



# Effectiveness of an Educational Package Based on an Integrative Self-Analytical Framework to Attachment Styles of Couples with Marital Conflicts

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**Abstract**

**Introduction:** Most couples with marital conflicts lack secure attachment styles that are necessary to improve the quality of their relationships and consolidate their family foundations. The present study aimed to investigate the role of an educational package based on an integrative self-analytical framework to the attachment styles of couples with marital conflicts.

**Methods:** The study was a randomized controlled trial with a pre-test/post-test/control group/follow-up design. The statistical population consisted of all couples with marital conflicts visiting the counseling centers in Isfahan, Iran in 2021, of whom 30 couples were selected as the sample through convenience sampling and randomly assigned to an experimental group and a control group. The participants in the experimental group attended a 12-session educational package based on an integrative self-analytical framework while those in the control group received no intervention. All participants were assessed again two months later. The research instruments included the Adult Attachment Scale. The data were statistically analyzed using Repeated Measures ANCOVA in SPSS-24. The significance level of the research was considered to be  $\alpha=0.05$ .

**Results:** The mean  $\pm$  SD of close subscale in the post-test and follow-up stages were  $23.06 \pm 3.99$  and  $23.76 \pm 4.51$  in the experimental group and  $21.63 \pm 4.67$  and  $21.53 \pm 4.59$  in the control group. The mean  $\pm$  SD of anxiety subscale in the post-test and follow-up stages were  $16.06 \pm 5.11$  and  $15.10 \pm 4.99$  in the experimental group and  $16.33 \pm 4.61$  and  $16.66 \pm 5.04$  in the control group. Moreover, the mean  $\pm$  SD of depend subscale in the post-test and follow-up stages were  $15.06 \pm 3.26$  and  $14.80 \pm 3.01$  in the experimental group and  $15.40 \pm 3.77$  and  $15.60 \pm 3.86$  in the control group. The results showed that the educational package based on an integrative self-analytical framework improved the attachment styles (i.e., close, depend, and anxiety) of the participants ( $P < 0.001$ ) and the effects persisted during the follow-up period.

**Conclusions:** Consequently, Therefore, consultants and psychologists can use this intervention to improve attachment styles in couples with marital conflicts.

## INTRODUCTION

Attachment means a stable psychological relationship between two people. One of the basic human characteristics is the ability to establish and maintain interpersonal relationships. Relationships that are absolutely necessary for each of us to maintain survival, reproduction, love, business and the like [1]. Attachment not only plays a major role in adult relationships including "romantic relationships" and "marital life" but also provides a framework that helps

couples to achieve a better and more accurate understanding of marital relationships and methods of dealing with marital conflicts [2]. Studies indicate that attachment theories are premised upon the basic principle that early relationships with parents and caregivers determine one's future social relationships, especially marital ones [3]. It has been theoretically proved that adult attachment problems, which are known as insecure internal working models of

attachment, are a probable forerunner of problems in resolving marital conflicts; for example, the effects of attachment styles on marital infidelity and marital conflicts [4]. Studies have shown that anxious and avoidant attachment styles can negatively affect marital satisfaction either directly or indirectly through non-constructive conflict resolution methods [5]. By contrast, couples with a secure attachment style more actively participate in conflict resolution by applying techniques such as reconciliation and integration [6]. Many studies have investigated the importance of attachment styles in close relationships and reported that couples may employ different conflict resolution methods depending on their attachment styles as mechanisms for emotion regulation [7, 8].

The majority of couples with marital conflicts lack secure attachment styles that are necessary to improve the quality of their relationships and consolidate their family foundations [9]. Matin and Etemadi [10] showed that compassion-focused therapies helped increase the emotional security of couples by regulating emotional systems and could be used as effective treatments to improve the attachment styles of couples with marital conflicts. Jolazadeh et al. [11] also reported that both couple therapy based on acceptance and commitment and emotion-focused couple therapy could efficiently reduce avoidant and anxious attachment styles in couples, but only emotion-focused couple therapy was effective in improving secure attachment in marital relationships.

