



Journal Website

**Article history:**  
Received 07 March 2025  
Revised 02 May 2025  
Accepted 10 May 2025  
Published online 10 December 2025

## International Journal of Education and Cognitive Sciences

Volume 5, Issue 5, pp 1-10



E-ISSN: 3041-8828

# Determining the Effectiveness of Emotion-Focused Therapy on Psychological Well-being, Self-efficacy, and Happiness Among Lower Secondary School Female Students in Shiraz

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### Article Info

#### Article type:

Review Article

Ghaffarian Javad, F., & Albehbahani, M. (2025). Determining the Effectiveness of Emotion-Focused Therapy on Psychological Well-being, Self-efficacy, and Happiness Among Lower Secondary School Female Students in Shiraz. *International Journal of Education and Cognitive Sciences*, 6(4), 1-10.

<https://doi.org/10.61838/kman.ijecs.6.4.5>



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### ABSTRACT

**Purpose:** This study aimed to examine the effectiveness of emotion-focused therapy on cognitive well-being, self-efficacy, and happiness among female high school students in Shiraz.

**Methods and Materials:** The purpose of the current study was to apply semi-experimental methods, including pre-test, post-test, two-month follow-up, control group. The target population consisted of all female high school students aged 13 to 15 in Shiraz during 2024-2025, from which 46 students were selected through a multi-stage clustered sampling method, which randomly assigned equally into an experimental group and a control group (n=23 students for each group). Emotion-focused therapy was conducted for a total of nine 90-minute sessions in per week. The control group did not receive any intervention during this period. Data were collected using The Oxford-Happiness Inventory (Hills and Argyle, 2002), Psychological Wellbeing Scale (Ryff, 1995), and Morris Self-Efficacy Questionnaire (Morris, 2001). Data analysis used repeated measures ANCOVA in SPSS 28 for data analysis.

**Findings:** the effectiveness of emotion therapy intervention on cognitive well-being, self-efficacy, and happiness ( $p < 0.05$ ). Effect sizes indicated the greatest impact on mental well-being (0.640), followed by self-efficacy (0.554) and happiness (0.184). These findings support the original research hypothesis.

**Conclusion:** According to the findings the study demonstrates that emotion therapy, when implemented in a group setting and adapted to cultural and age-specific contexts, can significantly improve psychological well-being, self-efficacy, and happiness among first-year high school girls in Shiraz.

**Keywords:** Emotion-Focused Therapy; Psychological well-being; Self-Efficacy; Happiness

## 1. Introduction

Adolescence is a pivotal stage of life marked by numerous physical, psychological, cognitive, and social transformations. During this period, which coincides with sexual maturity, adolescents experience significant hormonal fluctuations that influence their mood, behavior, and social relationships. Factors such as gender, especially in girls, can further impact these changes (Cieciuch & Topolewska, 2017; Martin et al., 2022). Psychological well-being encompasses a wide range of factors, including self-esteem, sense of belonging, hope, and life satisfaction. High levels of psychological well-being in adolescents are linked to decreased behavioral problems, lower levels of depression and anxiety, and an overall higher quality of life. Consequently, understanding and promoting psychological well-being in this age group is of great importance (Demirtaş, 2020; Yousefi Afrashteh & Hasani, 2022). It is particularly vital to recognize that the presence of psychological well-being among adolescents, especially girls, plays a significant role in their development. Its absence or deficiency can lead to serious consequences; for example, girls with low psychological well-being may struggle to establish a healthy identity, feel confused or uncertain about their future, and lose motivation for goal-setting and planning (Rodrigues et al., 2023). Additionally, a lack of psychological well-being can increase stress, behavioral issues, and delinquency (Avedissian & Alayan, 2021). Overall, low psychological well-being in female adolescents can negatively impact all aspects of their lives and hinder the realization of their potential (Gómez-López et al., 2019). Studies have shown that reduced well-being is also associated with risks such as suicide, self-harm, severe depression, and decreased life satisfaction (Marquez & Long, 2021).

