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Effectiveness of Emotion-Focused Therapy on Attachment Styles, Anger Management, and Social Anxiety Among Female Secondary School Students in Shiraz

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A B S T R A C T

Objective: This study aimed to investigate the effectiveness of Emotion-Focused Therapy (EFT) on attachment styles, anger management, and social anxiety in female students at the lower secondary school level.

Methods and Materials: The research employed a quasi-experimental design with a pretest-posttest control group and a two-month follow-up period. The statistical population consisted of all female lower secondary school students in Shiraz during the 2024–2025 academic year. From this population, 46 students were selected using multistage cluster random sampling, considering inclusion criteria, and were randomly assigned to two equal groups (23 participants each). Data were collected using the Attachment Style Questionnaire (Hazan & Shaver, 1987), the Adolescent State-Trait Anger Expression Inventory (Burner & Spielberger, 2009), and the Social Anxiety Scale for Adolescents (La Greca & Lopez, 1998). The intervention group received Emotion-Focused Therapy over nine sessions (one 90-minute session per week), while the control group did not receive any intervention. Data analysis was conducted using descriptive statistics, parametric tests, and repeated measures ANOVA with SPSS v26.

Findings: The results showed that the mean scores of anger management, social anxiety, and their respective dimensions significantly improved in the experimental group compared to the control group following the intervention ($p < .05$). Additionally, findings indicated that Emotion-Focused Therapy effectively enhanced secure attachment and reduced avoidant and anxious attachment styles in the experimental group, with no such changes observed in the control group ($p < .05$). These therapeutic effects persisted throughout the two-month follow-up period ($p < .05$).

Conclusion: Based on these findings, psychologists and counselors are encouraged to utilize Emotion-Focused Therapy techniques to promote the psychological and behavioral empowerment of students.

Keywords: *Emotion-Focused Therapy, Social Anxiety, Attachment Style, Anger Management, Student*

1. Introduction

Behavioral problems that begin in childhood often reach their peak during adolescence and adulthood, leading adolescents to engage in high-risk behaviors that jeopardize their psychological and social well-being (Seçer et al., 2025; Zuppardo et al., 2023). Thus, as individuals enter adolescence, the attachment style formed during childhood affects their relationships with family and friends, and insecure attachment styles are clearly evident in adolescent behavior (Rong-shuang & Zhou, 2023; Xiang et al., 2023). Adolescents with insecure attachment bonds tend to hold negative views of their own behavior and social interactions and are unable to trust others, which in turn diminishes the quality of their social relationships (Maalouf et al., 2022; Moradi et al., 2023). Consequently, insecure attachment contributes to both internalizing and externalizing psychological disorders (Ali et al., 2020; Lv et al., 2022).

During adolescence, cognitive processing becomes disrupted, affecting individual performance and increasing psychological vulnerability. Adolescents must adapt to these disturbances and manage their emotions. One such emotional challenge is anger (Maalouf et al., 2022). Anger is a fundamental emotional response to frustration or mistreatment, and its inappropriate expression can pose problems for personal health and interpersonal relationships (Maalouf et al., 2022). Uncontrolled anger puts psychological health at risk and leads to aggressive behaviors. Severe anger is a major contributor to parent-adolescent conflict, and if left unmanaged, it can significantly endanger societal well-being. Violence is a significant problem and a root cause of many psychological and physical disturbances, manifesting in various forms among adolescents (Sari et al., 2022). The family environment, as one of the most critical structural models influencing behavior, plays a key role in shaping violent behavior. Aggression in childhood can be a significant factor in delinquency and psychological problems in later years (Gupta & Gupta, 2025; Tafà et al., 2025).

Despite extensive scientific efforts in anger management education, this area has been largely neglected in Iran, potentially posing serious risks to adolescents (Liu, 2025; Moreira, 2024; Tabesh Mofrad & Mansouriyeh, 2023). A lack of emotional regulation and anger control is a significant contributor to anxiety disorders (Achak et al., 2023; Mirzalu, 2022). Social anxiety disorder is a disabling condition characterized by intense fear of negative evaluation and is associated with adolescents avoiding situations where they feel judged by others. The more vulnerable they feel, the greater their anxiety (Jahangasht Aghkand et al., 2021; Zolrahim & Azmoudeh, 2020). If left untreated, it worsens over time, not only overwhelming the adolescent's current life with tension and anxiety but also increasing the risk of long-term psychological issues. Avoidance of distressing situations is among the most common responses to anxiety, often leading to withdrawal and depression (Tarlow & Greca, 2020).

