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Comparison of the Effectiveness of Emotion Focused Therapy and Logotherapy on the Academic Quality of Life of Adolescents with Risky Behaviors

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Article Info	ABSTRACT
Article type: Research Article Article history: Received 08 Jul. 2025 Received in revised form 10 Sep. 2025 Accepted 11 Oct. 2025 Published online 01 Mar. 2026 Keywords: Emotion Focused Therapy, Logotherapy, Academic Quality of Life	Objective: The aim of the present study was to compare the effectiveness of emotion focused therapy and logotherapy on the academic quality of life of adolescents. Methods: The research method was quasi experimental with a pretest-posttest design including a control group. The statistical population consisted of all male high school students in the second level of secondary education in District 1 of Arak city during the 2024 academic year. From this population, 45 students were selected using a multistage cluster sampling method and randomly assigned to two experimental groups (15 participants in each group) and one control group (15 participants). The experimental groups received emotion focused therapy and logotherapy interventions in eight weekly sessions of 90 minutes each, while the control group received no intervention. The research instruments included the Risky Behaviors Questionnaire (Zadeh Mohammadi et al., 2011) and the Academic Quality of Life Questionnaire (Ainley & Bourke, 1992). Data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS 22. Results: The results showed that both interventions (emotion focused therapy and logotherapy) had a significant effect on academic quality of life. Additionally, the post hoc test results indicated that the mean scores of academic quality of life in the logotherapy group were significantly higher than those in the emotion focused therapy group ($p < 0.05$), indicating the greater effectiveness of logotherapy. Conclusions: Based on the findings, it is suggested that school counselors use logotherapy as a central approach to strengthen psychological coherence and reduce cognitive and behavioral problems among adolescents.
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Introduction

Recent studies in the field of cognitive sciences indicate that risky behaviors are not merely external manifestations, but rather originate from unconscious mental states and attentional disruptions. In this context, the construct of mind wandering has emerged as a key factor; a state in which an individual's attention shifts from ongoing tasks toward streams of unrelated internal thoughts. Adolescents who suffer from a lack of purposefulness increasingly experience deliberate mind wandering as a means of escaping reality or spontaneous mind wandering arising from anxiety (Carriere et al., 2013).

This instability in mental focus directly erodes adolescents' academic quality of life and, by generating feelings of boredom and reducing social cohesion in the school environment, leads to declines in performance and a significant reduction in psychological well-being (Arslan & Yıldırım, 2023; Williams, 2016). According to Ryff's psychological well-being model (1989), when adolescents fail to achieve mastery over their environment and are unable to define a clear purpose in life, their minds tend to drift toward maladaptive scenarios and impulsive behaviors.

To address these intertwined crises, modern clinical psychology emphasizes two developmental approaches: emotion-focused and meaning-oriented interventions. Emotion-Focused Therapy (EFT), grounded in the work of Greenberg (2015), is based on the assumption that risky behaviors and attentional disruptions stem from primary maladaptive emotions and insecure attachment patterns. Accordingly, by restructuring the emotional system, individuals can strengthen their capacity for present-moment attributes risky.

On the other hand, logotherapy, adopting an existential perspective, attributes risky behaviors to existential vacuum and meaninglessness. According to recent perspectives proposed by Wong (2024) and Battany (2024), logotherapy, through activating the will to meaning and fostering a sense of responsibility, helps adolescents restore their psychological coherence even amid suffering and social pressures (such as environmental bullying). Through concrete goal-setting, this approach also helps adolescents regulate mind wandering and direct their attention toward purposeful engagement.

Despite strong evidence supporting the effectiveness of each of these two approaches, a fundamental question remains within the educational and therapeutic context of the country: Which of these two paradigms demonstrates greater effectiveness and sustainability when

addressing the psychological structure of Iranian adolescents who are struggling with identity crises and risky behaviors? This question becomes particularly important in sensitive educational environments such as high schools in the city of Arak, where comparing these two therapeutic approaches for improving students' academic quality of life is highly necessary.

