

The Moderating Role of Self-Esteem in the Effectiveness of Positive Self-Talk and Transactional Analysis on Reducing Self-Defeating Behaviour among Secondary School Adolescents

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Abstract

This study examined the effectiveness of Positive Self-Talk (PST) and Transactional Analysis (TA) in reducing self-defeating behaviour among secondary school adolescents, while also exploring the moderating effect of self-esteem. A quasi-experimental design was adopted, involving 96 participants from three schools in Oyo State, Nigeria. Two of the groups were randomly assigned to two experimental groups (PST = 32, TA = 31), while a third group was the control group (N = 33). Data were analyzed using Analysis of Covariance (ANCOVA) and Scheffe post-hoc tests. Results indicated, among others, a significant main effect of treatment on self-defeating behaviour ($F(2,77) = 151.781, p < .05, \eta^2 = 0.798$), with PST showing the greatest reduction ($\bar{x} = 61.43$) compared to TA ($\bar{x} = 83.03$) and the control group ($\bar{x} = 105.81$). Self-esteem also had a significant main effect on self-defeating behaviour ($F(2,77) = 4.363, p < .05, \eta^2 = 0.102$), with higher self-esteem associated with lower self-defeating behaviour. The study concludes that PST is the most effective approach in reducing self-defeating behaviour among adolescents, and self-esteem plays a crucial role in intervention outcomes. It recommends integrating self-esteem enhancement strategies into school counselling programme and training educators on cognitive-based interventions to improve adolescent mental health.

Keywords: self-defeating behaviour, positive self-talk, transactional analysis, self-esteem, adolescents

Introduction

Adolescence is a transformative period characterized by rapid physical, emotional, and social development. During this stage, secondary school students are particularly vulnerable to self-defeating behaviours, such as procrastination, self-sabotage, and negative self-evaluation, which can hinder their academic achievement, social relationships, and overall mental health (Klassen et al., 2010). Self-defeating behaviours, such as procrastination, self-doubt, and avoidance, are common among adolescents and can significantly impact their academic performance, social interactions, and emotional well-being. Interventions like

positive self-talk and transactional analysis have been suggested to help reduce such behaviours, but the role of self-esteem in moderating their effectiveness remains unclear. This study seeks to explore whether self-esteem influences how well these psychological strategies work in helping secondary school students overcome self-defeating behaviours. To address these challenges, psychological interventions like positive self-talk and transactional analysis have been widely studied.

Positive self-talk involves the practice of replacing negative thoughts with constructive affirmations. Research suggests that positive self-talk enhances motivation, self-efficacy, and emotional well-being, thereby reducing self-defeating behaviours (Oluwatimilehin & Kazeem, 2024). Adolescents who engage in positive self-talk tend to have improved self-esteem and are better equipped to handle academic and social challenges (Maftai et al., 2024b). Additionally, positive self-talk interventions have been found to be effective in regulating stress and anxiety, which are often linked to self-sabotaging behaviours (Hatzigeorgiadis et al., 2022; O'Brien, 2024). This highlights the role of cognitive restructuring in mitigating maladaptive behaviour patterns.

Several studies support the role of positive self-talk in reducing negative behaviours and improving self-esteem. Research indicates that negative self-talk contributes to loneliness and self-esteem issues, whereas positive self-talk fosters resilience and emotional stability (Alshawashreh et al., 2013). A study by Lee and Oh (2021) found that self-affirmation techniques, including structured self-talk interventions, significantly reduced symptoms of self-sabotage among adolescents. Furthermore, the effectiveness of self-talk interventions has been linked to individual differences in self-esteem, with higher self-esteem amplifying the benefits of positive affirmations (Maftai et al., 2024a).

Transactional analysis focuses on improving interpersonal interactions by analyzing ego states (Parent, Adult, and Child) and communication patterns (Stewart & Joines, 2012). Transactional Analysis (TA), developed by Eric Berne, is a psychological framework that examines how individuals interact based on three ego states: Parent, Adult, and Child. Negative self-perceptions formed in childhood often contribute to self-defeating behaviours, and TA interventions focus on restructuring these perceptions (Stewart & Joines, 2012). Research has shown that TA-based interventions help adolescents develop self-awareness, recognize destructive thought patterns, and reframe their internal dialogue to foster healthier decision-making (Rahmani & Aslani, 2021). Furthermore, studies indicate that TA can be an effective therapeutic approach in improving self-esteem and reducing negative automatic thoughts in young individuals (Moghaddam et al., 2020).