Feelings of incompetence and a lack of control in new situations, which act as barriers to achieving personal goals, can provoke anxiety (Achak et al., 2023). Ignoring social anxiety disorder disrupts a person's life and causes suffering in isolation due to fear of social interaction. In early adolescence, such anxiety reduces adaptability and affects interpersonal relationships, leading the adolescent to experience more psychological difficulties. The human body's energy system is constantly in flux, and when it experiences a sudden emotional response such as fear or anger, energy flow channels may become blocked, eventually leading to various illnesses and disorders (Achak et al., 2023; Mirzalu, 2022; Rajaeinia, 2022).

Disregarding emotions in psychological treatments may result in minimal change, leaving patients symptomatic after therapy. For this reason, Emotion-Focused Therapy (EFT)—a contemporary therapeutic approach focusing on emotional awareness and balance—has proven to be adaptive by activating emotional experiences (Sharif, 2022; Sukhodolsky et al., 2016). This therapeutic method can significantly reduce adolescent vulnerability and improve interpersonal functioning and common disorders during this developmental stage. However, few studies have explored this area (Sharif, 2022).

This therapeutic approach views relational distress through the lens of attachment insecurity. When attachment insecurity becomes threatening, it is often met with anger due to a lack of emotional connection with the attachment figure (Damavandian et al., 2022; Roghani et al., 2022; Vacher et al., 2022). Therefore, an affective knowledge-based framework is essential for guiding and integrating therapy; ignoring it can be detrimental (Ardakhani & Seadatee Shamir, 2022; Heidarpour Eskandari et al., 2021). Research findings indicate the effectiveness of Emotion-Focused Therapy in improving attachment styles and emotional regulation (Dalgleish et al., 2015). Several studies have demonstrated that individual EFT interventions significantly reduce social anxiety (Ahmadi & Valizadeh,

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2021; Elliott & Macdonald, 2021; Shahar, 2020). Moreover, this intervention reduces emotional distress and improves emotion regulation problems, including anger. Research shows that individuals with secure attachment experience lower levels of anxiety compared to those with avoidant or ambivalent insecure attachment styles (Elliott & Macdonald, 2021).

In light of these discussions—and considering the critical importance of adolescence, the insufficient attention paid to this life stage, adolescents' unpreparedness in dealing with its challenges, the research gap in emotion-based therapies in Iran, the lack of training in emotion regulation, and the high prevalence of adolescent disorders such as social anxiety and poor emotion management (often rooted in insecure attachment)—this study seeks to answer the question: Does Emotion-Focused Therapy affect attachment styles, anger control, and social anxiety in female secondary school students in Shiraz?

2. Methods and Materials

2.1. Study Design and Participants

This study was a quasi-experimental, interventional, and applied research using a pretest-posttest control group design. It examined the effect of the independent variable—Emotion-Focused Therapy (EFT)—on the dependent variables of attachment styles, anger management, and social anxiety. The statistical population consisted of all female lower secondary school students in Shiraz aged 13 to 15 years during the 2024 academic year. A multistage cluster sampling method was employed, through which two schools from Shiraz educational districts were randomly selected. Then, 46 students were randomly chosen—23 were assigned to the experimental group and 23 to the control group.

The sample size of 46 was determined based on prior quasi-experimental studies suggesting a minimum of 15 participants per group. Statistical experts also recommend 15 participants per group as adequate. Therefore, to enhance the generalizability of the findings, 23 participants were included in each group in the current study.

Inclusion criteria were: being female adolescents aged 13–15, willingness to participate, commitment to attend all sessions, and the ability to engage in the intervention. Exclusion criteria included: failure to complete the pretest or posttest, presence of acute physical illness or medication use, receiving other psychological treatments concurrently or within the past six months, experiencing significant family or academic issues affecting the study outcome, and missing more than one intervention session.

