

# The Impact of Transactional Analysis Group Therapy, Schema Therapy, and Emotion-Focused Therapy on Emotional Regulation in Female College Students Following Romantic Breakups

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## Abstract

**Background:** Romantic breakups are a common experience for college students that can significantly impact emotional well-being. This study was conducted to evaluate the impact of transactional analysis group therapy, schema therapy, and emotion-focused therapy on emotional regulation in female university students experiencing romantic failure.

**Methods:** A quasi-experimental pre-test-post-test control group design was employed. The target population comprised all female university students at Khorasgan University, Isfahan, Iran who had experienced romantic failure in 2022. A convenience sample of 60 female students who met these criteria was selected for participation. Participants were randomly assigned to one of the four groups: transactional analysis group therapy (n=15), schema therapy (n=15), emotion-focused therapy (n=15), and a control group (n=15). Each therapy group participated in eight 90-minute sessions. Data were collected using the Cognitive Emotion Regulation Questionnaire (CERQ). Analysis of covariance (ANCOVA) and Bonferroni post hoc tests were conducted using SPSS version 22 to analyze the data.

**Results:** The results demonstrated a significant difference in post-test scores for both positive and negative emotion regulation between the experimental and control groups ( $P < 0.001$ ). The transactional analysis group exhibited the highest mean score ( $70.01 \pm 3.04$ ) for positive emotion regulation, followed by the schema therapy group ( $72.26 \pm 2.74$ ) and the emotion-focused therapy group ( $71.66 \pm 4.28$ ). The control group showed the lowest mean score ( $29.20 \pm 4.45$ ) ( $P < 0.001$ ). For negative emotion regulation, the control group had the highest mean score ( $55.86 \pm 5.23$ ), while the emotion-focused therapy group showed the lowest mean score ( $21.46 \pm 3.70$ ) ( $P < 0.001$ ). The results indicated that transactional analysis group therapy, schema therapy, and emotion-focused therapy significantly increased positive emotion regulation in female university students experiencing romantic failure compared to the control group ( $P < 0.001$ ).

**Conclusions:** This study demonstrated the effectiveness of transactional analysis group therapy, schema therapy, and emotion-focused therapy in improving emotional regulation among female university students experiencing romantic failure. Future research should investigate the long-term effects of these interventions and explore factors that may influence treatment outcomes.

**Keywords:** Transactional analysis, Emotions, Schema therapy, Romantic breakups, Students

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## 1. Introduction

The establishment of a romantic relationship is a complex and challenging endeavor that many individuals prioritize as a fundamental life goal. However, the termination of such relationships can have profound negative consequences, both emotionally and psychologically (1). Research has consistently linked romantic failure to a wide range of physical and psychological symptoms, including increased vulnerability, loneliness, immunosuppression, physical illness, feelings of insecurity, loss of motivation, boredom, and reduced resilience (2, 3). The post-breakup

syndrome, characterized by a constellation of severe and persistent symptoms, can significantly impair an individual's functioning in various domains and elicit maladaptive responses (4). Individuals experiencing romantic failure often exhibit a marked decline in their ability to regulate their emotions (5). For young women, emotion regulation can be a powerful predictor of their capacity to control negative emotions. Emotions are highly nuanced and can evoke both positive and negative reactions (6). The effectiveness of emotional regulation depends on its appropriateness in a given context, with well-regulated emotions leading to positive outcomes

and poorly regulated emotions leading to negative consequences. Therefore, individuals must adapt their emotional regulation strategies to different situations and timeframes (7).

Emotion regulation is defined as a process that involves initiating, maintaining, modulating, or terminating internal feeling states and their associated physiological processes to achieve specific goals (8). Positive emotion regulation allows individuals to maintain a calm and steady state of emotional arousal, enabling them to monitor and modify negative emotional experiences (9). Research has consistently shown that one's capacity for positive emotion regulation has a significant impact on their psychological well-being, physical health, and interpersonal relationships (10, 11). Identifying effective methods for improving emotion regulation has been a major concern for researchers.

