emotion regulation is another fascinating area of study in the science of psychology at the moment. According to a recent survey conducted in Bangladesh, prevention and intervention of psychopathology have been proven to be practical techniques for improving maladaptive cognitive strategies such as ruminating, overthinking, and self-blame into more adaptive systems such as productive thinking and positive reappraisal (Garnefski et al., 2017). More research is needed to confirm that psychological intervention is essential for improving adolescent mental health in Bangladesh.

Furthermore, existing literature found that transactional analysis training is essential for empowering adolescents' emotional skills (Keshavarzi et al., 2016). However, this study was conducted following quasi-experimental research, and the control group did not receive any treatment. Besides that, the study only included female high school students. Therefore, the present study aims to address the gap by welcoming individuals of both genders to strengthen the findings further.

Almost 7 million people in Bangladesh experience depressive and anxiety disorders, respectively (World Health Organization, 2020). In Bangladesh, depression, anxiety, and stress levels have been reported to be as high as 54.3%, 64.8%, and 59.0%, respectively (Mamun and Griffiths, 2019, Mamun et al., 2021). According to research, adolescent depression is caused by a family history of depressive symptoms, bad domestic parental connections, sexual abuse, and reproductive sickness. A counseling program that includes cognitive behavioral therapy, psychoeducation, and a referral system can help alleviate depression symptoms. Research indicates that a counseling intervention program helps reduce depressive symptoms in Bangladesh; however, it is essential to investigate the impact of transactional analysis on depression in addition to other treatments in Bangladesh (Nasreen et al., 2016).

In the context of emotional regulation challenges, parenting style in the parent-adolescent connection is often a prominent aspect (Jabeen et al., 2013). Past literature reported that depression is the most common crisis among adolescents and that parent-adolescent conflict has a detrimental impact on depression (Ozdemir, 2014). Emotion regulation issues impact the core cardinal symptoms of major depressive disorder. In this regard, most depressed individuals utilize maladaptive emotion regulation more frequently and have difficulty maintaining adaptive techniques (Joormann & Vanderlind, 2014). Transactional analysis helps eliminate irrational beliefs and dependent and avoidant decision-making styles. The therapeutic methods of transactional analysis have been demonstrated to be beneficial in reducing separation anxiety, dysfunctional mood, and avoidant decision-making patterns (Rahmanian et al., 2019). The communication and discomfort tolerance abilities of transactional analysis have been considerably enhanced. The effectiveness of group transactional analysis intervention improves disruptive adolescents' capacity for dealing with stress and their communication abilities (Jabbari et al., 2019). The transactional analysis was found to be similar to brief strategic family therapy to deal with negligence and misconduct and improve the relationship (Darbani et al., 2019). For the treatment of adolescents, group therapy using the transactional analysis approach is a valuable technique. Transactional analysis group therapy will improve adolescent females' parent-child relationships (Taheri et al., 2017). However, research on transactional analysis in the Asian cultural context was restricted.

Considering the gaps discussed above, the objective of this study is to investigate the effectiveness of the transactional analysis technique on parent-adolescent conflict and emotional regulation with depression. The study also

aims to examine the significant gender differences regarding the effects of transactional analysis. This will establish a broader scope for future professionals in Bangladesh to accelerate the application of the transactional analysis approach as an intervention and counseling approach in dealing with mental health crises.

1.4 Research Objectives

The objectives of this research comprise the general and specific objectives as follows:

1.4.1 General Objectives

The main objective of this study is to examine the effect of transactional analysis intervention on parent-adolescent conflict, emotional regulation, and depression. It also aims to identify the significant gender differences regarding the effects of transactional analysis on parent-adolescent conflict, emotional regulation, and depression.

