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The Effectiveness of Emotion Focused Therapy on Cyber Aggression in Adolescents with High Risk Behaviors

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ABSTRACT

Objective: This study aimed to examine the effectiveness of Emotion-Focused Therapy (EFT) in reducing cyber aggression among adolescents with high-risk behaviors.

Methods: The study used a quasi-experimental design with a pretest–posttest control group. The statistical population consisted of all male and female secondary school students with high-risk behaviors in District 1 of Arak during the 2025 academic year. Thirty students were identified through screening and selected using purposive sampling, then randomly assigned to an experimental group (n = 15) and a control group (n = 15). Both groups completed the research questionnaires as a pretest before the intervention. The experimental group participated in eight 90-minute group sessions of Emotion-Focused Therapy conducted weekly over two months, while the control group received no intervention. After the intervention, both groups completed the posttest questionnaires. Data were collected using the Cyber Aggression Scale (Lam & Li, 2013) and the High-Risk Behaviors Questionnaire (Zadeh Mohammadi et al., 2011). Data were analyzed using analysis of covariance (ANCOVA).

Results: The findings showed that Emotion-Focused Therapy significantly reduced cyber aggression among adolescents with high-risk behaviors compared to the control group.

Conclusions: Emotion-Focused Therapy appears to be an effective intervention for reducing cyber aggression in adolescents with high-risk behaviors and may be considered a useful therapeutic approach for improving emotional regulation and reducing harmful online behaviors in this population.

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Introduction

Risk behaviors refer to lifestyle activities that place individuals and those around them at risk for numerous diseases as well as physical and psychological harm (Kekovich et al., 2019). Adolescent risk behaviors include participation in activities that may lead to unintentional injuries and exposure to violence, risky sexual behaviors, and unsafe sexual practices that may result in health consequences such as unintended pregnancy and sexually transmitted infections, as well as tobacco use, alcohol consumption, and the use of illicit substances (Bozzini et al., 2019). Although such activities are often sporadic, if patterns of combined risk behaviors are not identified in a timely manner and effectively monitored, they may severely harm an individual's health as well as their social and family relationships (Lawrence & Adewale, 2023).

In the third millennium, alongside the rapid growth and advancement of technology—particularly in communication technologies that have led to the emergence and expansion of social networking platforms—the phenomenon of bullying in cyberspace has become increasingly evident, commonly referred to as cyberbullying. Cyberbullying is defined as intentional and repeated harm inflicted through computers, mobile phones, and other electronic devices (Kim et al., 2017). This definition includes four key elements: first, intentionality (i.e., the behavior is not accidental); second, repetition, meaning that the aggression represents a recurring behavioral pattern rather than an isolated incident; third, the harmful nature of the behavior, whereby the victim perceives the act as harassment or injury; and finally, the medium through which it occurs—computers, mobile phones, or other electronic devices—which distinguishes it from traditional forms of bullying.

Cyberbullying has been conceptualized in various ways; however, most definitions describe a form of harassment or harm that typically has social and reputational dimensions, the dissemination of which through modern communication technologies and virtual environments can produce widespread and sometimes enduring consequences. Belsey (2007), who first coined the term cyberbullying, defined it as the use of information and communication technologies—such as email, mobile phones and text messages, instant messaging, defamatory personal websites, and online personal polling websites—to support deliberate, repeated, and hostile behavior by an individual or group intended to harm others (Bartlett et al., 2017). More broadly, cyberbullying is

described as threatening, intimidating, or harassing others through the internet and other digital tools such as email and text messaging (Kowalski et al., 2014).

Given the increasing prevalence of risk behaviors among adolescents and the significant challenges they pose for families and educational systems, as well as the role of psychological variables in exacerbating such behaviors, implementing psychological interventions aimed at reducing the influence of these factors is of considerable importance. In this regard, emotion-based therapies represent interventions that can play a significant role in improving the psychological status of adolescents engaged in risk behaviors (Mokavi et al., 2023). Emotion-focused therapy is a short-term therapeutic approach that concentrates on the quality of interpersonal relationships and individuals' attachment styles. The fundamental premise of this approach is that a lack of emotional awareness or the unconscious avoidance of unpleasant emotions constitutes a primary source of psychological distress. Accordingly, it employs components such as focusing on positive emotions, emotional restructuring, and discovering new meanings in relationships to facilitate healthier interactions with others, ultimately promoting greater psychological well-being through the modification of negative emotional states (Greenberg & Goldman, 2019).