Transactional analysis group therapy is a promising intervention for enhancing emotion regulation in female university students experiencing romantic failure. Transactional Analysis is a personality theory and therapeutic approach that aims to foster personal growth and change (12). It offers a model of the human psyche and is particularly valuable for understanding and improving interpersonal relationships, especially within marital and family contexts (13). The theory posits that individuals can mitigate psychological distress by cultivating healthy and positive relationships to replace destructive and negative ones (14).

Transactional Analysis is grounded in the concept of ego states, which are categorized into Parent, Adult, and Child. The Parent ego state embodies the internalized values, beliefs, and behaviors of one's parents. The Child ego state is associated with pleasure-seeking, playfulness, and dependency. The Adult ego state reflects a rational and objective perspective (15). Transactional analysis group therapy facilitates the development of deep connections, enhances interpersonal problem-solving skills, alleviates symptoms of romantic failure, and promotes self-differentiation (16).

Furthermore, an individual's core beliefs play a significant role in their ability to regulate emotions. Schema therapy, which specifically targets maladaptive core beliefs, is a therapeutic approach that can effectively address the cognitive

and emotional dimensions of romantic failure in young women (17). This intervention focuses on examining how past experiences and beliefs influence current relationships. Schema therapy concentrates on self-defeating patterns of thinking, feeling, and behaving that originate in childhood and persist throughout life (18). Unmet childhood needs can lead to the development of maladaptive schemas (19). Schema therapy posits that unique childhood experiences play a crucial role in forming beliefs about oneself and others, which persist throughout life and influence one's relationships (20). Schemas consist of assumptions about how things are and rules about how things should be. Thus, schema therapy aims to identify and modify these schemas to improve relationships (21). Consistent with this, Nikparvar and colleagues (22) found that schema therapy increases resilience as an effective approach.

Attachment style and emotion-focused therapy are two significant factors influencing an individual's ability to regulate emotions (23). The foundation of emotion-focused therapy is self-actualization and personal growth, with the goal of fostering individual balance (24). Emotion-focused therapy is a suitable treatment for reducing family-related problems. This approach has a strong theoretical and empirical foundation. Emotions can profoundly affect the entire being. Therefore, paying attention to emotions in the therapeutic process is crucial, as emotions can provide valuable information essential for psychological well-being (25). Emotions are often misunderstood and inaccessible to reason, but they can be used to change other emotions. Individuals who struggle to suppress negative emotions can be encouraged to reconnect with those feelings and develop a more positive understanding of them. When individuals change their perception of a person or event, they can also change their emotional reactions (26).