Transactional Analysis has been shown to improve adolescent self-awareness and decision-making skills. A study on female adolescents found that self-esteem interventions, including TA techniques, significantly reduced self-sabotaging behaviours (Friesen, 2012). Research by Ghorbani et al. (2020) further supports the efficacy of TA, demonstrating that structured TA therapy sessions improved emotional intelligence and reduced self-defeating patterns in adolescents. Another study emphasized that TA-based interventions led to improved self-perception, helping students break negative behavioural cycles by fostering a stronger sense of self-worth and emotional regulation (Rahmani & Aslani, 2021).

However, the effectiveness of these interventions may vary depending on individual differences, particularly self-esteem. Self-esteem, defined as an individual's overall sense of self-worth, plays a critical role in shaping how adolescents perceive and respond to challenges (Orth & Robins, 2022b). Adolescents with high self-esteem are more likely to benefit from positive self-talk and transactional analysis, as they possess a stronger belief in their abilities and are more open to self-reflection. Conversely, those with low self-esteem may struggle to internalize positive affirmations or engage in meaningful self-analysis, potentially limiting the impact of these interventions. Self-esteem plays a crucial role in adolescent development and has been linked to various psychological outcomes. Low self-esteem is associated with increased self-defeating behaviours, while higher self-esteem serves as a protective factor against stress, anxiety, and depression (de la Barrera et al., 2020). Research suggests that adolescents with higher self-esteem are more likely to engage in constructive self-talk and respond positively to therapeutic interventions like TA (Delelis, 2023). Additionally, self-esteem has been found to moderate the impact of loneliness and other emotional difficulties on adolescents' behaviour, reinforcing the importance of self-esteem-building interventions (Orth & Robins, 2022a). The literature highlights the effectiveness of both Transactional Analysis and positive self-talk in addressing self-defeating behaviours among adolescents. TA interventions help individuals restructure negative self-perceptions, while positive self-talk fosters resilience and motivation. Self-esteem plays a pivotal role in determining the success of these interventions, making it an essential target for psychological and educational programmes aimed at reducing self-sabotaging behaviours.

Statement of the problem

Self-defeating behaviours, such as procrastination, self-sabotage, and negative self-perception, are prevalent among secondary school adolescents and can have detrimental effects on their academic performance, social relationships, and mental health. While psychological interventions like positive self-talk and transactional analysis have shown promise in addressing these behaviours, their effectiveness is not uniform across all

individuals. Research suggests that self-esteem plays a significant role in shaping how adolescents respond to such interventions. Adolescents with high self-esteem are more likely to benefit from these strategies, while those with low self-esteem may struggle to internalize positive messages or engage in self-reflection. Despite the growing body of literature on self-defeating behaviours and interventions, there is a notable gap in understanding how self-esteem moderates the efficacy of positive self-talk and transactional analysis. Most studies have focused on the direct effects of these interventions without considering the influence of individual differences, such as self-esteem. This gap limits the ability of educators and mental health professionals to tailor interventions to the specific needs of adolescents with varying levels of self-esteem. This study seeks to address this gap by examining the moderating role of self-esteem in the effectiveness of positive self-talk and transactional analysis in reducing self-defeating behaviours among secondary school adolescents.

Hypotheses

Ho1: There is no significant main effect of treatment on self-defeating behaviour among secondary school adolescents.

Ho2: There is no significant main effect of self-esteem on self-defeating behaviour among secondary school adolescents.

Ho3: There is no significant interaction effect of treatment and self-esteem on self-defeating behaviour among secondary school adolescents

Methodology

The study adopted a pretest-posttest control group quasi-experimental design with a 3×3 factorial structure. This design allowed for the assessment of the effects of two experimental interventions—Positive Self-Talk and Transactional Analysis—in comparison to a control group. A pretest was conducted to establish baseline data on participants' levels of self-defeating behaviour and self-esteem, while a posttest was administered to measure changes following the interventions. This design facilitated comparative analysis, helping to determine the relative effectiveness of each treatment.