After receiving ethics approval, the researcher conducted multistage cluster sampling and randomly selected two districts in Shiraz. From these, two girls' lower secondary schools were chosen, and 46 participants were randomly selected and assigned to experimental and control groups (23 each). Both groups completed a pretest. The experimental group then received EFT over nine weekly 90-minute sessions following Johnson's protocol, while the control group received no intervention. After the intervention, both groups completed the posttest using the same instruments. A follow-up assessment was administered to the experimental group after two months.

2.2. Measures

2.2.1. Attachment Style

The Attachment Style Questionnaire (AAQ), developed by Hazan and Shaver (1987), was used to assess attachment styles. This 15-item questionnaire comprises three subscales: Secure Attachment (items 6, 7, 8, 9, and 10), Anxious-Ambivalent Insecure Attachment (items 11, 12, 13, 14, and 15), and Avoidant Insecure Attachment (items 1, 2, 3, 4, and 5). Items are rated on a 5-point Likert scale, ranging from 1 ("Strongly disagree") to 5 ("Strongly agree"), where higher scores indicate a stronger presence of the corresponding attachment style. Each subscale score ranges from a minimum of 5 to a maximum of 25. Hazan and Shaver (1987) reported test-retest reliability of .81 and internal consistency using Cronbach's alpha of .78. Farzadi (2015) reported reliability coefficients using Cronbach's alpha and split-half reliability as follows: .84 and .85 for Avoidant, .82 and .81 for Secure, and .83 and .71 for Anxious-Ambivalent. Confirmatory factor analysis yielded an RMSEA of .097, indicating good construct validity. In another domestic study, Cronbach's alpha was .71 (Moradi et al., 2023). In the current study, the reliability coefficient (Cronbach's alpha) was .73.

2.2.2. Anger Management

The State-Trait Anger Expression Inventory for Children and Adolescents (STAXI-2C/A), developed by Brunner and Spielberger (2009), includes 35 items and measures five primary scales and four subscales. The State Anger scale includes two subscales: Angry Feelings and Verbal/Physical Expression of anger. The Trait Anger scale includes Angry

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Temperament and Angry Reaction. The remaining three scales are Anger Expression-Out, Anger Expression-In, and Anger Control. Responses are rated on a 3-point Likert scale. For the first part, "Not at all" receives a score of 1, "Somewhat" a score of 2, and "Very much" a score of 3. For the second and third sections, "Very little" is scored as 1, "Sometimes" as 2, and "Often" as 3. The total score ranges from 35 to 105, with higher scores in each subscale indicating greater levels of that specific dimension of anger. In the original study by Brunner et al. (2009), Cronbach's alpha was reported as .87 for State Anger, .80 for Trait Anger, .70 for Anger-Out, .71 for Anger-In, and .79 for Anger Control, with overall validity at .63. In a study conducted by Barabadi and Heydari (2013), Cronbach's alpha was reported as .79 for the full scale, .70 for Angry Feelings, .80 for Verbal/Physical Expression, .82 for State Anger, .70 for Angry Temperament, .70 for Angry Reaction, .74 for Trait Anger, .28 for Anger-Out, .17 for Anger-In, and .70 for Anger Control (Tabesh Mofrad & Mansouriyeh, 2023). In the current study, Cronbach's alpha was calculated at .75.

2.2.3. Social Anxiety

The Social Anxiety Scale for Adolescents (SAS-A), designed by La Greca and Lopez (1998), consists of 18 items across three subscales: Fear of Negative Evaluation (FNE), Social Avoidance and Distress in New Situations (SAD-New), and General Social Avoidance and Distress (SAD-General). FNE consists of items 1, 4, 5, 7, 9, 11, 13, and 14; SAD-New consists of items 2, 3, 6, 8, 10, and 16; SAD-General includes items 12, 15, 17, and 18. Items are rated on a 5-point Likert scale ranging from "Completely true for me" (score 5) to "Completely untrue for me" (score 1). The total score ranges from 18 to 90, with higher scores indicating higher levels of social anxiety. La Greca and Lopez (1998) reported test-retest reliability between .54 and .75 over an 8-week period and an overall validity score of .76. In a domestic study, Cronbach's alpha coefficients were .83 for FNE, .76 for SAD-New, and .73 for SAD-General. Another study reported good validity and a Cronbach's alpha of .74 (Zolrahim & Azmoudeh, 2020). In the current study, reliability was calculated at .70 using Cronbach's alpha.

