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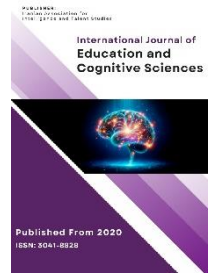
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The Effectiveness of Realistic Acceptance and Commitment Therapy and Positive Psychotherapy on Happiness and Resilience Among Divorced Women in Baghdad

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ABSTRACT

Purpose: This study aimed to investigate the effectiveness of realistic acceptance and commitment therapy (ACT) and positive psychotherapy on happiness and resilience among divorced women in Baghdad.

Methods and Materials: The research employed a quasi-experimental design with a pretest-posttest format, including two experimental groups and one control group. The statistical population consisted of all divorced women in Baghdad, from which 45 women were selected through convenience sampling based on inclusion and exclusion criteria and randomly assigned to research groups. While the control group was on a waiting list, both experimental groups received ten sessions of realistic ACT training (Afshari et al., 2022) and positive psychotherapy (Elmimanesh & Zhaleh, 2018). All participants were assessed using the Happiness Questionnaire (Hills & Argyle, 2002) and the Resilience Scale (Connor & Davidson, 2003) before, immediately after, and 45 days following the interventions. The collected data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures ANOVA).

Findings: The results indicated that both approaches significantly increased happiness and resilience.

Conclusion: Based on the findings, it can be concluded that these methods are effective in improving happiness and resilience among divorced women in Baghdad. It is recommended that policymakers and health sector officials prioritize implementing these intervention packages through trained psychologists for divorced women.

Keywords: *Realistic Acceptance and Commitment Therapy, Positive Psychotherapy, Happiness, Resilience, Divorced Women, Baghdad.*

1. Introduction

Divorce, often the outcome for couples unable to understand one another, facing marital conflicts, or experiencing a painful and distressing family environment, can have various consequences (Padash et al., 2023). Among these are the inability to remarry, changes in societal attitudes toward divorced individuals, and judgments of them as incapable of choosing a suitable spouse or managing daily family affairs. Additionally, financial issues affecting both men and women, lifestyle changes, and—if children are involved—parenting and economic challenges can confront divorced individuals with numerous crises, leading to depression (and decreased happiness), to the extent that happiness becomes an elusive aspiration for some (Akrami, 2022; Godarzi & Khojaste, 2020; Yousefi et al., 2021). Happiness, as a positive emotion, enhances life satisfaction, facilitates problem-solving, increases cognitive flexibility, and can ease coping with life challenges (Abedi et al., 2024). Therefore, improving the emotional life of a divorced individual appears essential.

Happiness, a vital positive emotion, is something many strive to achieve through external or internal means. It is not merely a fleeting feeling but the product of a good life. Broadly, happiness is an emotion characterized by feelings of pleasure, satisfaction, flourishing, and joy. Increasing happiness reduces anxiety and depression. A happy individual believes they are living their ideal life, aligns with life's flow, and accepts life as it is (Veenhoven, 2024). They perceive their living conditions as satisfactory, enjoy meaningful and effective relationships with others, are open to new perspectives and experiences, practice self-care, and exhibit compassion toward themselves and others. They maintain an attitude of gratitude and find meaning and purpose in life, often sharing happiness with others (Eysenck, 2024). Ultimately, happiness contributes to experiencing life as a complete whole where difficulties and satisfactions coexist. Happiness is categorized into two main types: internal happiness, derived from a meaningful life, and external happiness, dependent on sensory pleasures (Jaswal et al., 2024).

Research findings indicate that happiness can improve resilience in life. Resilience refers to an individual's capacity to recover from prolonged or difficult circumstances and restore themselves. It entails maintaining psychological stability and health when facing adversities (Karahana et al., 2024). While such individuals may face risks, they do not succumb to dysfunction. Resilient individuals maintain hope

in adverse situations. Resilience manifests in various forms, including physical resilience (enduring physical hardships), psychological resilience (coping with challenging situations), emotional resilience (managing emotions), and social resilience (navigating relational difficulties) (Arun Kumar et al., 2024). Researchers suggest that self-awareness, self-care, meaningful thinking, and a broad perspective on life are critical components of resilience. Resilience encourages individuals to confront rather than avoid life's challenges, solve problems, step out of their comfort zones (Golparvar & Parsakia, 2023), believe in their abilities, and maintain motivation through purposefulness. Additionally, research indicates that strong peer support, social connections, and access to robust social resources bolster resilience (Darbani & Parsakia, 2023).