One-dimensional therapies (e.g., cognitive-, behavioral-, or emotion-based) have failed to consider all complexities of marital relationships and couples therapy faces significant limitations. Therefore, researchers now argue that couples therapy requires something beyond existing treatments to explore integrative approaches and support the potential benefits of integrative approaches in couples therapy [12, 13]. Therefore, many efforts are being made to combine the specific and effective therapeutic components of different approaches that are employed in the framework of multi-component interventions, into a systematic method that is used in a conceptually coherent and integrated model [14]. One of the integrative approaches is Emotionally Focused Couples Therapy (EFCT), which has been developed based on systems theory, humanistic and experiential therapies, and attachment theory [15]. Previous studies have shown that both EFCT and integrative system-based couples therapy can effectively solve the attachment problems of couples [16, 17]. The combination of interactive analytical and mindfulness therapies has managed to increase marital adjustment by reducing the involved variables such as interpersonal dependence [18].

Integrative approaches have been introduced in recent years, but it has been felt something is missing that

prevents achieving the maximum efficacy of the existing therapeutic approaches. Therefore, a new approach has been proposed in this field called the "integrative self-analytical framework". This framework considers a person in all his/her existential dimensions and takes a comprehensive view of "the integrated self of the individual" about his/her emotional pains, fears, sense of worth, or worthlessness for education, improvement, and treatment. In addition, while considering the principle of individual integrity, this framework views an individual's interactions on a larger scale and as an integrated unit. It helps couples to understand the unconscious processes in them and their existential needs, fears, and anxieties to employ methods to heal their emotional wounds and improve their healthy thoughts, feelings, and behaviors [19]. Various studies have shown the effectiveness of the integrative self-analytical framework in improving resilience, psychological well-being, quality of life, stress management, happiness, self-efficacy, and mental health of women.

Scientific evidence has confirmed the positive effects of the integrative self-analytical framework on psychological components. Considering the wide range of problems couples face, there is a need for therapies that can take into account all aspects of the integrated existence of humans and couples and their interactions to have lasting effects on their relationships and moods. The integrative self-analytical framework is a new therapeutic method. In addition, considering the great importance of applying couples therapy in counseling centers because of the ever-increasing rate of divorces, extramarital relationships, and especially marital conflicts, and also the major role of attachment styles in predicting marital conflicts, this study hence aims to investigate the effects of an intervention based on the integrative self-analytical framework on attachment styles of couples with marital contradictions.

## METHODS

The study was a randomized controlled trial with a pre-test/post-test/control group/follow-up design. The statistical population consisted of all couples with marital conflicts visiting counseling centers in Isfahan, Iran, of whom 30 couples were selected as the sample through convenience sampling from three centers. This study was conducted from April to July 2021. The inclusion criteria were marital conflicts based on the diagnosis of a consultant, at least two years of married life, 20 to 45 years of age, at least a guidance school degree, not suffering from mental illnesses, not participating in simultaneous therapeutic interventions, the willingness of both spouses for participating in the study, and completion of the research questionnaires. The exclusion criteria were absence in more than two educational sessions. In this research, 30 couples were

included in the study using G-power software (effect size=1.74, test power=0.90,  $\alpha=0.05$ ). The participants were randomly assigned to two groups: the experimental and control groups (15 couples in each group). Randomization was done by random number table. Pre-test and post-test were done by the Adult Attachment Scale in both experimental and control groups. At the beginning and end of the research, the participants were asked to answer the items in the scale within 30 minutes. Before starting the training sessions, a pre-test was conducted for the experimental and control groups. The integrative self-analytical framework intervention program was implemented for the experimental group, while the control group did not receive the intervention program. The control group received their counseling routine during the training sessions. After the training sessions, the post-test was conducted for both experimental and control groups. To check the continuity of the effectiveness of the treatment, a follow-up period was conducted 60 days after the post-test. During the follow-up period, the participants were in contact with the therapist for guidance or counseling. Based on ethical considerations, informed consent was obtained from the participants, and the participants were allowed to leave the study whenever they desired and their information was kept confidential. In addition, those in the control group also received the intervention at the end of the study.

### Instrument

**Demographic Survey Questions:** A researcher-made demographic survey questionnaire with closed items was used to collect demographic information of the participants. The questions of this questionnaire were prepared to collect data related to age, duration of the marriage, education level and number of children.