2.3. Intervention

2.3.1. Emotion-Focused Therapy

The intervention protocol for Emotion-Focused Therapy (EFT) in this study was implemented across nine structured weekly sessions, each lasting 90 minutes, based on the established framework by Johnson and colleagues (2004). The intervention unfolded in three key phases: identification, transformation, and consolidation. In the first session, the focus was on introductions, initial assessments, establishing therapeutic alliance, identifying the nature of the client's difficulties, discussing treatment expectations, presenting the logic of EFT, clarifying general treatment rules, conceptualizing the presenting problem, and administering the pretest. The second session continued with assessment and identification, aiming to explore attachment insecurity, fears, and problematic relational patterns, identify the cycle of negative interactions, promote openness and self-disclosure, and solidify the therapeutic alliance. In the third session, the therapy shifted to the transformation phase by helping the client reconstruct emotional responses, expand their emotional experience, align the therapist's diagnosis with the client's internal experiences, and foster acceptance of the negative interaction cycle. The fourth session deepened the client's emotional engagement by focusing on attachment-based needs, enhancing personal connection with emotional experiences, and improving both intrapsychic and interpersonal functioning. The fifth session focused on intense emotional involvement, encouraging greater acceptance of internal experiences, emphasizing self-focus over blame or projection, and promoting new patterns of social interaction. The sixth session continued the integration phase by activating change through restructuring interactions, revisiting pivotal emotional events, fostering emotional intimacy with the therapist, and clarifying the client's desires and aspirations. In the seventh session, the emphasis was on finding new solutions to old relational problems by reconstructing interactions, modifying behavior toward harmful individuals, harmonizing internal perceptions of self and others, replacing negative cycles with positive ones, overcoming barriers, and encouraging adaptive responses. The eighth session helped clients consolidate progress by focusing on their personal needs, encouraging self-expression, and applying therapeutic insights to daily life. Finally, the ninth session reviewed and summarized the therapeutic journey, focusing on the maintenance of new interaction patterns, identifying shifts from earlier maladaptive relational models, reinforcing

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emotional engagement to sustain positive bonds, and administering the posttest.

2.4. Data Analysis

Data from the pretest, posttest, and follow-up constituted the dataset, which was analyzed using SPSS version 26. Data were collected through self-report instruments after the administration instructions were explained. The study was carried out with authorization from the Department of Education of Fars Province. For data analysis, demographic data were summarized using tables and charts, and descriptive statistics (mean and standard deviation) were calculated. Repeated measures ANOVA was used for inferential analysis. Statistical assumptions were evaluated prior to hypothesis testing, and SPSS version 26 was used for statistical analyses.

3. Findings and Results

The demographic data related to participants' age in both the experimental and control groups show a relatively balanced distribution across the three age categories. In the experimental group, 6 participants (26%) were 13 years old, 10 participants (43%) were 14 years old, and 7 participants (31%) were 15 years old. Similarly, in the control group, 5 participants (22%) were 13 years old, 10 participants (43%) were 14 years old, and 8 participants (35%) were 15 years old. These figures indicate that the majority of participants in both groups were 14 years old, with a fairly even representation of 13- and 15-year-olds.

The descriptive statistics for the dependent variables—attachment styles, social anxiety, and anger management—across the experimental and control groups at the pretest, posttest, and follow-up stages are presented in Table 1. As seen below, the participants in the experimental group, who received Emotion-Focused Therapy, demonstrated consistent improvements across all measured variables, while the control group exhibited no substantial changes.