Studies show that divorced women often experience higher levels of depression due to the variety of problems they face (Hald et al., 2020; Hiyoshi et al., 2015). It is crucial to enhance their happiness and resilience (Rahmani et al., 2023). Two effective methods for supporting these women are realistic acceptance and commitment therapy (ACT) and positive psychotherapy. These approaches have been documented for their effectiveness in prior research. Many researchers have also validated the positive psychotherapy approach (Mahboobe Afshari et al., 2022; Amini et al., 2023; Mirsadeghi et al., 2023).

Realistic ACT improves cognitive flexibility and vitality. According to this therapy, avoiding life experiences, clinging to dysfunctional thoughts and feelings, and dwelling on the past lead to psychological harm, reducing vitality, optimism, and hope and fostering depression and anxiety (Ma et al., 2023). Enhancing individuals' psychological states involves cognitive defusion, self-observation, releasing the conceptualized self, living in the present moment, committing to values, and engaging in committed actions to improve their psychological well-being and functioning (Petersen et al., 2024). Although this method emphasizes acceptance and commitment to optimal behaviors, it places less emphasis on choice, needs, and relationship improvement. Reality therapy complements ACT by teaching individuals to take responsibility for their actions, develop appropriate relational habits, and meet their needs without interfering with others' needs. The four critical phases of reality therapy are evaluating desires, assessing performance toward goals, determining the effectiveness of behaviors, and planning (Glasser, 2019). Afshari et al. (2022) introduced the realistic ACT method, incorporating reality therapy techniques—such as positive

thinking, humor, paradoxical techniques, confrontation, and healthy behavioral habits—into the ACT framework, confirming its effectiveness (Mahboobe Afshari et al., 2022).

Positive psychotherapy aims to enhance well-being and happiness. Rashid (2020) identified its four components: pleasure, engagement, meaning, and the full life. Positive psychotherapy reduces vulnerability not only by mitigating negative symptoms but also by fostering positive emotions directly and effectively (Rashid, 2020). This approach helps individuals become happier, more hopeful, optimistic, active, and vibrant, enabling them to enjoy life and assist others in appreciating life as the greatest gift. Positive psychotherapy teaches individuals to recognize their skills and abilities while emphasizing a balance between attending to positive and negative aspects simultaneously. It equips individuals to manage life's challenges and negative experiences more effectively, fostering a sense of empowerment (Cope, 2014).

To date, various studies have aimed to improve the mental health of divorced women through psychological interventions (Hedayati Moghadam, 2022; Nikkar, 2022). However, to the best of the authors' knowledge, no study has compared these two therapeutic approaches for improving happiness and resilience among divorced women in Baghdad, Iraq. Given that Iraq has endured nearly 40 years of war, now transitioning to post-war reconstruction, the country has experienced a rise in divorce rates. Statistics indicate that one in three marriages ends in divorce. Divorced women face numerous challenges, including greater social insecurity. Furthermore, Iraqi women, like women globally, grapple with issues such as modernity and social and political changes that impose new responsibilities, prompting them to reflect on their rights. However, the war-torn society cannot adequately address their needs, leaving divorced women in particularly difficult circumstances. Divorced women endure more severe challenges (Elmi Manesh & Zhaleh, 2018; Panahi Far et al., 2023; Rahmani et al., 2023; Shahabi et al., 2021; Yousefi et al., 2021). Therefore, enhancing their happiness and resilience is a suitable goal for improving their mental health. This study aimed to compare two evidence-based methods for their effectiveness in improving happiness and resilience. The findings could guide efforts to prevent mental health issues and promote happiness and resilience among divorced women. The study sought to answer whether there is a significant difference in the effectiveness of realistic ACT

and positive psychotherapy in improving happiness and resilience among divorced women in Baghdad.

2. Methods and Materials

2.1. Study Design and Participants

This study aimed to compare the effectiveness of realistic acceptance and commitment therapy (ACT) and positive psychotherapy on happiness and resilience among divorced women in Baghdad. The research employed a quasi-experimental design with a pretest-posttest structure, including two experimental groups and one control group. The statistical population consisted of all divorced women in Baghdad, from which 45 women were purposefully selected based on inclusion and exclusion criteria and randomly assigned to research groups. While the control group was placed on a waiting list, the first experimental group underwent ten sessions of realistic ACT (Afshari et al., 2022), and the second received positive psychotherapy (Seligman, 2010). All participants were assessed using happiness and resilience questionnaires before, immediately after, and 45 days following the interventions.