Besides psychological well-being, self-efficacy is another essential aspect of adolescent development. Self-efficacy refers to an individual's belief in their ability to perform tasks and overcome challenges. This belief directly influences motivation, behavior, and achievement. Adolescents with high self-efficacy tend to be more goal-oriented, resilient, and confident in their abilities to learn, solve problems, and succeed. High self-efficacy is associated with improved academic achievement, healthier social relationships, and enhanced mental health (Hwang et al., 2016). However, low self-efficacy in adolescent girls can have widespread negative effects. Girls with low self-efficacy often doubt their abilities, which decreases

motivation and participation in activities, leading to reduced self-esteem (Sheikhalizade & ashrafzade, 2022). These doubts may also cause increased anxiety and depression over time. Furthermore, such girls may perceive themselves as judged or socially rejected, leading to social withdrawal and difficulty maintaining healthy relationships. They may avoid communication or play passive roles in social interactions, which increases social anxiety (Fatemi et al., 2022). Research indicates that adolescence involves various physical, psychological, and social challenges, particularly for those experiencing low self-esteem, hopelessness, or negative peer interactions. However, some teenagers navigate this period successfully through high self-efficacy. Conversely, adolescents with low self-efficacy tend to report lower life satisfaction and higher stress levels. Since self-efficacy influences many aspects of adolescents' lives, its decline can exacerbate the negative impact of failures and difficulties (Seddon et al., 2025).

Another important component discussed in this study is happiness—a state of inner contentment, joy, and life satisfaction. Happiness extends beyond fleeting pleasure, reflecting an overall sense of inner peace and a positive perception of oneself and the surrounding environment. When individuals interpret life events positively, they tend to experience greater happiness and well-being (Ramtin & Nikpeyma, 2020). Research has demonstrated that higher levels of happiness are associated with better physical and mental health, stronger social relationships, and improved life performance. Happy individuals tend to have more energy, better cope with life's challenges, and view the future more positively (Khodapana & Tamannaefar, 2022). As a positive mental state and overall life satisfaction, happiness plays a central role in mental health and adolescent development. This is especially important among adolescent girls, as hormonal changes, social pressures, educational demands, and identity formation during this period can significantly influence their mood and emotions (Salehzadeh et al., 2017). However, a lack of happiness in adolescent girls can lead to serious and far-reaching consequences. One common outcome is the development of mood disorders such as depression and anxiety, which can reduce motivation, disturb sleep patterns (Rezaie et al., 2022), alter appetite, and induce feelings of despair and worthlessness. In severe cases, this can even lead to suicidal thoughts (Mikaeili & Samadifard, 2019). Additionally, adolescents with low happiness often display decreased focus and motivation in their studies, risking academic failure, declining school performance, and even dropping out

(Moussa & Ali, 2022). Studies on adolescent happiness indicate that they often report lower happiness levels during this critical phase of maturity and growth, partly due to unstable family relationships, which further diminishes their overall life satisfaction and increases familial conflicts (Izzo et al., 2022).

Given the importance of psychological well-being, self-efficacy, and happiness—and considering the negative effects associated with their deficiency—it is crucial to develop effective interventions that promote these factors in adolescents. Such interventions can help youth better navigate adolescence, enhance their life skills, and realize their full potential (Henry & Crawford, 2005). One promising intervention is emotional therapy, which focuses on identifying, understanding, and managing emotions. This approach supports adolescents in expressing their emotions healthily, developing emotional regulation skills, and applying coping strategies. Although research on emotional therapy's specific impact on psychological well-being, self-efficacy, and happiness is limited, evidence suggests that it may increase emotional awareness, improve emotional regulation, and foster positive emotional experiences (Boroumand Rad, 2020). Effective emotional regulation can decrease the influence of negative emotions, leading to greater comfort and satisfaction—enhancing overall well-being. Furthermore, emotional therapy that includes communication skills training can strengthen interpersonal relationships, fostering a sense of belonging and social support, which are vital for increasing happiness and psychological well-being (Arsalandeh et al., 2017).

In summary, despite the recognized importance of psychological well-being, self-efficacy, and happiness during adolescence—particularly among girls—there is a notable gap in research validating specific interventions, such as emotional therapy, in this area. To date, no study has directly examined the effects of emotional therapy on these three variables in first-year high school girls in Shiraz. Therefore, the present study aims to address this gap by investigating the effectiveness of emotional therapy in enhancing psychological well-being, self-efficacy, and happiness among this population. The key question guiding this research is: Can emotional therapy influence psychological well-being, self-efficacy, and happiness in adolescent girls?