Table 1

Means (M) and Standard Deviations (SD) of Variables Across Three Time Points in the Research Groups

Dependent Variable	Group	N	Pretest (M ± SD)	Posttest (M ± SD)	Follow-up (M ± SD)
Secure Attachment Style	Experimental	23	14.21 ± 3.78	16.17 ± 3.00	16.47 ± 2.93
	Control	23	16.69 ± 2.40	16.73 ± 2.35	16.73 ± 2.35
Avoidant Attachment Style	Experimental	23	16.26 ± 5.10	14.47 ± 4.58	14.08 ± 4.38
	Control	23	12.17 ± 2.90	12.13 ± 2.81	12.21 ± 2.79
Anxious Attachment Style	Experimental	23	13.65 ± 4.71	12.34 ± 4.00	11.73 ± 3.62
	Control	23	11.21 ± 3.26	11.17 ± 3.08	11.17 ± 3.08
Total Social Anxiety Score	Experimental	23	53.90 ± 14.77	48.16 ± 12.60	46.91 ± 13.01
	Control	23	45.99 ± 8.82	45.81 ± 11.86	45.73 ± 11.93
Total Anger Management Score	Experimental	23	69.92 ± 19.81	65.09 ± 19.87	63.44 ± 20.08
	Control	23	65.01 ± 18.30	65.14 ± 18.05	65.19 ± 17.98

These results clearly demonstrate that participants in the experimental group experienced improvement in secure attachment, reduction in avoidant and anxious attachment styles, as well as decreased levels of social anxiety and improved anger management from pretest to posttest. Importantly, these effects were sustained during the follow-up phase. In contrast, the control group showed minimal to no change across all assessment points.

One of the primary assumptions for applying parametric tests such as ANOVA is the normal distribution of the sample scores. This assumption posits that any skewness or kurtosis in the sample is due to random sampling from a normally distributed population. The assumption is considered violated only if the probability value indicating deviation from normality is less than .05. In this study, prior to conducting the ANOVA, the Shapiro–Wilk test and skewness-kurtosis indices were used to evaluate normality. Results indicated that for all dependent variables, the significance values were greater than .05 ($p > .05$), suggesting normal distribution. Additionally, all skewness and kurtosis values fell within the acceptable range of -2 to +2, further supporting the assumption of normality.

Another key assumption for ANOVA is the homogeneity of variances, which posits that the variance in scores across groups should be statistically equal. This assumption was tested using Levene's test. The results confirmed equal variances across all dependent variables. Given the random assignment of participants and the appropriate sample size, the assumptions for using ANOVA were fully met. Moreover, as the F-test is robust to moderate violations of homogeneity, particularly with equal group sizes, its application in this study was statistically justified.

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Table 2

Results of Repeated Measures ANOVA for the Effect of the Independent Variable on Total Scores of the Dependent Variables

Dependent Variable	Source of Change	SS	Error SS	F	p-value	Effect Size (η^2)	Statistical Power
Secure Attachment Style	Group	41.855	41.855	1.864	.019	.141	.968
	Time	36.043	32.781	17.875	.000	.289	.990
	Time × Group	33.232	30.224	16.480	.000	.272	.985
Avoidant Attachment Style	Group	264.355	264.355	6.237	.016	.124	.685
	Time	30.536	27.925	10.094	.001	.197	.913
	Time × Group	31.319	28.640	11.041	.001	.201	.919
Anxious Attachment Style	Group	66.783	66.783	1.725	.006	.238	.954
	Time	23.058	11.529	12.677	.000	.224	.996
	Time × Group	20.913	16.175	11.489	.000	.207	.956
Anger Management	Group	37.565	37.565	10.107	.015	.202	.763
	Time	246.797	223.409	18.067	.000	.291	.991
	Time × Group	274.826	248.782	20.119	.000	.314	.995
Social Anxiety	Group	501.225	501.225	1.985	.016	.143	.681
	Time	343.087	290.477	56.438	.000	.562	1.000
	Time × Group	298.101	252.390	49.037	.000	.527	1.000