Therefore, the present study was designed with the aim of systematically examining and comparing the effectiveness of emotion-focused therapy and logotherapy on the academic quality of life of adolescents. By doing so, the study seeks not only to fill an existing research gap in the field of comparative interventions, but also to introduce more effective therapeutic models for preventing emerging psychological risks within the student population.

The findings of this study may provide new perspectives for designing comprehensive mental health protocols, enabling school counselors, addiction specialists, and educational planners to adopt a multidimensional approach to adolescents' emotional and existential worlds, thereby facilitating their development, growth, and psychological flourishing.

Material and Methods

The present study employed a quasi-experimental design with a pretest–posttest control group and a three-month follow-up period.

Statistical Population, Sampling Method, and Sample Size Estimation

The statistical population consisted of all male and female high school students (second secondary level) with risky behaviors in District 1 of Arak during the 2024–2025 academic year.

The research sample included 45 students selected from the aforementioned population through purposive sampling using a screening procedure (15 participants in each experimental group and 15 in the control group).

To identify students with risky behaviors, after obtaining the necessary permissions and selecting two boys' high schools, the Iranian Adolescents Risk-Taking Scale was administered to students. A total of 300 students completed the questionnaires. Subsequently, 45 students who scored at least one point above the mean (the cutoff point based on the questionnaire scoring system, where scores higher than the mean indicate greater risky behaviors) were identified.

After explaining the objectives of the study, these students were randomly assigned to two experimental groups and one control group. The sample size was determined based on the

recommended minimum sample sizes for experimental and quasi-experimental studies, with at least 15 participants per group (Delavar, 2020).

Inclusion and Exclusion Criteria

Inclusion criteria were:

Being enrolled in the second level of high school

Male gender

Completing the informed consent form for participation

Absence of severe psychological disorders based on self-report and school records

Exclusion criteria included:

Failure to complete the research questionnaires

Lack of cooperation during the intervention

Absence from more than two training sessions

Data Collection Instruments

Academic Quality of Life Questionnaire: This questionnaire was developed by Ainley and Bourke (1999) and contains 39 items measuring seven dimensions:

General satisfaction (items 1, 8, 11, 17, 21, 33)

Negative affect (items 5, 14, 18, 28, 37)

Relationship with teacher (items 9, 12, 15, 25, 31, 39)

Opportunity (items 2, 19, 22, 34, 38)

Progress (items 4, 7, 16, 26)

Adventure (items 10, 13, 23, 27, 32)

Social cohesion (items 3, 6, 20, 24, 29, 30, 35, 36)

Items are rated on a 4-point Likert scale from 1 (strongly disagree) to 4 (strongly agree).

In the study by Soltani-Shal et al. (2011), the convergent validity of the questionnaire was confirmed through correlations with the General Self-Efficacy Questionnaire and the Adolescent Adjustment Scale, and its content validity was confirmed by experts. The reliability of the questionnaire was reported using Cronbach's $\alpha = 0.85$.

Risk-Taking Behavior Questionnaire: This scale was developed and standardized by Zadeh-Mohammadi, Ahmadabadi, and Heidari (2011). It includes 38 items rated on a Likert scale

from 1 (strongly disagree) to 5 (strongly agree) and measures risky behaviors across seven domains:

Smoking (items 15–19)

Alcohol use (items 9–14)

Drug use (items 1–8)

Violence (items 20–24)

Sexual behavior (items 25–28)

Relationship with the opposite sex (items 29–32)

Dangerous driving (items 33–38)

Total scores range from 38 to 190, with higher scores indicating greater risky behavior. Exploratory factor analysis in the original study showed that the questionnaire explained 64.84% of the variance in risk-taking behavior. The Cronbach's alpha for the entire scale was 0.94, and for subscales ranged from 0.74 to 0.93, indicating good reliability.