**The Adult Attachment Scale:** The Adult Attachment Scale Developed by Collins and Reed in 1990 [20]. This self-evaluating and self-describing tool measures one's skills in establishing relationships and developing attachment relationships with those around. It consists of 18 items in three subscales: close (items 1, 7, 9, 13, 15, and 17), depend (items 3, 6, 8, 14, 16, and 18), and anxiety (items 2, 4, 5, 10, 11, and 12). The close scale measures the extent to which a person is comfortable with closeness and intimacy. The depend scale measures the extent to which a person feels he/she can depend on others to be available when needed. The anxiety subscale measures the extent to which a person is worried about being abandoned or unloved. The items are scored based on a 5-point Likert scale from 1 to 5. The minimum and maximum scores obtainable for each of the subscales are 6 and 30, respectively. In the interpretation of the scale, getting a higher score indicates greater intensity of attachment in each style. Collins and Reed [20] reported a Cronbach's alpha of

0.69 for close, 0.75 for depend, and 0.72 for anxiety. The reliability of the Persian version of this scale was confirmed by Farhadi et al. [21]. Cronbach's alpha for close, depend, and anxiety subscales were reported as 0.68, 0.71, and 0.52, respectively [21].

### Intervention

After the pre-test, those in the experimental group attended twelve 150-minute sessions of an educational package based on the integrative self-analytical framework for couples. Training sessions were conducted in groups and cooperatively and based on the integrative self-analytical approach of Atashpour and Salahshouri [19] (Table 1). The first author, who is a Ph.D. student in psychology and received formal training in integrative self-analytical, implemented the therapeutic interventions.

### Data Analysis

The data collected during the pre-test, post-test, and two-month follow-up stages were analyzed using descriptive and inferential statistics to examine the research hypothesis. The measures of central tendency and dispersion (mean and standard deviation) were used for descriptive analysis. After examining the normal distribution of data, the equality of error variances, and the maintenance of the default independence, repeated measures ANCOVA and the Bonferroni test were employed for inferential analysis. All statistical tests were performed in SPSS-24.

## RESULTS

The demographic variables of the participants are presented in Table 2. Based on the results, there was no significant difference between the participants in the experimental and control groups in terms of demographic variables. Table 3 presents the data on the dependent variable of the research in the pre-test, post-test, and follow-up stages.

As shown in Table 3, the mean scores of post-test and follow-up attachment styles changed more in the experimental group compared to the control group. In examining the assumptions of repeated measures ANCOVA, the Smirnov-Kolmogorov test indicated that the data followed a normal distributing pattern because the obtained Z-values were not statistically significant ( $P>0.05$ ). Levene's test was employed for examining the equality of variances and the results confirmed the equality of variances in terms of attachment styles (i.e., close, depend, and anxiety) for both groups in all three stages. Box's M test also showed that the homogeneity of variances matrix was established in all attachment styles including close ( $F=0.959$ ,  $P=0.472$ ), anxiety ( $F=1.62$ ,  $P=0.102$ ), and depend ( $F=1.32$ ,  $P=0.218$ ).