Emotion-focused therapy emphasizes the importance of emotional awareness, acceptance, and recognition, as well as the physical manifestations of emotions. Through this process, clients are assisted in becoming aware of their emotions, experiencing and accepting them, and exploring, modifying, and managing their various dimensions (Glisti et al., 2021). Emotion-based therapies enable individuals to learn which emotions should be expressed, as well as how and when to express them appropriately (Lee et al., 2019). These therapies may facilitate the initiation, enhancement, maintenance, or reduction of both positive and negative emotions in response to environmental events, as they can influence physiological, behavioral, and experiential processes (Craig & Garnefski, 2019).

Considering the growing prevalence of risk behaviors during adolescence—particularly among students—and the substantial psychological, social, and economic burdens these behaviors impose on families and the broader health system, examining this issue is both necessary and important. Conducting research in this area can contribute to improving the relevant psychological variables and consequently reducing this problem. Moreover, the findings of such studies may highlight the effectiveness of psychological interventions on variables associated with risk behaviors and, in

addition to their therapeutic benefits, provide a basis for preventive strategies. Notably, limited domestic research has been conducted in this area, indicating a clear research gap. Accordingly, the present study aims to determine the effectiveness of emotion-focused therapy on cyberbullying among adolescents with high-risk behaviors. Specifically, it seeks to answer the following research question: Does emotion-focused therapy have a significant effect on cyberbullying among adolescents with high-risk behaviors?

Material and Methods

The present study employed a quasi-experimental design using a pretest–posttest format with a control group. The statistical population consisted of all male and female high school students with high-risk behaviors in the second level of secondary education in District 1 of Arak during the 2024–2025 academic year. The research sample included 30 students selected from the aforementioned population through purposive sampling following a screening process. Participants were then assigned to an experimental group (n = 15) and a control group (n = 15).

Instruments

Cyberbullying Scale: The Cyberbullying Scale is an 11-item questionnaire developed by Lam and Li (2013). It assesses two dimensions: cyber victimization (5 items) and cyberbullying (6 items), measured on a 7-point Likert scale. In the study by Lam and Li (2013), the psychometric properties of the scale were confirmed using exploratory factor analysis and confirmatory factor analysis. Reliability, assessed using Cronbach's alpha, ranged from 0.55 to 0.96. In a study conducted by Asadi and Ghaseminejad (2018), content validity was confirmed by experts and criterion validity was supported. The Cronbach's alpha coefficients were reported as 0.87 for cyber victimization and 0.84 for cyberbullying.

High-Risk Behaviors Questionnaire: This scale was developed and standardized by Zadeh Mohammadi, Ahmadabadi, and Heidari (2011). It consists of 38 items rated on a five-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5). The questionnaire assesses the tendency toward high-risk behaviors across seven domains: cigarette smoking (items 15–19), alcohol consumption (items 9–14), drug use (items 1–8), violence (items 20–24), sexual relations and behaviors (items 25–28), relationships with the opposite sex (items 29–32), and dangerous driving (items 33–38), along with an overall high-risk behavior dimension. The total score ranges

from 38 to 190, with higher scores indicating greater engagement in high-risk behaviors. In the study by Zadeh Mohammadi et al. (2011), exploratory factor analysis showed that the questionnaire explained 64.84% of the variance in risk-taking behaviors. The Cronbach's alpha coefficient for the overall scale was 0.94, and for the subscales ranged from 0.74 to 0.93, indicating good reliability.

Emotion-Focused Therapy Intervention: Emotion-Focused Therapy (EFT) based on the approach of Johnson and Greenberg (2007) was implemented for the experimental group in eight weekly sessions of 90 minutes over a two-month period by the researcher. A summary of the intervention sessions is presented in Table 1.

Table 1. Summary of Emotion-Focused Therapy Sessions

Session	Content
Session 1	General discussion with group members, introduction of the therapist, assessment of participants' motivation and expectations for participating in the group, presentation of the basic concepts of emotion-focused therapy, and initial familiarization with the members' problems.
Session 2	The therapist encourages group members to express their fears, such as fear of death, rejection, or fear of disclosing perceived flaws that hinder the dynamics of their relationships.
Session 3	Secondary reactive emotions such as anger, frustration, and intense emotions related to distress are reflected and validated.
Session 4	With the therapist's guidance, group members engage in externalizing their problems and examine primary emotions and unmet attachment needs as core relational issues.
Session 5	Group members gain insight into different aspects of themselves and ultimately experience a sense of self-worth.
Session 6	Group members learn to trust the emotions that have recently emerged and to experience new responses to their motivations.
Session 7	Primary emotions identified in previous stages are processed more fully. The therapist initiates a process through which clients clearly express their desire for a new form of relationship.
Session 8	Group members collaboratively develop new solutions to their problems, express new perspectives on their difficulties, and attempt to reconstruct them. They also reflect on the path they previously followed and how they were able to find their way back.