## 2. Methods and Materials

### 2.1. Study Design and Participants

This applied study employed a quantitative, quasi-experimental method using a pretest–posttest design with a two-month follow-up period and a control group. The statistical population comprised all female lower secondary school students aged 13 to 15 in Shiraz during the 2024–2025 academic year. After obtaining the ethics code from Islamic Azad University, Shiraz Branch, the researcher used a multistage cluster sampling method to select two girls' schools from educational districts in Shiraz. Then, based on prior studies and Delavar's (2019) research methods textbook, 46 students were randomly selected and assigned to the experimental group ( $n = 23$ ) and the control group ( $n = 23$ ). The sample was randomly selected and assigned through lottery. The sample size was determined according to quasi-experimental design guidelines, recommending a minimum of 30 participants (15 per group), but 46 participants were included (23 per group) to enhance the generalizability of results. Inclusion criteria were: girls aged 13–15, willingness to cooperate (with written informed consent from both the student and her parents), no prior engagement in similar therapy during the research, absence of diagnosed psychological disorders, and no use of specific medications. Exclusion criteria included absence from sessions, unwillingness to cooperate, failure to complete exercises and assignments during group sessions, incomplete responses to questionnaires, and the emergence of serious physical or psychological illnesses or family/academic issues affecting the research outcomes.

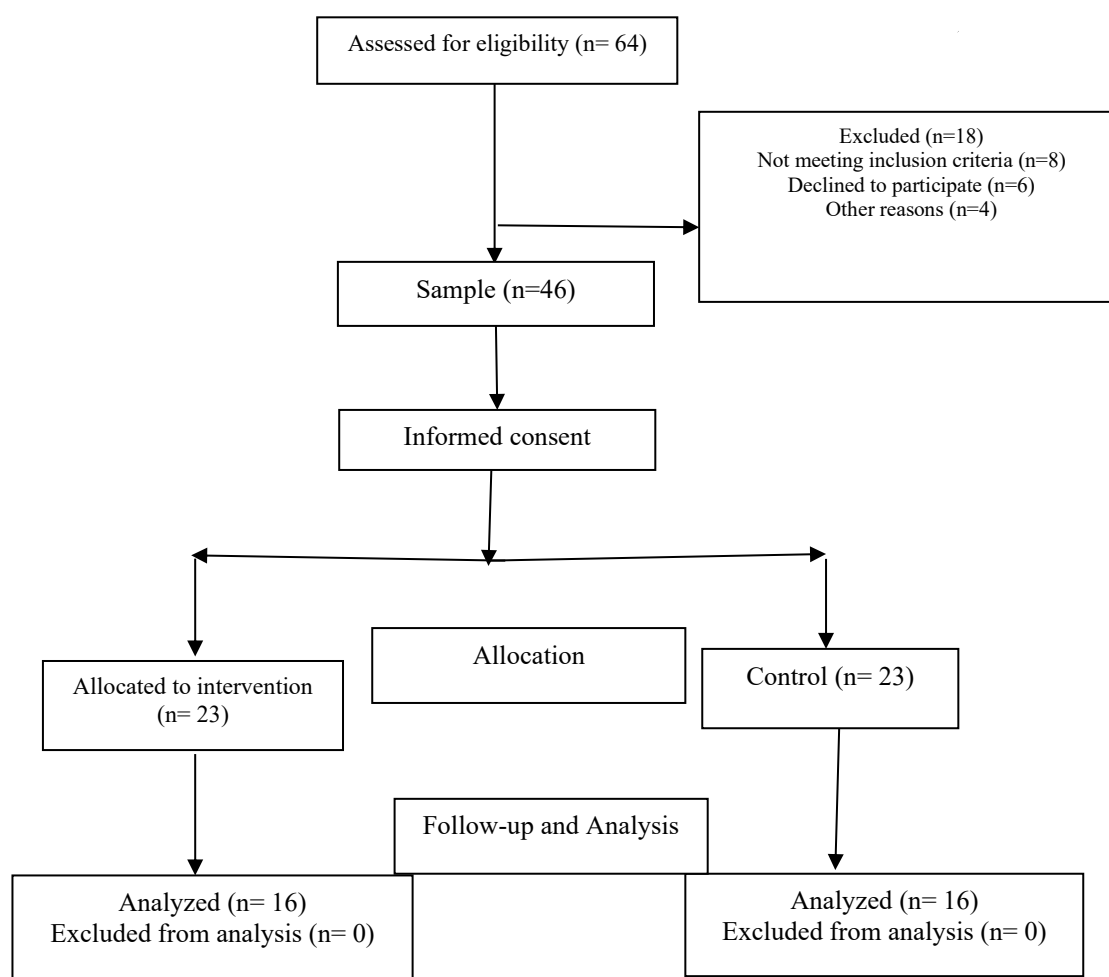
After receiving ethical approval (code: IR.IAU.SHIRAZ.REC.1403.279) from the ethics committee of Islamic Azad University, Shiraz Branch, the researcher selected two educational districts randomly through multistage cluster sampling. From two selected girls' lower secondary schools, two classrooms were chosen randomly. Based on previous studies and Delavar's (2019) statistics textbook, 46 participants were randomly selected and randomly assigned to either the experimental group ( $n = 23$ ) or the control group ( $n = 23$ ), matched for age. The researcher established rapport with the students and their parents and explained the purpose, significance, and confidentiality of the research. Upon obtaining written informed consent, the pretest was administered to both the experimental and control groups. The experimental group then received Emotion-Focused Therapy (EFT) based on Sue Johnson's (2004) protocol in 9 weekly sessions of 90