As shown in Table 2, in addition to the main effects of group and time, the interaction effect of Group × Time was statistically significant for secure attachment style ($F = 16.480$, $p < .001$, $\eta^2 = .272$), avoidant attachment style ($F = 11.041$, $p = .001$, $\eta^2 = .201$), anxious attachment style ($F = 11.489$, $p < .001$, $\eta^2 = .207$), anger management ($F = 20.119$, $p < .001$, $\eta^2 = .314$), and social anxiety ($F = 49.037$, $p < .001$, $\eta^2 = .527$). These results indicate that the implementation of the independent variable (Emotion-Focused Therapy) had a statistically significant effect on the dependent variables (attachment styles, anger management, and social anxiety). Table 3 presents the results of Bonferroni post hoc comparisons of the total scores of dependent variables across the three time points.

Table 3

Bonferroni Post Hoc Test Results for Pairwise Comparison of Total Scores Across Measurement Times

Dependent Variable	Time Comparison	Mean Difference	SE	p-value
Secure Attachment Style	Pretest – Posttest	-1.000*	0.259	.001
	Pretest – Follow-up	-1.152*	0.245	.000
	Posttest – Follow-up	-0.152	0.066	.079
Avoidant Attachment Style	Pretest – Posttest	0.913*	0.296	.010
	Pretest – Follow-up	1.065*	0.303	.003
	Posttest – Follow-up	0.152	0.075	.143
Anxious Attachment Style	Pretest – Posttest	0.674*	0.224	.013
	Pretest – Follow-up	0.978*	0.240	.001
	Posttest – Follow-up	0.304	0.103	.215
Anger Management	Pretest – Posttest	2.348*	0.651	.002
	Pretest – Follow-up	3.152*	0.661	.000
	Posttest – Follow-up	0.804	0.172	.161
Social Anxiety	Pretest – Posttest	2.957*	0.419	.000
	Pretest – Follow-up	3.630*	0.445	.000
	Posttest – Follow-up	0.674	0.151	.298

The Bonferroni post hoc results in Table 3 show that the mean differences in attachment styles, anger management, and social anxiety between pretest–posttest and pretest–follow-up were statistically significant ($p < .05$), while the differences between posttest and follow-up were not significant ($p > .05$). Based on these results, the main hypothesis of the study is supported: Emotion-Focused Therapy was effective in improving secure attachment and anger management scores, and in reducing scores of insecure attachment styles and social anxiety in the sample population. Furthermore, these therapeutic effects remained stable during the follow-up phase.

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4. Discussion and Conclusion

This study aimed to examine the effectiveness of Emotion-Focused Therapy (EFT) on attachment styles, anger management, and social anxiety among lower secondary school female students. The results of the analysis of variance indicated that participation in EFT sessions significantly improved scores in all three attachment styles (secure, avoidant, and anxious), anger management, and social anxiety among participants in the experimental group, in contrast to the control group, at the posttest stage. Furthermore, these effects were sustained during the two-month follow-up period. No findings were observed that contradicted the outcomes of the present study. These results align with the findings of previous researchers (Ahmadi & Valizadeh, 2021; Ardakhani & Seadatee Shamir, 2022; Damavandian et al., 2022; Elliott & Macdonald, 2021; Heidarpour Eskandari et al., 2021; Roghani et al., 2022; Shahar, 2020; Sukhodolsky et al., 2016; Vacher et al., 2022)).

In explaining the effect of EFT on attachment styles, it can be stated that individuals with a secure attachment style are capable of discussing the quality and impact of their attachment relationships in a rational manner. They acknowledge the importance of attachment relationships in childhood, and secure individuals maintain a positive and supportive mental representation of their attachment figures. This positive representation enhances their sense of self-worth and self-mastery, enabling them to regulate negative emotions constructively, in contrast to those with insecure attachment styles. EFT, considered one of the third-wave cognitive-behavioral therapies, helps individuals with attachment injuries and interpersonal difficulties to manage relationships and emotions more effectively, leading to increased competence in daily responsibilities and life challenges. It also fosters improvements in stress management, problem-solving, decision-making, self-regulation, conscientiousness, prosocial behaviors, and the experience of relational security. In essence, EFT enhances individuals' emotional and psychological capacities. Since this therapeutic approach focuses on emotions and teaches emotional self-regulation, it incorporates components such as a focus on positive feelings, emotional restructuring, and finding new meaning for more adaptive and constructive interpersonal connections. Ultimately, these mechanisms promote greater psychological well-being and improved attachment styles by transforming maladaptive emotional responses.