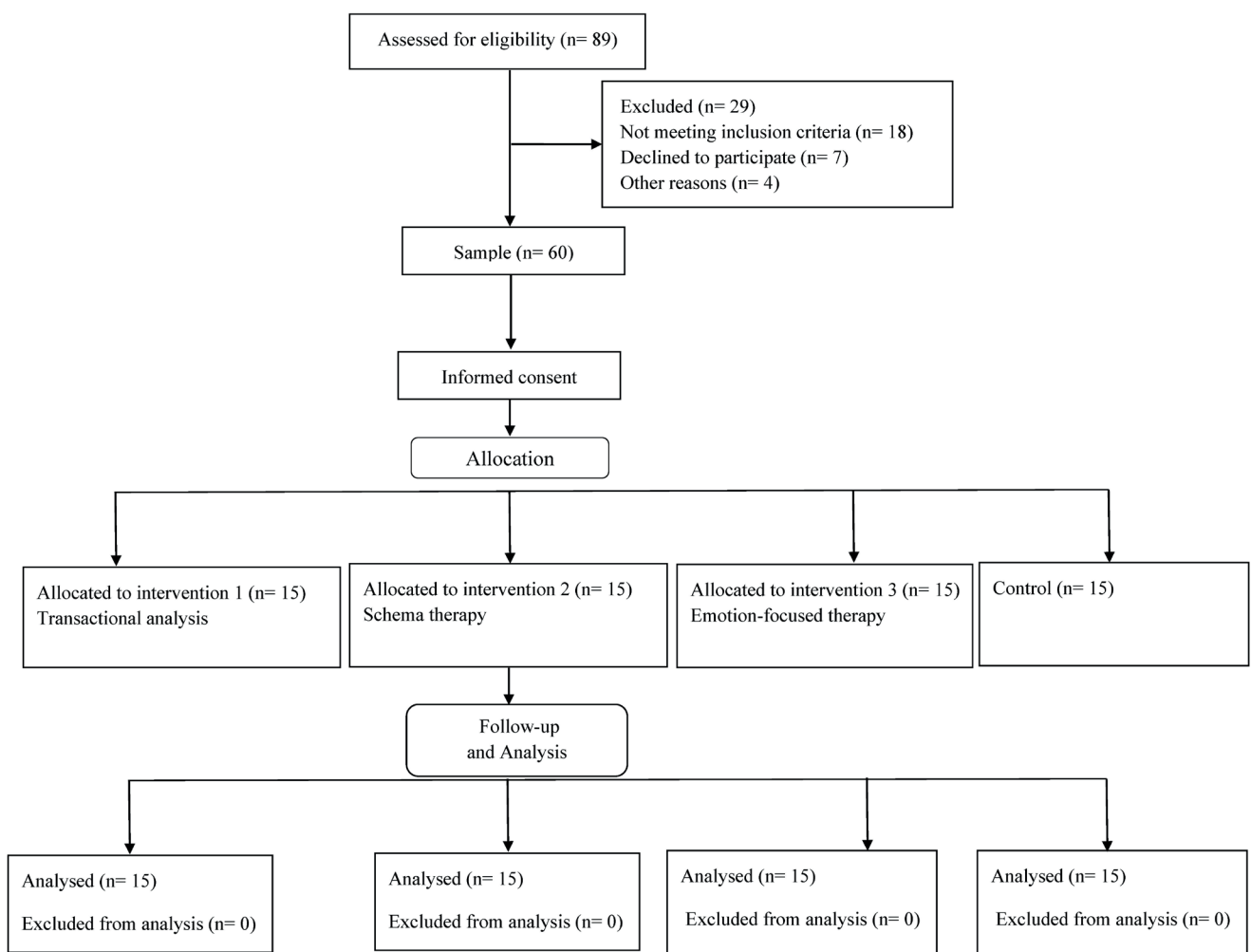
Previous research has consistently demonstrated that female university students who experience romantic failure often grapple with significant psychological and emotional challenges, including difficulties with emotion regulation (2, 3). To address these issues, transactional analysis group therapy, schema therapy, and emotion-focused therapy have emerged as promising therapeutic interventions. The present study aimed to identify the most effective therapy for accelerating the

improvement of emotion regulation in female university students who have recently experienced romantic failure. Consequently, the primary objective of this study was to investigate the efficacy of transactional analysis group therapy, schema therapy, and emotion-focused therapy in enhancing emotion regulation among this specific population.

## 2. Methods

This study used a quasi-experimental pre-test-post-test control group design. The target population comprised all female university students at Khorasgan University, Isfahan, Iran who had experienced romantic failure in 2022. A convenience sample of 60 female students was recruited, with the sample size determined using G\*Power ( $\alpha=0.05$ , power=0.90) based on expected mean differences in positive emotion regulation scores observed in previous research (27). The transactional analysis, schema therapy,