minutes each. These sessions trained students in identifying, understanding, and managing their emotions using various EFT techniques. After the intervention, both groups completed the posttest. Additionally, the experimental group participated in a follow-up assessment after two months. To

express appreciation, a single therapy session was also held for the control group. Participants were fully informed about the research process, including potential risks and benefits. No harm or risk was posed to participants, and ethical approval was secured prior to the study.

**Figure 1**

*CONSORT flow diagram*



## 2.2. Measures

The Oxford-Happiness Inventory (OHI): Henry and Crawford was utilized to assess happiness. OHI was devised as a broad measure of personal happiness, mainly for in-house use in the Department of Experimental Psychology of the University of Oxford in the late 1980s (Henry & Crawford, 2005). OHI is a self-report scale consisted of 29 items scored based on a 4-point Likert scale from 0 (never) to 3 (always). Higher scores indicate higher levels of happiness. Total score ranged from 0 to 87. In the foundation paper, Hills and Argyle (Hills & Argyle, 2002) reported an internal consistency reliability alpha coefficient of 0.90 and

a 7-week test-retest reliability coefficient of 0.78. In this study, ten experts confirmed the validity of the Persian version of this questionnaire (CVI=0.88, CVR=0.82) (Alizadeh et al., 2022). Moreover, Cronbach's alpha was 0.85.

Psychological Wellbeing Scale (PWB): Developed by Ryff (Ryff, 1995) to examine psychological well-being, this questionnaire includes 18 items and six factors, namely autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life, and self-acceptance, which are scored on a 6-point Likert scale (from 1 = strongly disagree to 6 = strongly agree). A higher score

on the PWB means higher psychological well-being. Bayani and colleagues (Bayani et al., 2008) reported the test-retest reliability coefficient of PWB was 0.82. In the current study, Cronbach's alpha for this instrument was 0.86. Also, content validity ratio (CVR) and content validity index (CVI) were used, the results for each of which were 0.94 and 0.91, respectively.

Developed by Morris (2001), this questionnaire measures self-efficacy across three domains: social, academic, and emotional. It consists of 23 items rated on a 5-point Likert scale (1 = not at all, 5 = very much), with items like “How well can you express your opinion when classmates disagree with you?” Total scores range from 23 to 115: 23–38 = low self-efficacy, 39–76 = moderate, above 76 = high. In a validation study by Tahmasian (2005), test–retest reliability confirmed stability across dimensions, and Cronbach’s alpha was reported at .93.

### 2.3. Intervention

In the present study, Sue Johnson’s (2004) Emotion-Focused Therapy protocol was implemented over nine weekly sessions, each lasting 90 minutes. The intervention followed a structured three-phase model. In the first phase (identification), the initial sessions focused on building therapeutic rapport, assessing the nature of the participant’s difficulties, introducing the rationale of EFT, identifying negative interaction cycles, and uncovering attachment insecurities and emotional patterns. In sessions three and four, the focus shifted to exploring and reconstructing emotional experiences, highlighting key emotional responses, and facilitating client insight into maladaptive cycles. The second phase (change) involved deepening emotional engagement through the recognition of unmet attachment needs, fostering personal emotional experiences,

and enhancing internal and interpersonal functioning. Sessions five and six aimed to increase emotional responsiveness, facilitate new patterns of interaction, and help clients articulate desires and needs more clearly. The third phase (consolidation) emphasized the development of new solutions to recurring problems, transforming maladaptive interaction cycles into positive ones, and reinforcing a coherent sense of self and relational security. The final sessions (seven to nine) focused on applying therapeutic gains to daily life, strengthening the emotional bond with the therapist, reviewing changes made during therapy, comparing past and present interaction patterns, and administering the post-test to evaluate treatment effectiveness.