The study focused on senior secondary school adolescents in Oyo Town, Oyo State, Nigeria. According to the Oyo State Post Primary Schools Teaching Service Commission (2024), there were fifty-two (52) public secondary schools spread across four Local Government Areas (LGAs) in Oyo: Afijio, Atiba, Oyo East, and Oyo West. The total population of senior secondary school students in these areas was 17,953.

A multi-stage sampling procedure was employed to ensure the selection of a representative sample of adolescents exhibiting high self-defeating behaviour. The selection process occurred in three stages. In the first stage, three out of the four LGAs in Oyo, Oyo State, were randomly selected using simple random sampling. In the second stage, three public secondary schools were randomly chosen from each of the selected LGAs, resulting in a total of nine schools. In the final stage, fifty students were purposively selected from each of the chosen schools, making a total of 450 students. The Self-Defeating Behaviour Scale was then administered to these students, and only those who scored above the average cutoff were selected for participation. This resulted in a final sample size of 96 students for the experiment (PST = 32, TA = 31) and a control group (33).

To ensure consistency and validity in participant selection, the study adhered to specific inclusion criteria. Participants had to be senior secondary school students from the selected schools and must have exhibited high self-defeating behaviour, as determined by their scores on the Self-Defeating Behaviour Scale. Only students who scored above average were considered eligible for participation. Additionally, students were required to commit to the intervention process, including punctuality at training sessions, active participation in group activities, and completion of assigned tasks. Finally, parental informed consent was obtained before the students were allowed to participate in the study.

Three primary instruments were utilized for data collection. The first was a socio-demographic profile instrument, designed by the researcher to capture relevant participants' information such as age, gender, grade level, and socioeconomic background. These factors were analyzed to assess their potential influence on self-defeating behaviour. The second instrument was the Self-Defeating Behaviour Scale, developed by Baumeister and Bushman (2008). This 32-item scale measured self-defeating behaviour using a five-point Likert scale, with response options ranging from "Very Strongly Agree" (4) to "Strongly Disagree" (0). Scores were categorized into three levels: low (0 – 1.33), medium (1.34 – 2.67), and high (2.68 – 4.0). The original scale had a Cronbach's alpha of 0.87, indicating high reliability, while other studies, such as Wu and Kei (2017), reported an internal consistency of 0.85. To ensure its suitability for this study, the scale was trial-tested on 30 senior secondary school students in Iseyin Local Government Area of Oyo State, yielding a reliability coefficient of 0.86 and a Cronbach's alpha of 0.89. The third instrument was the Rosenberg Self-Esteem Scale (1995), a 10-item instrument measuring global self-worth by assessing both positive and negative self-perceptions. Responses were rated on a 4-point Likert scale ranging from "Strongly Agree" (3) to "Strongly Disagree" (0). The scale is widely recognized for its reliability, with reported Cronbach's alpha values ranging from 0.77 to 0.83. To confirm its applicability for this study, the adapted version was pilot-tested

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on a sample of 30 senior secondary school students in Iseyin Local Government Area, producing a reliability coefficient of 0.86 and a Cronbach's alpha of 0.79.

For the purpose of this study, permission was obtained from the principals of the participating schools and Research assistants were trained to assist in data collection and intervention delivery. After which preliminary visits were made to familiarize the researcher with the students and encourage their willingness to participate in the study. The research was conducted in four key phases: pre-sessional activities, pretest, intervention, and posttest. The pre-sessional phase involved screening, recruitment, and assignment of participants to the two experimental groups and the control group. A preliminary meeting was held with the selected students to familiarize them with the study objectives and ensure their commitment to the intervention. During the intervention phase, the two experimental groups participated in structured training sessions on Positive Self-Talk and Transactional Analysis, respectively, while the control group was engaged with general academic activities. Each experimental group attended one-hour training session weekly for nine weeks. These sessions included interactive discussions, role-playing, and practical exercises designed to reinforce positive self-perception and reduce self-defeating behaviours. The control group did not receive any form of psychological intervention but continued with their regular academic activities. At the posttest phase, all three groups were administered the same instruments used in the pretest—the Self-Defeating Behaviour Scale and the Rosenberg Self-Esteem Scale—to measure any changes resulting from the interventions. Participants were provided with light refreshments at the end of each session as an incentive to encourage consistent attendance and engagement.