**Table 1.** Contents of the intervention sessions based on the integrative self-analytical framework for couples

Session	Contents
<b>1: Pre-test, preparation of the participants</b>	Introducing the participants to each other, conducting the pre-test, stating the objectives of the sessions and their rules and regulations, giving explanations on the integrative self-analytical framework the importance of marriage and marital relations.
<b>2: Human existential dimensions</b>	Teaching self-awareness: intrapsychic and interpsychic considerations (communication and interactions) / the iceberg metaphor of human mind/learning personal history and existential fears.
<b>3: Losses, pains</b>	Learning the emotional body and the nature of frustration that results from needs dissatisfaction in single and married life, familiarity with individual and couples losses/pains in marital relationships, group therapy through techniques for improving pains, emotional states, and traumatic emotions.
<b>4: Familiarity with psychological needs</b>	Learning the nature of needs and the necessity of meeting them, becoming familiar with psychological needs including the need for survival, security, trust, confidence, strength, and competence, paying attention to the needs of couples, and engaging in the group practice.
<b>5: Familiarity with psychological needs (continuation)</b>	Familiarity with psychological needs including the need for growth and development/attention and approval/communication and bonding/self-management and freedom (independence)/appropriate excitation and tension (entertainment)/solitude and meditation/ the need for spirituality/ the need for a sense of worth, and the need to understand the needs of oneself and one's spouse and learn how to satisfy them.
<b>6: Marital attachment</b>	Teaching the nature of attachment and different types of attachment, injuries caused by the lack of formation of secure attachments, teaching the techniques of friendship and the skills to change insecure attachment styles to secure one.
<b>7: Emotional-existential fears</b>	Learning the role of psychological insecurity in the awakening of fears, different types and mechanisms of fears, the techniques of overcoming fears, and exercises to help spouses to give each other a greater sense of security.
<b>8: People's Life stories</b>	Learning the narratives and life stories following paranoias and experiences, engaging in group exercises in writing and talking about personal and marital stories that were formed or strengthened due to losses and failure to satisfy one's needs.
<b>9: People's life stories (continued)</b>	Teaching and presenting techniques and group practice to correct paranoias and turn unhealthy marital stories into healthy ones, teaching spouses how to support each other.
<b>10: Extreme-compensatory mechanisms</b>	Learning how compensatory mechanisms are activated, that the individual may resort to acute compensatory mechanisms in dealing with his/her spouse or others, the factors strengthening or weakening these mechanisms, the effect the spouses have on each other, and the help they provide for each other about resorting to the mechanisms or avoiding their use, and learning several important compensatory defense mechanisms and the techniques of reducing the harmfulness of harmful mechanisms and of changing them into healthy behaviors.
<b>11: The journey from worthlessness to self-worth</b>	Assessing self-worth and self-esteem; learning the self-esteem triangle and self-esteem games (games that help to boost self-esteem such as picturing the future and the mirror technique), and psychological empowerment.
<b>12: Power of choice, post-test</b>	Summation and review previous sessions, my choice-your-choice game in relationships, the concept of responsibility, the process of self-worth formation and feelings of double worthlessness, and the role of spouses in inducing a sense of worth. Learning positive components of self-worth, receiving feedback from the participants about the intervention sessions, answering questions, and giving the post-test.

**Table 2.** Demographic variables of the couples in the experimental and control groups

Groups	Age of Men (Years)	Age of Women (Years)	Duration of Marriage (Years)	Education		Number of Children		
				High school Education	College Education	1	2	3
<b>Experimental</b>	34.27±5.23	32.07±4.68	8.37 ± 3.65	19 (63.33)	11 (36.67)	14 (46.67)	12 (40.00)	4 (13.33)
<b>Control</b>	36.80±6.28	34.27±5.79	10.47±5.02	17 (56.67)	13 (43.33)	13 (43.33)	11 (36.67)	6 (20.00)
<b>P-value</b>	0.095	0.111	0.068	0.601		0.786		

Data in table are presented as Mean ±SD or No.(%)

Table 4 presents the results of comparing the two groups in terms of attachment variables. The results showed that there were significant differences between the two groups in the mean scores of all attachment styles (P<0.001). The attachment styles close, anxiety, and depend explained 49.4, 20.9, and 36.8 percent of the differences between the two groups in both the post-test and the follow-up stages, respectively. The results also demonstrated that there was no significant difference between the male and female participants in any of the attachment styles.

The results showed that the pre-test significantly affected the post-test and follow-up data in all three attachment styles (P<0.05). There was a significant difference between the two groups in terms of close and depend attachment styles in both post-test and follow-

up stages (P<0.001). In other words, the intervention based on the integrative self-analytical framework for couples managed to significantly change the post-test mean scores of close and depend attachment styles and the changes lasted during the follow-up stage. However, there was no significant difference between the experimental and control groups in the post-test mean scores of anxiety attachment style, but the difference between them in the follow-up stage was statistically significant (P<0.01). The intervention based on the integrative self-analytical framework for couples succeeded in reducing the follow-up mean scores of this attachment style. The main effects of gender and the interaction effects of gender and group on none of the three attachment styles were non-significant in the pre-test, post-test, and follow-up stages. This indicates that

there was no significant difference between the male and female participants in the effectiveness of this therapy.