emotion-focused therapy, and control groups displayed mean positive emotional regulation scores of  $70.01\pm 3.04$ ,  $72.26\pm 2.74$ ,  $71.66\pm 4.28$ , and  $29.20\pm 4.45$ , respectively. Participants were included if they scored above 20 on the Love Trauma Inventory (LTI) (28), were able to attend therapy sessions, and had experienced romantic failure for a maximum of six months. The exclusion criteria were neurological or psychological disorders, severe depression, and missing more than two therapy sessions. Participants were randomly assigned to one of the four groups: transactional analysis group therapy, schema therapy, emotion-focused therapy, and a control group (n=15 per group) (Figure 1). Random allocation was achieved using a random number table. The table consists of sequences of random numbers generated without a specific pattern. Starting from the first number in the random table, participants were sequentially assigned to groups based on the random numbers. Each group was predetermined to accommodate 15 participants.



**Figure 1:** The figure shows the CONSORT flow diagram.

## 2.1. Interventions

The intervention consisted of eight 90-minute group therapy sessions based on transactional analysis, adhering to the protocol outlined by Tangolo and Massi (29). The transactional analysis group therapy sessions began with an introduction to the session content, an explanation of group rules, a definition of structural analysis, and an analysis of structural states with verbal and non-verbal messages (Session 1). The following session introduced transactional analysis and ego states, increasing awareness of the pervasive control of personal emotions. It also included further structural analysis and the drawing of an ego-gram (Session 2). Session 3 focused on creating a specific situation as the goal of disruption and initiating acceptance activities, emphasizing the process of verbalization over content. Covert transactions, ulterior transactions, and the third rule of relationship formation were taught in Session 4. Session 5 involved disrupting life stories and developing mindfulness to enhance the sense of self, completing the mindfulness practice sequence by generalizing it to thoughts and feelings, measuring and explaining the client's values, and assessing goals aligned with those values. Session 6 addressed how to deal with and stop psychological games. Further mindfulness practice, revealing the distinction between the process and outcome of action, and teaching the existential state, including healing the inner child, were covered in Session 7. Finally, Session 8 provided a session summary, final suggestions, and administered the post-test.

The schema therapy group also underwent eight 90-minute sessions, following the guidelines outlined in the study of Young and colleagues (30). The schema therapy sessions began with establishing rapport, conducting an initial assessment, obtaining commitment, and identifying the presenting problem (Session 1). Session 2 focused on teaching about schemas and coping styles, identifying maladaptive early schemas, and linking these schemas to the client's problems. Cognitive strategies, maladaptive coping mechanisms, and the development of a dialogue between the schema and healthy aspects of the self were addressed in Session 3, utilizing techniques such as the devil's advocate and educational tasks. Session 4 continued with cognitive techniques and strategies, presenting the logic of these techniques using the war metaphor and employing an

empathic confrontation therapy style. Experiential techniques, including mental imagery and linking past and present mental images through imaginary dialogue, were utilized in Session 5. Session 6 introduced behavioral modeling, outlining the rationale and goals of behavioral techniques, identifying and prioritizing target behaviors for change, and motivating behavioral change. Session 7 focused on behavioral techniques to further increase motivation for behavior change, address barriers to change, and facilitate significant life changes. Finally, Session 8 provided a session summary, final recommendations, a review and conclusion of the therapy process, and administered the post-test.

The emotion-focused therapy group received eight 90-minute sessions, as described in the previous study (31). The emotion-focused therapy sessions commenced with the administration of a pre-test, introductions, and the establishment of a therapeutic relationship with the participants (Session 1). Subsequent sessions focused on identifying the presenting problem and exploring unexpressed emotions (Session 2). Session 3 involved reconstructing communication patterns, while Session 4 addressed the identification of emotions and the common tendency to pathologize negative emotions. Identifying individual characteristics in expressing emotions and teaching practical emotion expression techniques were the focus of Session 5. Session 6 explored the ability to establish and integrate emotions within personal and social life contexts. Session 7 concentrated on strengthening and further integrating emotions. Finally, Session 8 provided a summary of the therapeutic process, solicited feedback from the participants, and offered final suggestions.