Descriptive and inferential statistics were used for the data collected. The demographic characteristics were analyzed using simple percentage. The null hypotheses formulated were tested using Analysis of Covariance (ANCOVA), used to assess the effectiveness of the interventions by controlling for pretest differences among the groups at 0.05 level of significance and Scheffe Post-hoc Analysis to determine the variations.

Presentation of results

Table 1: Demographic characteristics of the respondents

Variable	Response	Frequency	Percent (%)
Gender	Male	42	44%
	Female	54	56%
Age	11-15 years	58	60%
	16-18 years	38	40%
School	ADS High School Opapa, Oyo	33	35%
	Olivet Baptist High School	32	33%
	Oranyan Grammar School	31	32%
Class	SSS I	59	61%
	SSS II	37	39%
Religion	Islam	55	57%
	Christianity	41	43%
Family Background	Polygamy	60	63%
	Monogamy	36	37%
Current Family Social Status	Parent living together	82	85%
	Parent living separately	13	14%
	Parent divorced	1	1%
Parent's Occupation	Unskilled workers	6	6%
	Semi-skilled worker	36	38%
	Professional	54	56%

Table 1 showed that 42 (44%) of the respondents were males and 54 (56%) were females. 58(60%) were aged 11-15 years, 38 (40%) were aged 16-18 years. 33 (35%) of the respondents were from ADS High School Opapa, Oyo, 32 (33%) of the respondents were from Olivet Baptist High, 31 (32%) of the respondents were from Oranyan Grammar School, Oyo; 59 (61%) were SSS1 students and 37(39%) were SSS2 students. 55(57%) were Muslims and 41 (43%) were Christians. 60 (63%) were from polygamous family and 36 (37%) were from monogamous family. 82 (85%) of the respondents had parents living together, 13 (14%) of the respondents had parents living separately and 1 (1%) had parents who were divorced. 6 (6%) of the respondents' parents were unskilled workers, 36 (38%) were semi-skilled workers while 54 (56%) were professionals.

Ho1: There is no significant main effect of treatment on self-defeating behaviour among secondary school adolescents.

To test the hypotheses, Analysis of Covariance (ANCOVA) was adopted to analyze the post-test scores of the participants on their self-defeating behaviour using the pretest scores as covariate to ascertain if the post experimental differences are statistically significant.

Table 2: Summary of 3x3 Analysis of Covariance (ANCOVA) showing the significant main and interactive effect of treatment groups and self-esteem among secondary school adolescents

Source	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Pre-test	59.104	1	59.104	.867	.355	.011
Treatment	20688.960	2	10344.480	151.781	.000	0.798
Self-Esteem	608.467	2	304.233	4.363	.016	0.102
Treatment*self-esteem	755.498	4	188.874	2.771	.033	0.126
Error	5247.873	77	68.154			
Corrected Total	40487.990	95				

R Squared = .870; Adjusted R Squared = .840

The table 2 showed that there is a significant main effect of treatment on self-defeating behaviour among secondary school adolescents ($F_{(2,77)} = 151.781, p < .05, \eta^2 = 0.798$). This implies that there was a significant difference in self-defeating behaviour of the treatment groups. Therefore, the null hypothesis was not statistically confirmed and was rejected. The Table further reveals that treatment explained 79.8% variance in self-defeating behaviour experienced by participants. For further clarification on the margin of differences between the treatment groups and the control group, a Scheffe Post-hoc analysis was computed and the results is as shown in the Table 3.