The statistical population comprised all divorced women in Baghdad during spring and summer 2024. The sample included 45 women purposefully selected from this population. To control error variance, the three groups were matched as closely as possible based on inclusion and exclusion criteria. Inclusion criteria included being over 20 years old, having been divorced for at least six months, possessing basic literacy skills, having at least one child, being Muslim, belonging to a middle socioeconomic class, and not having severe clinical or personality disorders (assessed via an initial interview). Exclusion criteria included non-cooperation, missing more than two sessions, developing a physical illness during the study, or remarrying during the study.

From among divorced women volunteering or referred to family counseling centers, social welfare organizations, family courts, and dispute resolution councils in Baghdad, 45 women meeting the inclusion criteria were selected. They were randomly assigned to three groups (two experimental groups and one control group), with 15 women in each group. All participants were assessed using the happiness and resilience questionnaires at three stages: pretest, posttest, and a 45-day follow-up.

The experimental groups received their respective interventions over ten 90-minute sessions. The first experimental group underwent realistic ACT, while the

second received positive psychotherapy. The control group received no intervention.

2.2. Measures

2.2.1. Resilience

The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) consists of 25 items covering subscales such as personal competence, trust in personal instincts, tolerance of negative emotions, positive acceptance of change and secure relationships, control, and spiritual influences. It uses a five-point Likert scale ranging from "strongly agree" to "strongly disagree." Internal consistency (Cronbach's $\alpha = .89$) and test-retest reliability ($r = .87$) were reported by Connor and Davidson (2003), with concurrent validity with Kobasa's Hardiness Scale at $r = .83$ (Connor & Davidson, 2003; Nazemi et al., 2023; Rahmani et al., 2023). In the present study, Cronbach's α was calculated at .78.

2.2.2. Happiness

The Oxford Happiness Questionnaire (Argyle & Lu, 2003) consists of 29 items scored on a scale from 1 ("strongly disagree") to 5 ("strongly agree") and measures three dimensions: positive affect, satisfaction, and absence of negative feelings. Its convergent validity has been confirmed through correlations with personality traits related to mental health, while exploratory factor analysis confirmed its construct validity as a single happiness factor. Divergent validity was demonstrated through negative correlations with depression. Internal consistency (Cronbach's α) has been reported at above .70 (Anvarian & Behboudi, 2023), and in the present study, Cronbach's α was .80.

2.3. Interventions

2.3.1. Realistic Acceptance and Commitment Therapy

This intervention is designed to enhance happiness and resilience by integrating reality therapy principles into the framework of Acceptance and Commitment Therapy (ACT). The goal is to promote cognitive flexibility, develop internal control, and facilitate emotional regulation through structured exercises, practical techniques, and homework assignments (Mahboobe Afshari et al., 2022; Mahbibeh Afshari et al., 2022; Kamali & Mahdian, 2023; Moradi, 2022).

Session 1: Participants are introduced to the sources of their triggering thoughts and learn to manage intrusive cognitions. Emphasis is placed on developing internal control through the principles of reality therapy. Participants are also guided in practicing mindful breathing and given homework assignments to reinforce the session's content.

Session 2: Participants review the previous session and are introduced to different types of thoughts. Activities include writing down thoughts, addressing distress-related cognitive problems, and building resilience. Participants are introduced to cognitive fusion and defusion concepts, with relevant homework assignments provided.

Session 3: Participants examine their perceived locus of control and challenge self-critical and comparative thoughts. Techniques such as "thanking the mind" and evaluating participants' general orientation within a reality therapy system are employed. Homework is assigned to consolidate these insights.

Session 4: Participants work on improving negative emotions by identifying their needs and understanding their role in emotional regulation. The concept of "creative hopelessness" is used to highlight the futility of avoiding unpleasant emotions, encouraging acceptance instead. Homework is assigned for practice.

Session 5: Participants engage in naming emotions and clarifying values. They practice acting in alignment with their values through visual imagery and feedback in a stress-inducing scenario to increase internal control. Mindful acceptance exercises are introduced, and homework is assigned.

Session 6: Participants focus on modifying behaviors that facilitate happiness and resilience. They learn to recognize maladaptive behaviors, shift from external to internal behavior control, and cultivate positive habits to improve distress tolerance and resilience. Homework is assigned for reinforcement.