1.4.2 Specific Objectives

This study aims to achieve the following specific objectives:

1. To examine the mean score difference of parent-adolescent conflict between the experimental group and control group.
2. To examine the mean score difference of parent adolescent conflict between pre-test and post-test of experimental group.
3. To examine the mean score difference of emotional regulation between the experimental group and control group.
4. To examine the mean score difference of emotional regulation between pre-test and post-test of experimental group.
5. To examine the mean score difference of depression between the experimental group and control group.
6. To examine the mean score difference of depression between pre-test and post-test of experimental group.
7. To examine the groups and genders difference in intervention on the Parent-adolescent conflict, emotional regulation, and depression.

1.5 Research Questions

The study aims to answer the following research questions:

1. Is there any mean score difference in the parent-adolescent conflict between the experimental and control groups?
2. Is there any mean score difference of parent-adolescent conflict between the pre-test and post-test of the experimental group?
3. Is there any mean score difference in emotional regulation between the experimental and control groups?
4. Is there any mean score difference in emotional regulation between the pre-test and post-test of the experimental group?
5. Is there any mean score difference in depression between the experimental and control groups?
6. Is there any mean score difference of depression between the pre-test and post-test of the experimental group?
7. Are there any significant groups and genders difference in intervention on Parent-adolescent conflict, emotional regulation, and depression?

1.6 Hypotheses of the Study

The hypotheses of this study are as follows:

H_o 1. There is no significant mean score difference in the parent-adolescent conflict between the experimental and control groups.

H_o 2. There is no significant mean score difference of parent-adolescent conflict between the pre-test and post-test of the experimental group.

H_o 3. There is no significant mean score difference in emotional regulation between the experimental and control groups.

H_o 4. There is no significant mean score difference in emotional regulation between the pre-test and post-test of the experimental group.

H_o 5. There is no significant mean score difference in depression between the experimental and control groups.

H_o 6. There is no significant mean score difference of depression between the pre-test and post-test of the experimental group.

H_o 7. There are no significant groups and genders difference in intervention effect on Parent-adolescent conflict, emotional regulation, and depression.

1.7 Significance of the Study

The findings reported in this study shall contribute significantly to the theoretical expansion, prevention, and intervention program in all areas within the psychological and scientific communities, mainly focusing on the effect of Transactional Analysis therapy. It has been determined that TA's therapeutic intervention successfully treats mental health problems (Zahedi et al., 2021; Torkaman et al., 2020; Rahmati et al., 2020). Besides that, Group counseling intervention following the TA approach is found to be effective in enhancing social interaction (Rahmayanti & Karneli, 2021). TA therapy aims to assist clients by developing healthy ego states, enhanced social abilities, and high self-efficacy. According to research, TA enhances ego states, self-efficacy, and social functioning, improving psychopathology, behavior, and overall wellbeing. These consequences are accomplished through four evidence-based therapeutic areas of expertise: developing a rapport with clients, collaborating with current experiences, causative analysis (life scripts, injunctive relief, counter-injunctions), and therapeutic framework (intervention agreements, intervention stages, psychoeducation/didactics) (Vos & van Rijn, 2021). It also adds new information to the existing body of knowledge pertaining to transactional analysis as an effective psychological tool with many positive clinical observations and theoretical discussions. According to Sakaki and Hassan (2017), transactional analysis is amongst the most successful theoretical constructs for resolving conflicts in personal interactions and staying positive. However, transactional analysis remains an under-researched topic where findings reported by past studies are lacking in a controlled research design and empirically validated data. Thus, the present study's findings may create more awareness and explore the application of transactional analysis.

Furthermore, transactional analysis has been used as the earliest theory to treat mental health crises (Berne, 1964). This research employed transactional analysis as an intervention in the framework of attachment theory. The relationship pattern, living position, life scripts, and types of transactional communications are linked with an individual's state of mental health according to the integration pattern of the two theories. More importantly, secure attachment and optimistic life help to safeguard one's mind, while incorrect extension and adverse living conditions may negatively affect mental health. The four insecure attachment styles of ambivalence, avoidance, disorganization, and isolation lead to an accumulation of emotional experiences and the development of script beliefs about oneself, others, and the quality of life that help lead to a collection of emotional experiences and the development of script beliefs about oneself, others, and the quality of life that help to shape subsequent perceptions and affect relationships (Erskine, 2009). An original advancement in treatment interventions is merging transactional analysis and attachment theory on a theoretical level.