### 2.4. Data Analysis

Descriptive statistics (mean and standard deviation) were used to describe the main variables. For inferential statistics, the hypotheses were tested using Repeated Measures Analysis of Variance (RM-ANOVA) to examine the effectiveness of Emotion-Focused Therapy on psychological well-being, self-efficacy, and happiness. Assumptions for parametric RM-ANOVA—including absence of outliers, normality, homogeneity of variances, homogeneity of variance–covariance matrices, and equality of error covariances—were assessed using appropriate statistical tests. Data were analyzed using SPSS version 28.

## 3. Findings and Results

In this study, participants were between the ages of 13 and 15, and the two groups were matched in terms of age. In each group, 9 participants (18 in total) were 13 years old, 8 participants in each group were 14 years old, and 6 participants were 15 years old.

**Table 1**

*Descriptive Statistics of Psychological well-being and Its Components by Group and Time*

Dependent Variable	Stage	Experimental (M)	SD	Control (M)	SD
Psychological well-being	Pre-test	64.61	7.10	68.83	7.76
	Post-test	76.83	7.08	69.57	7.35
	Follow-up	74.48	7.15	69.61	7.61
Self-efficacy	Pre-test	67.09	7.45	70.70	6.28
	Post-test	73.26	7.70	70.83	7.70
	Follow-up	72.43	8.41	71.35	7.16
Happiness	Pre-test	36.87	9.47	37.52	5.77
	Post-test	41.43	8.53	39.13	5.92
	Follow-up	42.13	8.68	38.43	6.62



In the emotion-focused therapy group, Psychological well-being improved significantly from a pre-test mean of 64.61 to 76.83 at post-test (an increase of 12.22), and remained elevated at 74.48 in the follow-up stage (a sustained increase of 9.87). Similarly, self-efficacy improved from 67.09 to 73.26 (an increase of 6.17) and

remained stable at 72.43 (a total increase of 5.34). Happiness also rose from 36.87 to 41.43 (an increase of 4.56), and reached 42.13 at follow-up (a total increase of 5.26). In contrast, the control group showed negligible changes, with happiness increasing by only 1.61 points post-test and dropping slightly at follow-up.

**Table 2**

*Multivariate Test Results for Differences Between Group Scores on Main Variables*

Test	Value	F	df	p	Eta
Pillai's Trace	0.739	36.74	3	<0.001	0.739
Wilks' Lambda	0.261	36.74	3	<0.001	0.739
Hotelling's Trace	2.830	36.74	3	<0.001	0.739
Roy's Greatest Root	2.830	36.74	3	<0.001	0.739

As shown in Table 2, multivariate tests such as Wilks' Lambda and others indicated a statistically significant difference between the experimental and control groups across the combined dependent variables ( $p < 0.001$ ). These

results suggest that the emotion-focused therapy intervention had a significant multivariate effect on at least one of the outcome variables.

**Table 3**

*ANCOVA Results in MANCOVA for Effectiveness of the Intervention on Dependent Variables*

Dependent Variable	SS	DF	MS	F	p	Eta
Psychological well-being	1231.95	1	1231.95	72.82	<0.001	0.640
Self-efficacy	426.47	1	426.47	50.99	<0.001	0.554
Happiness	83.56	1	83.56	9.22	0.004	0.184

According to Table 3, the ANCOVA results confirmed that emotion-focused therapy had a statistically significant effect on all three dependent variables: Psychological well-being, self-efficacy, and happiness ( $p < 0.05$ ). The effect sizes were strongest for psychological well-being ( $\eta^2 = 0.640$ ), followed by self-efficacy ( $\eta^2 = 0.554$ ), and happiness ( $\eta^2 = 0.184$ ), indicating that the intervention was most impactful in enhancing mental well-being. These results support the study's primary hypotheses regarding the effectiveness of emotion-focused therapy.