Regarding the effectiveness of EFT in enhancing anger management and reducing aggressive behaviors—consistent with prior studies (Ardakhani & Seadatee Shamir, 2022; Damavandian et al., 2022; Heidarpour Eskandari et al., 2021; Roghani et al., 2022; Sukhodolsky et al., 2016; Vacher et al., 2022)—it can be argued that teaching emotion-focused strategies to students with aggression and poor adaptability in key relationships allows them to reduce negative emotions and express their feelings without distress. This is achieved through increased emotional awareness, acceptance, and especially the appropriate expression of positive emotions. As a result, their psychological and emotional adjustment improves, and they become more capable of managing and regulating their emotions and anger. The current study suggests that students with anger issues often demonstrate lower levels of empathy, social responsibility, self-control, and emotional regulation compared to their peers, leading to more frequent experiences of frustration and failure in social contexts. Emotional awareness and self-efficacy in educational environments are considered important components of overall well-being in the literature. Thus, it can be concluded that participation in EFT enables individuals to improve social skills and emotional self-efficacy, ultimately fostering greater responsibility, emotional regulation, and constructive anger expression.

Another key finding of this study, consistent with prior research (Ahmadi & Valizadeh, 2021; Elliott & Macdonald, 2021; Roghani et al., 2022; Shahar, 2020; Sukhodolsky et al., 2016), indicates the effectiveness of EFT in reducing social anxiety among female adolescents. Individuals with social anxiety symptoms tend to engage in excessive self-blame for both real and imagined mistakes, often in private. What causes their fear of facing social situations again is the tendency to ruminate on past emotionally distressing experiences. EFT helps to create corrective emotional experiences by focusing on emotional processing and regulation, such that when individuals face potentially judgmental social environments, they no longer experience the same intensity of negative emotions. Consequently, they are less likely to interpret events through a negative lens and more likely to derive positive outcomes or at least not dwell on adverse consequences. Another common problem among socially anxious individuals is the belief that unpleasant emotions are unique to them and indicative of personal deficiency. For example, they may view anxiety as inherently harmful to performance, believing that it must be completely absent for social or personal success. EFT increases emotional awareness and acceptance, enabling

emotional normalization. Socially anxious individuals come to realize that both pleasant and unpleasant emotions are universal and not inherently problematic—what matters is one's ability to manage them. Thus, EFT contributes to the reduction of social anxiety.

5. Limitations & Suggestions

The statistical population in this study was limited to lower secondary school female students in Shiraz, which necessitates caution in generalizing the results to other populations, especially male students and university students. Additionally, the short follow-up period (two months in this study, compared to 6 to 12 months in international studies) represents a limitation. Another significant limitation that could introduce ambiguity in the findings is the use of self-report tools for data collection. Future research is recommended to include participants of both genders to enhance the generalizability of results across the adolescent population. It is also suggested that future studies revisit this hypothesis using a combination of methods—including interviews—to assess the dependent variables. Moreover, to more accurately determine the effectiveness and durability of this therapeutic approach, future research should compare EFT to other third-wave cognitive-behavioral therapies.

From an applied perspective, given the various advantages of Emotion-Focused Therapy, counselors and psychologists are encouraged to incorporate this therapeutic approach to improve adolescents' mental and behavioral health. In light of the findings, authors of self-help books are also encouraged to develop and publish content based on EFT principles for managing social anxiety and anger in children and adolescents. Furthermore, researchers are advised to develop and validate a culturally relevant anger management scale for students in Iran. Educators and those involved in the educational system can also benefit from participating in training workshops on emotion-focused approaches, enabling them to better understand and address students' psychological and behavioral needs in classrooms and educational settings.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This study received ethics approval from Islamic Azad University, Shiraz Branch (IR.IAU.SHIRAZ.REC.1403.241).

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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