This study may also benefit practitioners in assisting clients in following transactional analysis. For example, adolescents who experience family conflict may negatively affect the parent-adolescent relationship. In this respect,

educating parents who participate in the transactional analysis program about the negative effects of conflict is essential. The results reported in this research will also prompt future investigation on new schemes and factors that may be related to the mental health wellbeing of an adolescent.

In the context of Bangladesh, the present study will serve as a starting point for more research that compares the effect of transactional analysis as a therapeutic tool among different age groups in Bangladesh. The evidence-based findings of the investigation will influence different clinical and community welfare settings and utilize transactional analysis therapy as effective psychotherapy with other established psychotherapeutic approaches in order to deal with parent-adolescent conflict, emotional regulation, and depression. The evidence demonstrates that transactional analysis is a highly effective treatment method for depression in Bangladesh (Parvin et al., 2019). The findings of this study will also secure and enhance the quality of life for individuals, develop a quality family relationships, and significantly reduce the severity of the mental health crisis among adolescents in Bangladesh.

1.8 Limitations

This study investigated the effect of transactional analysis on parent-adolescent conflict, emotional regulation, and depression in Bangladesh. Most of the empirical research in this study faced several limitations that need to be addressed in the future. First, the subjects were selected through an initial assessment using the parent-adolescent conflict, emotional regulation, and depression questionnaire. Those who obtained average scores on the depression scale were chosen due to having no option to provide clinical intervention, which formed the first limitation.

The second limitation is related to the samples. In this regard, all subjects in this study were selected from Dhaka, which is a city in Bangladesh. They also came from a similar school as the study conducted following experimental design, so it was challenging to control cultural biases as well as socio-economical classes. According to Leichsenring et al. (2017), cultural bias in psychometric testing may contribute to misdiagnosis and other mistakes, with significant consequences for those participating in the assessment. Furthermore, cultural bias in psychology is deceptive since research is undertaken in one culture, and the conclusions are generalized and supposed to apply to many different cultures (Kumar & Yale, 2016).

Meanwhile, the third limitation of the study is that the target population of this study only comprised adolescents, and the samples were selected from one school only. The sample size for this experimental study was also small. As a result, generalizing the conclusions of this study would be problematic. Small sample sizes reduce statistical power and the effect size's flexibility. Small sample numbers make it more challenging to discover statistically significant

findings. As a result, smaller sample sizes reduce statistical power. Significant disparities between the sample and the population might occur purely by chance in small random samples, making successful generalization problematic (Tipton et al., 2017).

The fourth limitation is that the data of this study were collected using three questionnaires that looked into parent-adolescent conflict, emotional regulation, and depression. Although the quantitative data were able to answer the research questions, it did not have the capability to describe the issues in further detail. Besides, that observer bias influences research when a researcher's expectations, opinions, or prejudices influence what they perceive or record in a study. It usually affects studies when observers are aware of the research aims or hypotheses. Observer bias is also called detection bias or ascertainment bias (Holman et al., 2015).

The last limitation of this study is connected to the scope of the investigation. The purpose of this study was to study the effect of transactional analysis on parent-adolescent conflict, emotional control, and depression in Bangladesh. This study would be more informative if it could compare TA therapy to other known theories such as CBT, EMDR, and so on. Furthermore, because of time constraints, this study was unable to include a follow-up session to assess the strength of the effects of TA on the dependent variables.

1.9 Definition of Term

1.9.1 Adolescents

Adolescence is the stage of life that occurs between childhood and adulthood. It is a time of fast biological, cognitive, and neurological changes that have a significant impact on relationships and psychosocial functioning (Branje, 2018). An individual person between the ages of 10 and 19 is considered an adolescent, according to the World Health Organization (2021). It is a special period in human development and crucial for setting the groundwork for long-term health. Adolescents grow quickly in terms of their physical, cognitive, and psychological development (Sawyer et al., 2018).