**Table 3.** Comparison of means of research variables in two experimental and control groups

Variables /Group /Gender	Pre-Test	Post-Test	Follow-Up
	Mean $\pm$ SD		
<b>Close</b>			
Experimental			
Male	19.00 $\pm$ 3.76	23.06 $\pm$ 3.92	23.86 $\pm$ 4.64
Female	19.66 $\pm$ 4.23	23.06 $\pm$ 4.19	23.66 $\pm$ 4.54
Total	19.33 $\pm$ 3.95	23.06 $\pm$ 3.99	23.76 $\pm$ 4.51
Control			
Male	20.53 $\pm$ 5.55	21.20 $\pm$ 4.60	21.06 $\pm$ 4.41
Female	21.20 $\pm$ 5.24	22.06 $\pm$ 4.87	22.00 $\pm$ 4.88
Total	20.86 $\pm$ 5.31	21.63 $\pm$ 4.67	21.53 $\pm$ 4.59
<b>Anxiety</b>			
Experimental			
Male	15.20 $\pm$ 3.72	14.00 $\pm$ 3.29	12.60 $\pm$ 3.06
Female	20.80 $\pm$ 4.93	18.13 $\pm$ 5.84	17.60 $\pm$ 5.38
Total	18.00 $\pm$ 5.15	16.06 $\pm$ 5.11	15.10 $\pm$ 4.99
Control			
Male	15.86 $\pm$ 4.20	15.53 $\pm$ 3.77	16.06 $\pm$ 4.58
Female	18.33 $\pm$ 5.55	17.13 $\pm$ 5.33	17.26 $\pm$ 5.56
Total	17.10 $\pm$ 4.99	16.33 $\pm$ 4.61	16.66 $\pm$ 5.04
<b>Depend</b>			
Experimental			
Male	16.66 $\pm$ 3.06	14.46 $\pm$ 2.85	14.00 $\pm$ 2.95
Female	18.60 $\pm$ 3.37	15.66 $\pm$ 3.63	15.60 $\pm$ 2.94
Total	17.63 $\pm$ 3.31	15.06 $\pm$ 3.26	14.80 $\pm$ 3.01
Control			
Male	15.20 $\pm$ 4.83	14.46 $\pm$ 4.22	14.80 $\pm$ 4.03
Female	16.73 $\pm$ 4.31	16.33 $\pm$ 3.13	14.60 $\pm$ 3.64
Total	15.96 $\pm$ 4.56	15.40 $\pm$ 3.77	15.60 $\pm$ 3.86

**Table 4.** The results of the repeated measures ANCOVA of between-subject effects in attachment styles

Variables / Source	SS	df	MS	F	P-value	$\eta^2$	Power
<b>Close</b>							
Pre-test	1916.40	1	1916.40	350.79	0.001	0.864	1.00
Group	292.85	1	292.85	53.61	0.001	0.494	1.00
Gender	0.97	1	0.97	0.18	0.675	0.003	0.07
Group $\times$ gender	7.50	1	7.50	1.37	0.246	0.024	0.21
Error	300.47	50	5.46				
<b>Anxiety</b>							
Pre-test	2099.40	1	2099.40	334.22	0.001	0.859	1.00
Group	91.34	1	91.34	14.54	0.001	0.209	0.96
Gender	14.71	1	14.71	2.34	0.132	0.041	0.32
Group $\times$ gender	0.47	1	0.47	0.07	0.786	0.001	0.06
Error	345.48	50	6.28				
<b>Depend</b>							
Pre-test	1117.53	1	1117.53	347.78	0.001	0.863	1.00
Group	102.97	1	102.97	32.04	0.001	0.368	1.00
Gender	0.97	1	0.97	0.30	0.585	0.005	0.08
Group $\times$ gender	3.19	1	3.19	0.99	0.323	0.018	0.16
Error	176.73	50	3.21				

## DISCUSSION

This study aimed to investigate the role of an educational package based on an integrative self-analytical framework in attachment styles of couples with marital conflicts in Isfahan. The findings showed that the educational package based on the integrative self-analytical framework for couples significantly influenced the attachment styles of couples with marital conflicts and the effects remained in the follow-up stage. Studies have shown the effectiveness of the integrative self-analytical framework in improving resilience,

psychological well-being, quality of life, stress management, happiness, self-efficacy, and mental health of the female participants [22, 23]. The integrative self-analytical framework considers both intrapsychic and interpsychic dimensions (the interactions of the individuals). This framework holds that in the interpsychic dimension the current difficulties of a relationship stem from the faulty system of the initial families of the spouses. In addition, in the intrapsychic dimension, it is believed that existential fears and panics are responsible for people's insecurity and psychological pain, which can cause emotional pain. Another cause of

loss/pain is losses resulting from unmet psychological, marital, and attachment needs. This framework focuses on the 12 basic psychological needs, especially the need for attachment, which is one of the fundamental needs of marital relationships. According to this framework, unmet individual, communicative, and marital psychological needs can make couples experience frustration and loss-pain [19].