## 2.2. Procedure

Following the acquisition of ethical approval, a call for participation in a romantic failure assessment test was distributed among various faculties. Subsequently, a questionnaire link was provided to students who had registered for the call. Students who scored above the average were invited for in-person interviews. Written informed consent was obtained from the participants. All therapy sessions were conducted by experienced psychotherapists and took place at the university counseling center. The control group did not receive any intervention.

### 2.3. Measure

The Cognitive Emotion Regulation Questionnaire (CERQ), developed by Garnefski and colleagues (32), is a self-report measure designed to assess individuals' cognitive coping strategies in response to negative events. The 36-item scale measures two dimensions: positive emotion regulation (acceptance, positive refocusing, planning, positive reappraisal, and putting into perspective) and negative emotion regulation (self-blame, rumination, catastrophizing, and other-blame). Respondents rate items on a 5-point Likert scale, with higher scores indicating greater use of the specific strategy. The positive emotion regulation subscale, consisting of 20 items, yields a possible range of 20 to 100. The negative emotion regulation subscale includes 16 items, with a possible range of 16 to 80. Abdi and colleagues (33) reported a reliability coefficient of 0.82 for the Cognitive Emotion Regulation Questionnaire (CERQ). The Persian version demonstrated strong psychometric properties, with a content validity index (CVI) of 0.98 and a content validity ratio (CVR) of 0.85 (33). In the present study, CERQ exhibited a Cronbach's alpha of 0.79, further supporting its reliability in our sample.

The Love Trauma Inventory (LTI): The Love Trauma Inventory (LTI), a 10-item self-report measure developed by Rosse (28), assesses physical, emotional, cognitive, and behavioral distress resulting from romantic relationship trauma. Items are rated on a 4-point Likert scale (0-3), with items 1 and 2 reverse-scored. A total score of 20 or higher suggests potential emotional distress. The LTI has demonstrated strong psychometric properties. Etemadnia and co-workers (34) reported a Cronbach's alpha of 0.83 and a CVI of 0.91 and CVR of 0.89 for the Persian version. In the present study, the LTI exhibited a Cronbach's alpha of 0.86, further supporting its reliability.

### 2.4. Data Analysis

To analyze the data, an analysis of covariance (ANCOVA) with Bonferroni post-hoc tests was conducted using SPSS version 22. This analysis compared the pre-test and post-test scores on the dependent variables after confirming the necessary test assumptions. In addition, paired t-tests were conducted to examine within-group changes in scores from pre-test to post-test for each group.

### 3. Results

The study participants were 60 female college students who had recently experienced romantic breakups. The mean age of the participants in the transactional analysis therapy, schema therapy, emotion-focused therapy, and control groups was  $20.65 \pm 2.64$ ,  $21.44 \pm 2.59$ ,  $21.13 \pm 2.60$  and  $22.20 \pm 2.53$  years, respectively ( $P=0.112$ ). Within the transactional analysis therapy group, 9 students were undergraduates and 6 were graduate students. In the schema therapy group, 7 students were undergraduates and 8 were graduate students. The emotion-focused therapy group included 10 undergraduate and 5 graduate students. Finally, the control group consisted of 8 undergraduate and 7 graduate students ( $P=0.494$ ). There were no significant demographic differences between the experimental and control groups.

The mean and standard deviations of positive and negative emotion regulation for the experimental and control groups are presented in Table 1. Based on the results, the mean and standard deviation of positive emotion regulation for the transactional analysis group were  $26.33 \pm 4.95$  and  $70.01 \pm 3.04$  at the pre-test and post-test, respectively; for the schema therapy group,  $27.39 \pm 2.84$  and  $72.26 \pm 2.74$ , respectively; for the emotion-focused therapy group,  $27.86 \pm 2.72$  and  $71.66 \pm 4.28$ , respectively; and for the control group,  $28.33 \pm 4.36$  and  $29.20 \pm 4.45$ , respectively. Similarly, the mean and standard deviation of negative emotion regulation for the transactional analysis group were  $59.66 \pm 3.58$  and  $58.40 \pm 1.91$  at the pre-test and post-test, respectively; for the schema therapy group,  $58.26 \pm 3.09$  and  $35.73 \pm 2.93$ , respectively; for the emotion-focused therapy group,  $58.93 \pm 3.57$  and  $21.46 \pm 3.70$ , respectively; and for the control group,  $56.66 \pm 4.70$  and  $70.86 \pm 5.23$ , respectively.