Interventions

The interventions were conducted over eight weekly sessions (90 minutes each) for two months.

Table 1. Summary of Emotion-Focused Therapy Sessions

Session	Content
1	Introduction of therapist and group members, discussion of participants' expectations and motivations, explanation of emotion-focused therapy concepts, and initial exploration of participants' problems.
2	Encouraging participants to express their fears such as fear of death, rejection, or revealing personal flaws that hinder their relational dynamics.
3	Reflection and validation of secondary reactive emotions such as anger, frustration, and intense emotional reactions related to personal difficulties.
4	Externalization of problems and exploration of primary emotions and unmet attachment needs as key relational issues.
5	Helping participants gain awareness of different aspects of themselves and experience a sense of self-worth.
6	Teaching participants to trust newly emerging emotions and experience new responses toward their motivations.
7	Deeper processing of previously identified primary emotions; encouraging participants to clearly express their desire for a new form of relationship.
8	Collaborative creation of new solutions to personal problems, re-examining issues from new perspectives, and reflecting on the journey of change.

Table 2. Summary of Logotherapy Intervention Sessions

Session	Objectives	Session Content
1	Establishing initial rapport	Organization of sessions, explanation of the program, and introduction of group members.
2	Introduction to logotherapy	Explanation of logotherapy concepts, clarification of therapeutic goals through increased awareness of the authentic self, discussion among members, and recognition of freedom and responsibility in choice.
3	Increasing self-awareness	Exploration of the search for meaning and its methods, encouraging deeper self-awareness, discussing themes of friendship, love, and suffering.

4	Using existential awareness to control negative thoughts	Discovering meaning in different life domains, existential analysis of freedom and choice, and applying existential awareness to regulate negative thoughts and emotions.
5	Increasing responsibility	Encouraging responsibility toward meaning, listening to the voice of conscience, understanding different values, and discovering meaning through experiential, attitudinal, and creative values.
6	Expanding perspective and accepting loneliness	Expanding understanding of sources of meaning, recognizing loneliness as an inevitable reality, and understanding the role of intimacy in coping with loneliness.
7	Practicing meaning-making	Understanding life purpose and the role of purposelessness in psychological disintegration; commitment to meaningful future goals.
8	Self-actualization and paradoxical intention	Teaching the concept of self-actualization, introducing the paradoxical intention technique, and summarizing the intervention sessions.

Ethical Considerations

Ethical principles were observed throughout the study. Participation in the research was voluntary, and students completed informed consent forms prior to participation. Participants were assured that their information would remain confidential and used solely for research purposes. They were also informed that they could withdraw from the study at any stage without any consequences. Additionally, after completion of the study, the control group was provided with access to the educational materials to ensure fairness in benefiting from the intervention.

Results

To compare the effectiveness of emotion-focused therapy and logotherapy on the academic quality of life of adolescents with risky behaviors, a between-group repeated measures analysis of variance (ANOVA) was used. According to the findings, the results of Levene's test were not significant. Therefore, the null hypothesis regarding the homogeneity of variances of the variables was confirmed. The results of Mauchly's test of sphericity are presented in Table 1.

Table 1. Results of Mauchly's Test of Sphericity

Variable	Mauchly's W	Chi-square	df	Significance
General Satisfaction	0.969	1.305	2	0.521
Negative Affect	0.774	10.528	2	0.005
Relationship with Teacher	0.970	1.229	2	0.541
Opportunity	0.804	8.942	2	0.011
Progress	0.780	10.166	2	0.006
Adventure	0.906	4.053	2	0.132
Social Cohesion	0.585	21.984	2	0.001

As shown in Table 1, Mauchly's test of sphericity is statistically significant for some variables, indicating a violation of the sphericity assumption. Violation of this assumption increases the probability of Type II error; therefore, the obtained p-values in the multivariate tests may not be reliable. Consequently, the Greenhouse–Geisser and Huynh–Feldt corrections, which adjust the degrees of freedom, were applied.