Table 3: Scheffe Post-hoc analysis showing the significant differences of self-defeating behaviour among various treatment groups and the control group

Treatment group	N	Subset for alpha = 0.05		
		1	2	3
Positive-Self Talk (PST)	32	61.4333		
Transactional Analysis (TA)	31		83.0333	
Control group (CG)	33			105.8056
Sig.		0.035	0.043	0.022

From the Table3, it was revealed that experimental group I (Positive-Self Talk (PST)) (\bar{x} =61.4333) had the lowest mean followed by the experimental group II (Transactional Analysis (TA)) (\bar{x} =83.0333) and control group (\bar{x} =105.8056). By implication, Positive-Self Talk (PST) was more potent in reducing self-defeating behaviour among secondary school adolescents than Transactional Analysis (TA). The coefficient of determination (Adjusted $R^2 = .840$) overall indicates that the differences that exist in the group account for 84% in the variation of self-defeating behaviour among secondary school adolescents.

Ho2: There is no significant main effect of self-esteem on self-defeating behaviour among secondary school adolescents.

Table 2 further shows that there is a significant main effect of self-esteem on self-defeating behaviour; $F_{(2,77)} = 4.363$, $p < 0.05$, $\eta^2 = 0.102$. Hence the null hypothesis was not statistically confirmed but was rejected. This implies that there is a significant difference in the self-defeating behaviour among secondary school adolescents with low, moderate and high self-esteem. The table further reveals that level of self-esteem accounts for 10.2% variance in the self-defeating behaviour among secondary school adolescents. For further clarification on the margin of differences among the self-esteem level, a Scheffe Post-hoc analysis was computed and the result is as shown in the Table 4.

Table 4: Scheffe post-hoc analysis showing the significant differences of self-defeating behaviour based on levels of self-esteem

	N	Subset for alpha = 0.05		
		1	2	
Low Self-Esteem	33	91.5517		
Moderate Self-Esteem	31		86.977	
High Self-Esteem	32			72.833
Sig.		0.050	0.053	0.045

Table 4 revealed that participants with high self-esteem ($\bar{x}= 72.83$) recorded the least self-defeating behaviour mean score, followed by those with moderate self-esteem ($\bar{x}= 86.98$) and those with low self-esteem ($\bar{x}= 91.55$). This implies that the participants with low self-esteem are more prone to self-defeating behaviour than those with moderate and high self-esteem.

Ho3: There is no significant interaction effect of treatment and self-esteem on self-defeating behaviour among secondary school adolescents.

Table 2 showed that there is a significant interaction effect of treatment and self-esteem on self-defeating behaviour among secondary school adolescents ($F_{(4, 77)} = 2.771, p < .05, \eta^2 = 0.126$). Hence, the null hypothesis was not statistically confirmed. This implies that self-esteem significantly moderated the effect of treatment on self-defeating behaviour among secondary school adolescents. The interaction effect between treatment and self-esteem accounted for 12.6% variance in participants’ self-defeating behaviour among secondary school adolescents. To further clarify where the difference lies, a pair-wise comparison was computed using Bonferroni correction; the result is shown in table 5.

Table 5: Bonferroni correction pair-wise comparison showing the interaction effect of treatment and self-esteem on self-defeating behaviour among secondary school adolescents

Treatment group	Self-Esteem	Mean	Std. Error
PST	Low Self-Esteem	61.787 ^a	2.435
	moderate Self-Esteem	66.480 ^a	2.593
	high Self-Esteem	59.888 ^a	4.524
TA	Low Self-Esteem	85.627 ^a	3.199

	moderate Self-Esteem	85.392 ^a	2.429
	high Self-Esteem	70.493 ^a	2.705
	Low Self-Esteem	106.275 ^a	3.769
Control	moderate Self-Esteem	103.106 ^a	1.998
	high Self-Esteem	107.915 ^a	2.370

Table 5 shows that after controlling for the effect of pre-test self-defeating behaviour mean score, experimental group I (PST) was more moderated by self-esteem than experimental group II (TA) and control group. Participants in experimental group I recorded varying level of self-defeating behaviour based on their self-esteem. PST was more effective in reducing self-defeating behaviour among participants with high self-esteem ($\bar{x}= 59.88$) than those with low ($\bar{x}= 61.78$) and moderate self-esteem ($\bar{x}= 66.48$). While TA was also effective in reducing self-defeating behaviour of participants with high self-esteem ($\bar{x}= 70.49$) than those with moderate ($\bar{x}= 85.39$) and low self-esteem ($\bar{x}= 85.62$).