The Kolmogorov-Smirnov test confirmed the normality of the distribution of scores for positive and negative emotion regulation in all of the four groups (experimental and control). Levene's test further confirmed the homogeneity of variances across groups. A covariance analysis revealed a significant difference in post-test scores for positive cognitive emotion regulation between the experimental and control groups ( $P < 0.001$ ). Post-hoc analyses indicated that transactional analysis, schema therapy, and emotion-focused therapy were significantly more effective than the control condition in improving positive emotion regulation.

**Table 1:** Means and standard deviations of positive and negative emotion regulation in the experimental and control groups

Variables	Phases	Transactional analysis group	Schema therapy group	Emotion-focused therapy group	Control group	P (between group)
		Mean±SD	Mean±SD	Mean±SD	Mean±SD	
Positive emotional regulation	Pretest	26.33±4.95	27.39±2.84	27.86±2.72	28.33±4.36	0.250
	Posttest	70.01±3.04	72.26±2.74	71.66±4.28	29.20±4.45	0.001
	P (within group)	0.001	0.001	0.001	0.539	-
Negative emotional regulation	Pretest	59.66±3.58	58.26±3.09	58.93±3.57	56.66±4.70	0.059
	Posttest	37.40±1.91	35.73±2.93	21.46±3.70	55.86±5.23	0.001
	P (within group)	0.001	0.001	0.001	0.663	-

**Table 2:** Bonferroni post-hoc test for paired comparison of the positive and negative emotion regulation

Variable	Groups	Mean difference	P
Positive emotional regulation	Transactional analysis - Control	-40.81	0.001
	Schema therapy - Control	-43.06	0.001
	Emotion-focused therapy - Control	-40.46	0.001
	Transactional analysis - Schema therapy	3.56	0.161
	Transactional analysis - Emotion-focused therapy	2.59	0.194
	Schema therapy - Emotion-focused therapy	1.15	0.233
	Negative emotional regulation	Transactional analysis - Control	18.46
Schema therapy - Control		20.13	0.001
Emotion-focused therapy - Control		34.40	0.001
Transactional analysis - Schema therapy		3.20	0.172
Transactional analysis - Emotion-focused therapy		4.82	0.103
Schema therapy - Emotion-focused therapy		2.62	0.200

Bonferroni post-hoc tests revealed significant differences in positive and negative emotion regulation between the experimental and control groups at post-test ( $P < 0.001$ ). However, no significant differences were found among the transactional analysis, schema therapy, and emotion-focused therapy groups in terms of mean scores for positive and negative emotion regulation ( $P < 0.001$ ). These findings suggested that all of the three therapies were equally effective in improving emotion regulation (Table 2).

#### 4. Discussion

This study aimed to investigate the effectiveness of transactional analysis, schema therapy, and emotion-focused therapy in improving emotion regulation among female university students experiencing emotional distress. Our results indicated that all of the three therapies were equally effective in enhancing positive cognitive emotion regulation compared with the control group. However, no significant differences were found between the three experimental therapies, suggesting that they may have similar efficacy in improving emotion regulation. The findings were consistent with previous research (13, 17, 20).