Table 2. Results of Multivariate Within-Subjects Effects for Comparing the Academic Quality of Life of Control and Experimental Groups

Effect	Test	Value	F	Effect df	Error df	Sig.	Effect Size
Time (Repeated Measures)	Pillai's Trace	1.024	11.847	14	158	0.001	0.512
	Wilks' Lambda	0.040	44.328	14	156	0.001	0.799
	Hotelling's Trace	22.180	121.992	14	154	0.001	0.917
	Roy's Largest Root	22.108	249.504	7	79	0.001	0.957
Time × Group	Pillai's Trace	1.113	4.463	28	324	0.001	0.278
	Wilks' Lambda	0.052	12.859	28	282.655	0.001	0.523
	Hotelling's Trace	15.278	41.742	28	306	0.001	0.793
	Roy's Largest Root	15.085	174.556	7	81	0.001	0.938

Table 2 presents the results of multivariate tests examining differences in the mean scores of academic quality of life among the control group, the emotion-focused therapy group, and the logotherapy group across the measurement stages (pretest, posttest, and follow-up).

The information reported in Table 2 indicates that all multivariate tests are statistically significant. This finding demonstrates the presence of a main effect of the repetition factor (pretest, posttest, and follow-up) as well as a significant interaction effect between group and repetition, indicating differences among the groups across the measurement stages. The results of the univariate within-subjects effects test for comparing the components of academic quality of life among the control group, the emotion-focused therapy group, and the logotherapy group indicated that F values related to the interaction effects between group and time (i.e., differences between groups across measurement stages) are significant for all variables at the 0.01 alpha level ($p < 0.01$). The significance of the interaction effects indicates that the pattern of changes in academic quality of life scores differed among the control, emotion-focused therapy, and logotherapy groups across the measurement stages. To perform pairwise comparisons of the mean scores across measurement stages, the Bonferroni post-hoc test was applied. The results are presented in table 3.

Table 3. Bonferroni Post-hoc Test (Pairwise Comparisons Across Measurement Stages)
Control Group

Group	Dependent Variable	Stage 1	Stage 2	Mean Difference	Std. Error	Sig.
Control	General Satisfaction	Pretest	Pretest	-0.307	0.376	1
			Follow up	-0.200	0.439	1
		Posttest	Follow up	0.107	0.415	1
	Negative Affect	Pretest	Pretest	-0.373	0.406	1
			Follow up	-0.200	0.464	1
		Posttest	Follow up	0.173	0.296	1
	Relationship with Teacher	Pretest	Pretest	-0.260	0.371	1
			Follow up	0.133	0.337	1
		Posttest	Follow up	0.393	0.392	0.964
	Opportunity	Pretest	Pretest	-0.120	0.463	1
			Follow up	0.267	0.360	1
		Posttest	Follow up	0.387	0.324	0.719
	Achievement	Pretest	Pretest	-0.467	0.399	0.746
			Follow up	-0.267	0.549	1
		Posttest	Follow up	0.200	0.393	1
	Adventure	Pretest	Pretest	0.333	0.394	1
			Follow up	-0.133	0.482	1
		Posttest	Follow up	-0.467	0.382	0.686
	Social Cohesion	Pretest	Pretest	-0.267	0.613	1
			Follow up	0.267	0.581	1
		Posttest	Follow up	0.533	0.312	0.285
EFT	General Satisfaction	Pretest	Pretest	-2.667	0.376	0.001
			Follow up	-2.447	0.439	0.001
		Posttest	Follow up	0.220	0.415	1
	Negative Affect	Pretest	Pretest	-2.633	0.406	0.001
			Follow up	-2.107	0.464	0.001
		Posttest	Follow up	0.527	0.296	0.247
	Relationship with Teacher	Pretest	Pretest	-2.400	0.371	0.001
			Follow up	-2.027	0.337	0.001
		Posttest	Follow up	0.373	0.392	1
	Opportunity	Pretest	Pretest	-3.273	0.463	0.001
			Follow up	-3.600	0.360	0.001
		Posttest	Follow up	-0.327	0.324	0.958
	Achievement	Pretest	Pretest	-3.240	0.399	0.001
			Follow up	-2.960	0.549	0.001
		Posttest	Follow up	0.280	0.393	1
	Adventure	Pretest	Pretest	-2.933	0.394	0.001
			Follow up	-2.740	0.482	0.005
		Posttest	Follow up	0.193	0.382	1
	Social Cohesion	Pretest	Pretest	-5.533	0.613	0.001
			Follow up	-5.033	0.581	0.001
		Posttest	Follow up	0.500	0.312	0.351
Logotherapy	General Satisfaction	Pretest	Pretest	-5.933	0.376	0.001
			Follow up	-6.000	0.439	0.001
		Posttest	Follow up	-0.067	0.415	1
	Negative Affect	Pretest	Pretest	-5.333	0.406	0.001
			Follow up	-4.680	0.464	0.001
		Posttest	Follow up	0.653	0.296	0.098
	Relationship with Teacher	Pretest	Pretest	-7.067	0.371	0.001
			Follow up	-6.867	0.337	0.001
		Posttest	Follow up	0.200	0.392	1
	Opportunity	Pretest	Pretest	-6.227	0.463	0.001
			Follow up	-6.733	0.360	0.001
		Posttest	Follow up	-0.507	0.324	0.377
	Achievement	Pretest	Pretest	-6.800	0.399	0.001