Ethical Considerations

This study was conducted in accordance with established ethical standards for research involving human participants. Prior to data collection, the necessary permissions were obtained from the relevant educational authorities and school administrators. Participation in the study was voluntary, and informed consent was obtained from all participants as well as from their parents or legal guardians due to the participants being minors. The participants were informed about the purpose of the research, the procedures involved, and their right to withdraw from the study at any stage without any negative consequences. To ensure confidentiality and privacy, all collected data were kept anonymous and used solely for research purposes. Participants' identities were not

recorded, and all information was reported in aggregate form. Additionally, the intervention sessions were conducted in a manner that respected the psychological well-being of the participants, and efforts were made to ensure that no harm or discomfort occurred during the study process.

Results

Descriptive findings for the cyberbullying variable by research groups are presented in Table 2.

Table 2. Descriptive Statistics of Cyberbullying Variables by Research Groups

Group	Variable	Pre-test Mean	SD	Post-test Mean	SD	Follow-up Mean	SD
Control	Cyber Victimization	22.80	3.212	22.27	2.865	22.60	3.942
	Cyberbullying Perpetration	25.53	2.475	25.07	2.549	25.33	2.992
	Total Cyberbullying	48.33	4.685	47.33	4.203	47.93	5.725
Emotion-Focused Therapy	Cyber Victimization	22.13	3.067	13.33	4.981	12.73	4.949
	Cyberbullying Perpetration	24.73	2.764	16.27	3.150	16.67	3.498
	Total Cyberbullying	46.87	3.270	29.60	6.674	29.40	7.179

According to the results presented in Table 2, in the control group the mean scores of cyberbullying in the post-test and follow-up stages show little change compared with the pre-test stage. However, in the emotion-focused therapy group, a noticeable decrease in scores is observed in the post-test and follow-up stages compared with the pre-test.

Table 3. Results of the Univariate Within-Subjects Effects Test for Comparing Cyberbullying Across Measurement Stages in Control and Experimental Groups

Source	Variable	Assumption	SS	DF	MS	F	P	Effect Size
Time	Cyberbullying	Sphericity Assumed	2570.859	2	1285.430	149.782	0.001	0.781
		Greenhouse–Geisser	2570.859	1.422	1808.027	149.782	0.001	0.781
		Huynh–Feldt	2570.859	1.528	1682.965	149.782	0.001	0.781
		Lower-bound	2570.859	1.000	2570.859	149.782	0.001	0.781
Time × Group	Cyberbullying	Sphericity Assumed	1394.252	4	348.563	40.616	0.001	0.659
		Greenhouse–Geisser	1394.252	2.844	490.273	40.616	0.001	0.659
		Huynh–Feldt	1394.252	3.055	456.361	40.616	0.001	0.659
		Lower-bound	1394.252	2.000	697.126	40.616	0.001	0.659
Error	Cyberbullying	Sphericity Assumed	720.889	84	8.582			
		Greenhouse–Geisser	720.889	59.720	12.071			
		Huynh–Feldt	720.889	64.158	11.236			
		Lower-bound	720.889	42.000	17.164			

Table 3 presents the results of the univariate within-subjects effects test for comparing cyberbullying scores between the control and emotion-focused therapy groups. Based on the results, the F values related to the interaction effects between group and time (i.e., differences between groups across measurement stages) are statistically significant for all variables at the 0.01 significance level ($p < 0.01$). The significance of the interaction effects indicates differences in the trend of changes in cyberbullying scores between the control group and the emotion-focused therapy group across the measurement stages.

To compare the mean scores pairwise across measurement stages, the Bonferroni post hoc test was conducted, and the results are presented below.