Discussion of the findings

The findings revealed a significant main effect of treatment on self-defeating behaviour among secondary school adolescents, demonstrating that Positive Self-Talk (PST) was more effective than Transactional Analysis (TA) in reducing self-defeating tendencies. This aligns with the work of Oluwatimilehin and Kazeem (2024), who found that PST significantly reduces self-defeating behaviours in adolescents, particularly in educational settings. The effectiveness of PST may be attributed to its ability to reframe negative self-perceptions and promote cognitive restructuring (Hatzigeorgiadis et al., 2022; O'Brien, 2024). Conversely, Transactional Analysis (TA), though effective, showed a lesser impact than PST. This aligns with de la Barrera et al. (2020), who found that while TA counselling improves self-esteem and behaviour regulation, its long-term effects may require continuous reinforcement. A potential reason for this discrepancy is that PST is more immediately applicable in daily adolescent experiences, whereas TA requires deeper self-awareness and interpersonal understanding, which may take longer to develop. The results also demonstrated a significant main effect of self-esteem on self-defeating behaviour. Adolescents with higher self-esteem exhibited lower self-defeating behaviour, whereas those with low self-esteem were more prone to self-defeating tendencies. This finding supports the work of Orth and Robins (2022b), who emphasized that low self-esteem in adolescents is strongly correlated with risk behaviours and negative self-perceptions.

Similarly, Alshawashreh et al. (2013), found a strong inverse relationship between self-esteem and self-defeating behaviours, particularly among students facing academic stress. The present study reinforces these findings by demonstrating that interventions targeting self-esteem can significantly reduce self-defeating behaviours, suggesting the need for self-esteem enhancement programmes within schools. The study found a significant interaction effect between treatment and self-esteem, indicating that self-esteem moderated the effectiveness of both PST and TA. Adolescents with high self-esteem responded more positively to both interventions, while those with low self-esteem showed slower progress. This is consistent with Ghorbani et al. (2020), who noted that TA-based interventions work best when individuals already possess moderate to high self-awareness and self-esteem. Furthermore, Orth and Robins (2022b), highlighted that self-esteem acts as a protective factor in therapy, enhancing adolescents' ability to internalize positive self-talk techniques. The present findings suggest that incorporating self-esteem-building components into PST and TA interventions could enhance their effectiveness, particularly for adolescents struggling with low self-worth.

Conclusion

This study examined the effects of Positive Self-Talk (PST) and Transactional Analysis (TA) on self-defeating behaviour among secondary school adolescents, while also exploring the moderating role of self-esteem. The findings revealed that PST was the most effective intervention, significantly reducing self-defeating behaviours more than TA. Additionally, self-esteem played a crucial role in moderating the effectiveness of these treatments, with adolescents who had higher self-esteem responding more positively to both interventions. These findings align with existing research emphasizing the importance of cognitive-based interventions in addressing adolescent behavioural challenges. Moreover, the study highlights the necessity of integrating self-esteem enhancement strategies into psychological interventions for adolescents, as low self-esteem was strongly linked to increased self-defeating tendencies. Given the significance of these findings, it is imperative to translate them into practical strategies for educators, psychologists, and policymakers.

Recommendations

- i. Schools should incorporate PST techniques into counselling programmes to help students develop healthier thought patterns and establish peer-led self-help groups where students can encourage one another through positive affirmations and cognitive restructuring techniques.

- ii. School counsellors and teachers should be trained on cognitive restructuring strategies to enhance students' ability to combat negative self-perceptions and self-defeating behaviours.
- iii. Since self-esteem significantly influences the effectiveness of interventions, schools should adopt self-esteem development programmes through mentorship initiatives, group counselling, and workshops that promote positive self-identity and resilience.
- iv. Teachers, counsellors, and social workers should receive training on how to recognize self-defeating behaviours and apply PST and TA techniques effectively.
- v. Parents should be educated on the impact of self-talk and self-esteem on adolescent well-being and help caregivers to understand how to reinforce positive self-perceptions at home, reducing self-defeating behaviours before they become entrenched.
- vi. Future researchers should investigate how socioeconomic status, peer influence, and cultural factors shape adolescents' responses to PST and TA interventions.

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