	Adventure	Follow up	-6.533	0.549	0.001	
		Posttest	Follow up	0.267	0.393	1
		Pretest	Pretest	-4.867	0.394	0.001
		Follow up	-4.580	0.482	0.001	
	Social Cohesion	Posttest	Follow up	0.287	0.382	1
		Pretest	Pretest	-12.200	0.613	0.001
		Follow up	-11.733	0.581	0.001	
		Posttest	Follow up	0.467	0.312	0.428

Table 3 shows pairwise comparisons of the components of academic quality of life across treatment stages for the control group, the emotion-focused therapy group, and the logotherapy group. The results indicate that in both the emotion-focused therapy and logotherapy groups, the differences between the pretest mean scores and those of the posttest and follow-up stages are statistically significant ($p < 0.05$). Comparison of the mean scores across the three stages shows that the scores in the posttest and follow-up stages increased compared with the pretest stage. However, the difference between posttest and follow-up scores is not significant ($p > 0.05$), indicating the stability of the treatment effects over time. In the control group, there were no significant differences between the pretest, posttest, and follow-up stages ($p > 0.05$).

Table 4. Between-Subjects Effects Test for Comparing Mean Scores of Academic Quality of Life Among Groups

Source	Variable	SS	DF	MS	F	P	Effect Size
Group	General Satisfaction	535.162	2	267.581	14.273	0.001	0.405
	Negative Affect	252.013	2	126.007	12.843	0.001	0.379
	Relationship with Teacher	1237.613	2	618.807	18.740	0.001	0.472
	Opportunity	526.201	2	263.101	13.359	0.001	0.389
	Progress	336.637	2	168.319	15.195	0.001	0.420
	Adventure	252.547	2	126.274	14.551	0.001	0.409
	Social Cohesion	1456.344	2	728.172	13.907	0.001	0.398

Table 4 presents the results of the between-subjects effects test examining differences in the mean scores of the components of academic quality of life among the control, emotion-focused therapy, and logotherapy groups. The results indicate that the F values for all components are statistically significant ($p < 0.01$).