#### 4. Discussion and Conclusion

This study assessed the impact of emotion therapy on psychological well-being, self-efficacy, and happiness in female high school students in Shiraz. Results showed significant improvements in all three variables, indicating the therapy's effectiveness. Effect sizes revealed the greatest impact on psychological well-being, followed by self-efficacy and happiness. Overall, these results support the research hypothesis that emotion therapy positively influences these key areas. The findings align with prior

research (Alavi, 2024; Alizadeh et al., 2022; Hatami et al., 2023; Lin et al., 2024; Seddon et al., 2025; Smith et al., 2023; Torabiyani et al., 2024), who reported similar positive effects of emotion-focused interventions. Emotion therapy is a contemporary psychotherapeutic approach rooted in humanist theories, particularly emphasizing the significance of emotions in shaping identity, decision-making, interpersonal relationships, and inner experiences (Seddon et al., 2025). Based on Rogers's humanistic principles and Leslie Greenberg's developments, this approach posits that when individuals learn to consciously recognize, process, and express their emotions in a healthy manner, they experience psychological growth, inner peace, and deeper meaning in life (Sarooghi et al., 2024).

Studies indicate a positive impact of psychological well-being, social support, and emotional intelligence on student happiness, with emotional intelligence mediating the effects of psychological well-being and social support (Doménech et al., 2024). Emotion-focused therapy has demonstrated effectiveness in improving psychological well-being and quality of life in divorced women (Alavi, 2024).

Additionally, mindfulness-based stress reduction combined with emotion-focused therapy has improved psychological well-being in recovered COVID-19 patients, with emotion-focused therapy particularly enhancing the sense of purpose (Hatami et al., 2023). Research on client experiences in cognitive behavioral therapy and emotion-focused therapy for depression highlighted key changes: altered problem perceptions, new connections with inner experiences, changed perspectives, challenged problematic interactions, and daily life modifications (Rodrigues et al., 2023).

Emotion-focused approaches have also shown promise as time-limited interventions for child well-being and mental health, with potential benefits for parent and family functioning (Seddon et al., 2025). Emotion-focused skills training has a positive impact on parental mental health, emotion regulation, and self-efficacy, with fathers exhibiting greater improvements in emotion regulation and self-efficacy. Parental self-efficacy and mental health conditions are significantly linked, with a bidirectional relationship observed between children's mental health and parental self-efficacy (Torabiyani et al., 2024). Furthermore, emotion-focused approaches can enhance cognitive well-being and function, impacting psychological outcomes like depression, self-esteem, life satisfaction, and loneliness (Lin et al., 2024). An 8-week emotion-focused family therapy intervention supported caregivers in managing children's depression, anxiety, and anger by facilitating emotional processing and improving relationships. This therapy also improved overall family functioning, parental self-efficacy, parental psychopathology, and children's symptoms (Smith et al., 2023). Emotion therapy enhances emotional self-awareness, helps identify maladaptive emotional schemas, allows re-experiencing and reprocessing painful emotions, and facilitates inner conflict resolution. These processes bolster a sense of power, meaning, value, and inner contentment, which indirectly promote cognitive well-being, self-efficacy, and happiness. Theoretically, therefore, there is substantial support for the relationship between emotion therapy and these three core constructs (Lin et al., 2024; Seddon et al., 2025; Torabiyani et al., 2024).

Emotion-focused therapy, utilizing techniques like two-chair dialogues, focusing on internal experience, recognizing primary and secondary emotions, and therapist empathy, helped female students identify, accept, and appropriately express emotions such as anxiety, fear, anger, and guilt. This process fostered self-awareness, improved relationships with peers and family, and enhanced feelings of control. Consequently, happiness increased, self-efficacy

in social and emotional domains was strengthened, and cognitive understanding of quality of life improved, as confirmed by significant pre-test/post-test differences in the experimental group. The researcher suggests that emotion-focused therapy is particularly effective for adolescent girls due to their sensitivity to identity formation, emotionality, and the need for emotional acceptance and expression. Discovering and expressing emotions in a safe environment strengthens self-confidence and empowers them to deal with problems, leading to a positive attitude, increased happiness, and greater acceptance of life's circumstances (Alavi, 2024; Hatami et al., 2023; Rodrigues et al., 2023).

Emotion therapy promotes awareness, acceptance, and regulation of difficult emotions, reducing negative psychological cycles and strengthening positive evaluations of life, thus activating pathways aligned with meaning and satisfaction, which enhances overall well-being. From Bandura's social cognitive perspective, successful emotional experiences serve as primary sources of self-efficacy; through emotion mastery, students develop greater confidence in their emotional and academic regulation. Additionally, the integration of primary and secondary emotions during therapy fosters positive emotional balance, which acts as a driver for expanding psychological resources and self-efficacy (Doménech et al., 2024). From the researcher's perspective, emotion-focused therapy appears particularly effective for adolescents, especially girls, given this age group's critical developmental phase where identity formation and emotional acceptance are fundamental. When adolescents can safely explore and express their emotions, they develop resilience, foster positive attitudes toward life, and enhance their capacity to face future challenges (Fülep et al., 2021).