Research indicated that emotionally distressed students may encounter difficulties in effectively expressing their emotions in response to challenging situations (17). This may be attributed to their perception of limited ability to manage these challenges. As a result, they may resort to maladaptive coping strategies, such as avoidance or suppression of emotions, which can further exacerbate their emotional distress and hinder their overall well-being (3). This study demonstrated that transactional analysis, schema therapy, and emotion-focused therapy were all effective in reducing negative emotion regulation and increasing positive emotion regulation in emotionally distressed students.

Transactional analysis, schema therapy, and emotion-focused therapy have been shown to facilitate positive adaptation to emotional distress among students by addressing core psychological issues. Transactional analysis helps individuals gain insight into their interpersonal patterns and develop healthier communication skills, enabling them to build more fulfilling relationships (13). Schema therapy; on the other hand, focuses on identifying and modifying maladaptive cognitive schemas that contribute to emotional distress

(18). By challenging these negative thought patterns, individuals can develop a more positive and realistic self-perception. Emotion-focused therapy, meanwhile, emphasizes the importance of emotional awareness and expression. Through a process of experiential learning, individuals can develop healthier ways of coping with emotions and regulating their emotional responses (15). By addressing these underlying psychological factors, these therapies empower students to develop a more constructive and adaptive approach to challenges of life (20, 22).

In addition to promoting positive adaptation, these therapeutic interventions have been found to enhance emotion regulation skills among students. By developing a deeper understanding of their emotions and learning effective coping strategies, students can respond to adverse circumstances in a more balanced and constructive manner (16). This increased emotional regulation can lead to improved interpersonal relationships, academic performance, and overall well-being. Ultimately, these therapeutic interventions help students shift their mindset from a focus on maladaptive feelings and emotions to a more proactive and solution-oriented approach (19). By establishing healthier relationships, developing effective coping strategies, and cultivating a positive outlook, students can overcome emotional distress and achieve greater psychological well-being (29, 30).

There were no significant differences in the efficacy of transactional analysis, schema therapy, and emotion-focused therapy in improving both positive and negative emotion regulation among female students experiencing emotional distress. All of the three therapies were equally effective in reducing negative emotion regulation and increasing positive emotion regulation. The commonality among these three therapies lies in their ability to modify emotion-regulating relationships and maladaptive emotional schemas. This led to a decrease in rumination and self-blame among participants, fostering a more positive self-appraisal. By enhancing coping mechanisms, a sense of responsibility, and purpose, these interventions effectively improved emotion regulation (17, 20).

#### 4.1. Limitations

This study's findings were limited by several

factors. The small sample size and convenience sampling method restricted generalizability and may introduce selection bias. The use of three different therapists, while experienced, could have led to variations in treatment delivery. Furthermore, the findings may not be applicable to other cultural contexts. Future research should employ larger, randomly selected samples, standardized treatment protocols, and explore diverse populations. Longer-term follow-up studies are also needed to assess the sustained impact of the interventions.

## 5. Conclusions

This study provided compelling evidence for the effectiveness of transactional analysis group therapy, schema therapy, and emotion-focused therapy in improving emotional regulation among female university students experiencing romantic failure. The findings consistently demonstrated that these interventions significantly enhance positive emotion regulation while reducing negative emotion regulation. These results contribute to the growing body of research supporting the efficacy of group therapy for young adults experiencing emotional distress. Future research could explore the long-term impacts of these interventions on emotional regulation and overall well-being. Additionally, investigating the potential moderating or mediating factors that may influence treatment outcomes could provide valuable insights into individual differences in response to these therapies.

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## Authors' Contribution

Hadi Dehghani Neyestani: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work, drafting the work. Seyed Hamid Atashpour: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing it critically for

important intellectual content. Hajar Torkan: Substantial contributions to the design of the work, drafting the work and reviewing it critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such that the questions related to the accuracy or integrity of any part of the work.

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### Ethical Approval

This research was approved by the Islamic Azad University, Isfahan (Khorasgan) Branch, Iran with the code of IR.IAU.KHUISF.REC.1403.212. Also, written informed consent was obtained from the participants.

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