An insecure attachment style can damage the need for attachment, which is rooted in spouses' childhood [24]. When one's mind is occupied with traumatic emotions, one will get stuck in distorted thoughts and unhealthy individual or marital stories. When one has a sense of worthlessness due to intensified traumatic emotions, one may resort to acute compensatory mechanisms to reduce the mental pressure caused by the sense of worthlessness [25]. Such mechanisms will serve as a barrier to the process of self-acceptance and self-understanding, stop the process of self-knowledge, and the compensatory behaviors become an attempt to ignore the sense of worthlessness. As this vicious cycle continues, the more extensive the injuries of couples in their personal life and relationships, the stronger the ineffective compensatory mechanisms, and the deeper the damage and the sense of worthlessness will be. This vicious cycle continues and the more extensive the damages the spouses suffer in their individual lives and relationships, the stronger the inefficient compensatory mechanisms become. In addition, the deeper the damage and the sense of worthlessness will be [26]. These will not happen if the individual becomes aware of this cycle of double worthlessness by relying on his/her self-knowledge, needs, and status in his/her interactions and relationships. Moreover, learning the self-esteem triangle and its related exercises will enable the individual to move towards self-awareness, self-acceptance, self-care, and finally, self-worth. The individual can use this feeling of worthiness in the relationship with his/her spouse and achieve a double feeling of self-worth by making the compensatory mechanisms healthy and by reconstructing the life stories and the relational feedback [27].

During the intervention sessions, the couples realized all kinds of personal, communication, and attachment needs and the relative necessity of fulfilling them, learned how to prevent the loss from turning into psychological pain, prioritized the needs of themselves, their spouses, and their relationship, and, finally, tried to meet their essential personal and communicative needs by learning the exercises. In addition, detecting, rewriting and correcting the life stories through different autobiography techniques, memories related to fears, and understanding fear-based decisions gave a greater sense of security to their emotional and communication bodies. Emotionally-focused exercises also helped couples to accept each other, understand, be empathetic

to, and satisfy the communication needs of each other, and learn mature behaviors, which reduced traumatic emotions that the couples suffered in their marital life and resulted in tension, conflict, and unhealthy acute compensatory behaviors. As a result, they exhibited more positive thoughts and emotions and more mature mechanisms and behaviors [28].

Consistent with the findings of this research, previous studies showed that therapies based on emotion, acceptance and commitment, compassion, and emotion regulation could improve the emotional security of couples and their attachment styles [10, 11]. The caring and care-seeking behaviors of couples were effective in securing the couple's attachment style in terms of emotional accessibility, responsiveness, and learning loving habits, and avoiding the destructive habits of external control in the classroom and homework. Previous studies reported that integrated systemic couples therapy and hybrid analytical-interactive therapy could repair the damage caused by couples' attachment styles, reduce interpersonal dependence, and improve marital adjustment [24].

Since this study was conducted on couples with marital conflicts visiting the counseling centers in Isfahan, Iran, the findings should be cautiously generalized to couples living in other regions of Iran. Another research limitation was some uncontrolled variables such as the financial status of families, birth order of couples, number of children, and cultural differences.

## CONCLUSION

Since the educational package based on the integrative self-analytical framework in couple's therapy showed positive effects on the attachment styles of conflicting couples with marital conflicts, it is recommended for improving the marital relationships of couples and their attachment styles. The attachment styles of couples are recommended to be measured during pre-marriage counseling to provide them with the best interventions, educational packages, and valuable information to ensure the success of their marriage. Future studies are recommended to investigate the effects of this intervention on couples of other cities and towns in Iran to add to the generalizability of the findings.

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## ETHICAL CONSIDERATIONS

The study was approved by the Ethical Committee of Islamic Azad University- Isfahan (Khorasgan) Branch (code: IR.IAU.KHUISF.REC.1399.200).

**AUTHORS' CONTRIBUTIONS**

Conceptualization and supervision: Maryam Jelokhanian, Seyed Hamid Atashpour; Methodology: Seyed Hamid Atashpour, Maryam Jelokhanian; Investigation, writing – original draft, and writing – review & editing: Seyed Hamid Atashpour, Mohammad Ali Nadi; Data collection: Maryam Jelokhanian, Seyed Hamid Atashpour; Data analysis: Mohammad Ali Nadi.

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**CONFLICT OF INTERESTS**

All the authors declare that they have no conflict of interest.

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