Table 4. Bonferroni Post Hoc Test for Pairwise Comparisons Across Measurement Stages

Group	Dependent Variable	Stage	Stage	Mean Difference	Std. Error	Sig.
Control	Cyberbullying	Pre-test	Post-test	1.000	1.109	1.000
		Pre-test	Follow-up	0.400	1.315	1.000
		Post-test	Follow-up	-0.600	0.688	1.000
Emotion-Focused Therapy	Cyberbullying	Pre-test	Post-test	9.800	1.109	0.001
		Pre-test	Follow-up	9.600	1.315	0.001
		Post-test	Follow-up	-0.200	0.688	0.001

Table 4 presents pairwise comparisons examining differences in cyberbullying scores across treatment stages for both the control and emotion-focused therapy groups. The comparison of mean scores across the three stages indicates a decrease in cyberbullying scores in the treatment group. In the control group, however, the differences between pre-test and post-test, pre-test and follow-up, and post-test and follow-up scores were not statistically significant.

Table 5. Results of the Between-Subjects Effects Test for Comparing Mean Cyberbullying Scores Across Groups

Source of Variation	Variable	SS	DF	MS	F	P	Effect Size
Group	Cyberbullying	3562.415	2	1781.207	24.712	0.001	0.541
Error	Cyberbullying	3027.244	42	72.077			

Table 5 presents the results of the between-subjects effects test examining the mean cyberbullying scores across the control and emotion-focused therapy groups. According to the results, the F values for all variables were statistically significant ($p < 0.01$).

Table 6. Bonferroni Post Hoc Test for Pairwise Comparison of Cyberbullying Scores Between Groups

Dependent Variable	Group 1	Group 2	Mean Difference	Std. Error	Sig.
Cyberbullying	Control	Emotion-Focused Therapy	6.600	1.790	0.002
	Control	Logotherapy	12.578	1.790	0.001
	Emotion-Focused Therapy	Logotherapy	5.978	1.790	0.005

Table 6 presents pairwise comparisons of the mean cyberbullying scores among the research groups. Based on the results, the mean cyberbullying scores of participants in the emotion-focused therapy group were significantly lower than those of the control group ($p < 0.01$).

Discussion

The aim of the present study was to determine the effectiveness of emotion-focused therapy in reducing cyberbullying among adolescents with high-risk behaviors. The results indicated that emotion-focused therapy was effective in reducing cyberbullying among adolescents exhibiting high-risk behaviors. This finding is consistent with previous research suggesting that strengthening emotional skills can contribute to reducing destructive and aggressive behaviors in adolescents (Wang, 2012).

The analysis of the trend of changes in cyberbullying scores across the treatment stages also demonstrated that in the emotion-focused therapy group, the reduction in scores from pre-test to post-test and follow-up was statistically significant. This pattern indicates that the effects of the therapeutic intervention were not merely temporary but remained stable even after the intervention period. This finding supports the notion that targeted psychological interventions can lead to sustained changes in adolescents' risky behaviors, particularly when the interventions focus on emotional skills and emotional awareness. Similarly, Jensen (2023) reported that cognitive-behavioral interventions (CBT) can reduce online violent behaviors, while Chen et al. (2022) emphasized that for adolescents with high levels of impulsivity, priority should be given to emotion regulation and management. Emotion-focused therapy may be particularly effective because it helps reduce psychological distress and directs attention to underlying emotional experiences. Adolescents with high-risk behaviors are often overwhelmed by intrusive thoughts and emotional turbulence; however, emotion-focused therapy encourages them to explore and

process their emotions more deeply, which in itself represents a form of constructive self-focus and emotional awareness that can ultimately reduce maladaptive behaviors such as cyberbullying. Despite the valuable findings of this study, several limitations should be acknowledged. First, the sample size was relatively small and limited to adolescents from one educational district in Arak, which may restrict the generalizability of the results to other populations and cultural contexts. Second, the study relied on self-report questionnaires, which may be influenced by social desirability bias or inaccuracies in participants' responses. Therefore, caution should be exercised when interpreting and generalizing the results.

Based on the findings of this research, several recommendations can be proposed. Future studies are encouraged to replicate this research with larger and more diverse samples across different regions and educational settings in order to enhance the external validity of the findings. Additionally, researchers may examine the effectiveness of emotion-focused therapy in comparison with other psychological interventions, as well as investigate its long-term effects on various forms of online aggression and other high-risk behaviors among adolescents. From a practical perspective, incorporating emotion-focused training programs within school counseling services and educational prevention programs may help reduce cyberbullying and promote healthier emotional regulation among adolescents.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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