Table 5. Bonferroni Post-hoc Test (Pairwise Comparisons Between Groups)

Dependent Variable	Group 1	Group 2	Mean Difference	Std. Error	P
General Satisfaction	Control	Emotion-Focused Therapy	-2.336	0.913	0.043
	Control	Logotherapy	-4.876	0.913	0.001
	Emotion-Focused Therapy	Logotherapy	-2.540	0.913	0.024
Negative Affect	Control	Emotion-Focused Therapy	-1.656	0.660	0.048
	Control	Logotherapy	-3.347	0.660	0.001
	Emotion-Focused Therapy	Logotherapy	-1.691	0.660	0.042
Relationship with Teacher	Control	Emotion-Focused Therapy	-4.100	1.211	0.005
	Control	Logotherapy	-7.402	1.211	0.001
	Emotion-Focused Therapy	Logotherapy	-3.302	1.211	0.028
Opportunity	Control	Emotion-Focused Therapy	-2.473	0.936	0.034
	Control	Logotherapy	-4.836	0.936	0.001
	Emotion-Focused Therapy	Logotherapy	-2.362	0.936	0.046
Progress	Control	Emotion-Focused Therapy	-2.022	0.702	0.019
	Control	Logotherapy	-3.867	0.702	0.001
	Emotion-Focused Therapy	Logotherapy	-1.844	0.702	0.036
Adventure	Control	Emotion-Focused Therapy	-1.758	0.621	0.021
	Control	Logotherapy	-3.349	0.621	0.001
	Emotion-Focused Therapy	Logotherapy	-1.591	0.621	0.042
Social Cohesion	Control	Emotion-Focused Therapy	-4.122	1.525	0.030
	Control	Logotherapy	-8.044	1.525	0.001
	Emotion-Focused Therapy	Logotherapy	-3.922	1.525	0.041

Table 5 presents pairwise comparisons of the mean scores of the components of academic quality of life among the three groups. The results indicate that the mean scores of academic quality of life in both the emotion-focused therapy and logotherapy groups are significantly higher than those of the control group ($p < 0.05$). Furthermore, the mean scores of the logotherapy group are significantly higher than those of the emotion-focused therapy group ($p < 0.05$), indicating the greater effectiveness of logotherapy.

Discussion

The results of the repeated-measures analysis of variance showed that both Emotion-Focused Therapy (EFT) and Logotherapy had a significant effect on improving the academic quality of life of adolescents with risky behaviors.

Academic quality of life extends beyond academic achievement; it refers to a sense of satisfaction, effectiveness, and belonging within the educational environment. Adolescents who engage in risky behaviors often perceive schooling as meaningless or as an environment characterized by repeated failures. As Arslan and Allen (2022) explained, when an adolescent's inner world is disturbed, school becomes a source of anxiety rather than a place for growth. Both interventions helped reduce this internal disturbance and thereby improved the students' academic experience, although the mechanisms through which they operated were different. Differences in the patterns of effectiveness and stability of outcomes can be explained as follows.

The results indicated a very large effect size (0.707) for general satisfaction. Adolescents with risky behaviors typically experience school as a stressful and unpleasant environment. Emotion-Focused Therapy reduces this burden by focusing on emotional expression and regulation of negative emotions such as anger, shame, and anxiety resulting from academic failures. In contrast, logotherapy improves general satisfaction by transforming the adolescent's perspective toward education. From the perspective of logotherapy, school is no longer perceived as an external obligation but rather as a space for realizing experiential and creative values. This approach teaches adolescents to view academic difficulties as part of the path toward discovering personal meaning, which directly leads to reduced negative affect and increased satisfaction with the academic environment (Anari, 2017).

The effect size (0.772) in the teacher–student relationship component indicates the strong effectiveness of the interventions. In the emotion-focused approach, emphasis is placed on repairing attachment styles, enabling adolescents to manage emotional conflicts with authority figures such as teachers. In logotherapy, however, the relationship with the teacher is interpreted through the concept of self-transcendence. Adolescents learn to look beyond their own immediate needs and perceive teachers as facilitators in their search for life meaning. This shift in perspective reduces impulsivity and oppositional behaviors—common aspects of risky behavior—in the

classroom and replaces them with a more empathetic and responsible connection with teachers (Bayani et al., 2008).