1.9.2 Parent-Adolescent Conflict

Conceptual definition: The frequency of disagreement in a relationship refers to the incidence of conflict, while the severity of conflict is the effective heat of the argument. During adolescence, conflicts between parents and adolescents refer to interpersonal dyadic occurrences containing stated behavioral opposition such as quarrels, disagreements, and arguments (Shantz, 1987). Parent-adolescent conflict can also forge change towards greater egalitarianism in

family relationships (Branje 2018), and it is, therefore, important to better understand how parent–adolescent conflict develops across adolescence

Operational definition: The operational definition of parent-adolescent conflict is the score of the Conflict Behavior Questionnaire (CBQ) obtained by the adolescents (Robin & Foster, 1984a). The questionnaire used a 20-items true/false self-report scale to assess parent-adolescent conflict and measured the communication conflict behavior at home between the parents and adolescents.

1.9.3 Emotional Regulation

Conceptual definition: Emotional regulation is specifically aimed at achieving its goal through the intrinsic and extrinsic process that monitors, evaluates, and modifies emotional reactions (Thompson, 1994, pp. 27–28). Emotional regulation is an awareness and understanding of one's emotions and their impact on behavior and the ability to manage those emotions in a positive way (Putwain, 2019). Gross (1998) model of emotional regulation proposes two processes: cognitive reappraisal and expressive suppression. Cognitive reappraisal involves the optimistic re-evaluation of a situation to change its emotional impact, and expressive suppression involves the inhibition of emotionally expressive behaviors. In response to stressful events, reappraisal is associated with increased positive affect and decreased negative affect (John and Gross, 2004).

Operational definition: The operational definition of emotional regulation is the subjects' score on the Emotion Regulation Questionnaire (ERQ). This self-report questionnaire was developed and validated by Gross & John (2003) for adolescents aged 12 to 19 years old. The ten-item assessment was intended to examine individual variations in the habitual use of two emotion control strategies, namely cognitive reappraisal and expressive suppression.

1.9.4 Depression

Conceptual definition: Depression refers to a state characterized by depressive episodes and features that can last for at least two weeks or more. Depressive symptoms include significant changes in body weight, reduced interest in activities, lack of value, concentration problems, and suicidal tendencies (American Psychiatric Association, 2013). It can cause severe symptoms that affect how individuals feel, think, and handle daily activities, such as sleeping, eating, or working. It is an illness that can affect anyone regardless of age, race, income, culture, or education. (Paykel, 2022).

Operational definition: A subject's score on the Beck's Depression Inventory (BDI-II) was used as the operational definition of depression (Beck et al., 1996). The BDI-II consists of 21 questions, each with a score ranging from 0 to 3. The cut-offs differ from the original: 0 - 13 indicates minimal depression, 14 - 19 indicates mild depression, 20 - 28 indicates moderate depression and 29 - 63 indicates severe depression. In this regard, more severe depression symptoms are associated with higher overall scores.

1.9.5 Transactional Analysis Intervention

TA is a psychoanalytic theory and therapy practice that analyzes social interactions to discover the subject's ego as a foundation for interpreting behavior (Berne, 1964). The purpose of transactional analysis, a type of contemporary psychology that evaluates a person's relationships and interactions, is to reaffirm the belief that everyone is valued and capable of good development and personal improvement via treatment or intervention (Johnsson, 2011).

1.10 Chapter Summary

This chapter described the background of the study, problem statement, research objectives, hypotheses constructed, and the significance of the study. It also highlighted the importance of investigating the effectiveness of transactional analysis therapy toward parent-adolescent conflict, emotional regulation, and depression among adolescents in Bangladesh. The next chapter will review past research related to the field under investigation.

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