In conclusion, this study demonstrates that emotion therapy, when implemented in a group setting and adapted to cultural and age-specific contexts, can significantly improve psychological well-being, self-efficacy, and happiness among first-year high school girls in Shiraz.

### Research Limitations

**Limited Population Scope:** The findings are confined to female high school students in Shiraz. Caution should be exercised when generalizing these results to students in other cities or age groups. **Measurement Tools:** The study relied on questionnaires for data collection, which inherently have limitations such as measurement errors, lack of self-reflection, and social desirability bias. **Environmental and Cultural Factors:** Conducted within specific cultural, climatic, and regional conditions of Shiraz, the results may

not fully apply to different settings or populations. External Variables: As with many humanities research studies, variables outside the researcher's control—such as religion, regional culture, climate, and familial environment—may influence the results. These factors cannot be entirely examined or controlled, but they may impact the findings.

### **Practical Research Suggestions**

**Educational Interventions:** It is recommended that educational authorities incorporate short-term emotion-focused group therapy workshops into counseling or life skills programs within schools. Teachers and school counselors should foster environments that encourage students to express their feelings and needs by teaching emotional support techniques and creating safe, accepting spaces. Parents can also contribute by participating in educational sessions to understand the importance of emotional regulation and supporting their children. **Policy and Training:** Policymakers should prioritize investing in the training of school counselors and mental health educators in emotion-focused approaches. Evidence suggests that such training can reduce secondary healthcare costs by promoting early emotional regulation strategies.

### **Skill Development Activities**

Utilize role-playing and emotional storytelling exercises to foster self-acceptance and positive relationship-building. Implement a six-week group program, with each session focusing on different well-being components, such as "Autonomy Week," involving needs identification and assertiveness exercises. Develop an "Emotions Notebook" school app where students log daily emotions, related needs, and small coping actions, reinforced by encouraging messages from teachers or counselors. Organize parent-child groups with an emotion-focused therapy approach, such as two 3-hour workshops for parents on empathetic listening, reflecting on their child's emotions, and practicing "compassionate letter writing" to foster positive home relationships.

Establish a "Personal Growth Challenge" club where students set goals beyond their comfort zone, reflect on emotional experiences in group sessions, and receive certificates of achievement to promote a growth mindset. **Supporting Emotional Self-Efficacy:** Designate an "emotion station" within each school—a small, dedicated space where students, under counselor supervision, can name, interpret, and manage their emotions (e.g., through deep breathing or seeking help). Repeated exposure to this process helps reinforce their ability to regulate emotions.

**Enhancing Academic Self-Efficacy:** Conduct classroom activities such as "From Emotion to Curriculum," where students analyze anxiety related to tests, identify underlying needs (e.g., better planning or seeking help), and translate these insights into actionable steps in their study schedules. This process enhances their confidence in managing academic challenges. **Boosting Social Self-Efficacy:** Form "two-chair dialogue" pairs to role-play conflicts, express feelings and needs and collaboratively find solutions. Successful conflict resolution, coupled with positive peer and teacher feedback, strengthens students' confidence in managing social relationships.

**Increasing Happiness in Female Students:** Regularly implement emotion-focused therapy programs, including group workshops on techniques like "two-chair" exercises and emotion recognition to improve emotion regulation, empathy, social support, belonging, and overall happiness among students. **Population Diversity:** Since this study focused exclusively on female students in Shiraz, future research should include male students, students from different age groups (such as primary or college students), and participants from various regions. This broader scope will enhance the generalizability of findings.

### **Authors' Contributions**

All authors significantly contributed to this study.

### **Declaration**

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### **Transparency Statement**

Data are available for research purposes upon reasonable request to the corresponding author.

### **Acknowledgments**

We hereby thank all individuals for participating and cooperating us in this study.

### **Declaration of Interest**

The authors report no conflict of interest.

### **Funding**

According to the authors, this article has no financial support.



## Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent (Ethics Code: IR.IAU.SHIRAZ.REC.1403.279).

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