The findings also demonstrated a significant improvement in adolescents' perception of academic opportunities. Adolescents with risky behaviors often experience learned helplessness and do not perceive real opportunities for progress. Logotherapy activates the will to meaning, giving direction to adolescents' educational efforts. When adolescents discover a meaningful "why" for their future, they can more easily tolerate the "how" of academic demands, such as studying and maintaining discipline. In this sense, logotherapy links academic success to life meaning. Unlike Emotion-Focused Therapy, which mainly emphasizes emotional relief in the present, logotherapy adopts a future-oriented perspective, convincing adolescents that education is a tool for transcending current circumstances and fulfilling personal purpose (Frankl, trans. Habib, 2022).

Explanation of the Stability of Effects on Academic Quality of Life

The significant interaction effect (time $\times$ group) indicates that the pattern of change differed between the two intervention groups. It is expected that logotherapy produced greater stability in academic quality of life during the follow-up phase. The reason is that academic quality of life is not merely an emotional state but rather a cognitive-value construct. Changes based on the discovery of meaning tend to be more resistant to environmental stressors such as examinations or academic criticism than changes based solely on emotional regulation. By reconstructing the adolescent's academic identity, logotherapy protects individuals from reverting to impulsive behaviors (Ganji, 2022).

The findings of this hypothesis are consistent with the research of Yıldırım and Lolic (2023), which showed that existential hope derived from logotherapy increases academic engagement among at-risk students. Regarding Emotion-Focused Therapy, the results align with Greenberg (2021), who demonstrated that emotional security forms the foundation of quality of life in learning environments. Similarly, Wong (2023) emphasized that the management of meaning in life is directly associated with greater responsibility in social and academic tasks (Yıldırım & Lolic, 2023; Greenberg, 2021; Wong, 2023).

In contrast, Miller et al. (2022) found that direct instruction in study skills and time-management strategies (behavioral approaches) was more effective than interpersonal and existential therapies for improving academic quality of life. Likewise, Robinson (2022) reported that among

adolescents with severe behavioral disorders, reward-and-punishment-based interventions improved school performance more rapidly than logotherapy. These findings contrast with the present study's results emphasizing the superiority of qualitative therapeutic approaches (Miller et al., 2022; Robinson, 2022).

In the final interpretation, the superiority of logotherapy in this hypothesis can be attributed to its capacity to foster self-transcendence. Adolescents with risky behaviors are often immersed in immediate pleasures, whereas logotherapy directs them toward higher-order values, such as acquiring knowledge for service or personal growth. In other words, Emotion-Focused Therapy moves adolescents from a negative emotional state to a neutral one, whereas logotherapy propels them from neutrality toward academic enthusiasm. This transition from neutrality to enthusiasm explains why academic quality-of-life scores in the logotherapy group were significantly higher than those in both the emotion-focused and control groups. In essence, logotherapy imbues education with a sense of necessity and purpose.

Limitations

One of the limitations of the present study was that certain variables were beyond the researcher's control. Factors such as family economic status, parental parenting styles, and the extent of adolescents' exposure to virtual and online environments may influence adolescents' academic quality of life and could potentially affect the outcomes of the study.

Suggestions for Future Research

It is recommended that future researchers examine the mediating role of variables such as self-compassion or academic self-efficacy in the relationship between these therapeutic approaches and academic quality of life. Investigating these mechanisms may provide deeper insight into how psychological interventions influence students' academic experiences and long-term educational adjustment.

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 ethics committee of Islamic Azad University.

Author contributions

All author(s) contributed to the study conception and design, material preparation, data collection and analysis. All author(s) contributed to the article and approved the submitted version.

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Conflict of interest

The author(s) 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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