Session 7: Goal-setting in life is introduced, and participants work on correcting behaviors that hinder goal achievement. Techniques include addressing procrastination to enhance distress tolerance and resilience. Participants are guided to engage in committed actions through proper planning, with homework assigned.

Session 8: The session emphasizes physical activation to enhance distress tolerance and resilience. Participants explore their basic survival needs, learn about their "quality world" related to physical needs, and apply reality therapy techniques to improve their relationship with their bodies. Homework is provided.

Session 9: Interpersonal relationships are addressed, with participants exploring the importance of belonging and love. Exercises include the "obituary metaphor" for identifying values and committed action to enhance internal control. Skills such as assertiveness and recognizing destructive and constructive relational habits are introduced, with homework assignments.

Session 10: The intervention concludes with a review of previous techniques and strategies. Participants receive final recommendations, complete post-test assessments, and reflect on the intervention's outcomes

2.3.2. Positive Psychotherapy

This intervention aims to enhance well-being and happiness by focusing on participants' strengths and virtues. Positive psychotherapy integrates gratitude, forgiveness, optimism, and meaningful relationships to promote psychological, physical, and interpersonal benefits (Cope, 2014; Elmi Manesh & Zhaleh, 2018; Jamshidzahi Bonyad & Farhad, 2021; Mirsadeghi et al., 2023; Nazemi et al., 2023; Rahmani et al., 2023; Rashid, 2020).

Session 1: Participants are introduced to each other, and rapport is established. The session provides an overview of the therapy plan, its rationale, and group rules and structure.

Session 2: Participants begin by writing a positive life story as part of self-introduction. They are encouraged to reflect on their strengths and virtues, with related homework assigned.

Session 3: A summary of previous sessions is presented, and participants share their positive life stories. The group discusses the identified strengths and their relevance to overcoming life challenges.

Session 4: Participants explore the concept of forgiveness as a tool to reduce negative emotions. Discussions focus on its psychological and interpersonal benefits, with relevant homework assigned.

Session 5: The session focuses on gratitude, highlighting its psychological, physical, and relational benefits. Participants engage in exercises that foster gratitude and explore its transformative potential.

Session 6: The distinction between satisfaction and perfectionism is discussed. Participants practice exercises designed to increase life satisfaction and are assigned homework to apply these concepts in their daily lives.

Session 7: Hope and optimism are introduced, with emphasis on their impact on life. Participants learn techniques for fostering internal, global, and stable attributions to enhance optimism.

Session 8: The session addresses love and attachment, teaching participants to build meaningful connections with others. Exercises and homework assignments reinforce these principles.

Session 9: Participants explore the concept of meaningful enjoyment of life. Discussions include leveraging moral virtues and engaging in fulfilling activities to experience deeper satisfaction.

Session 10: The final session reviews participants' progress and achievements, addressing weaknesses through strengths. The group reflects on the intervention's outcomes, and participants receive guidance on sustaining their growth post-intervention.

2.4. Data Analysis

Data were analyzed using repeated measures ANOVA via SPSS-26.

3. Findings and Results

To test the research hypothesis, repeated measures ANOVA was conducted. Table 1 presents the mean and standard deviation for the variables at three time points.

Table 1

Mean (SD) of Happiness and Resilience in the Study Groups Across Three Time Points

Variable	Time	Control Group	ACT Group	Positive Psychotherapy Group
Happiness	Pretest	54.25(5.58)	54.46(6.61)	56.00(7.38)
	Posttest	54.33(4.93)	67.40(7.82)	64.40(4.96)
	Follow-up	55.06(0.05)	79.33(9.96)	72.26(5.68)
Resilience	Pretest	78.80(6.83)	78.20(10.17)	79.40(7.20)
	Posttest	80.66(6.81)	89.60(9.73)	88.93(6.60)
	Follow-up	93.40(8.04)	94.80(9.71)	96.80(5.23)

As shown in Table 1, there are significant differences in the mean scores of happiness and resilience across the three measurement points for the study groups. Further statistical tests, including Shapiro-Wilk (normality of distribution), Levene's test (equality of variances), Box's M test (equality of variance-covariance matrices), and Mauchly's test of sphericity, were conducted for the variables of happiness and resilience.

Normality tests indicated that the happiness and resilience data were normally distributed across all three stages

(pretest, posttest, and follow-up) ($p > .05$). Variance error and equality of variance-covariance matrices (via Box's M test) were satisfied ($p > .05$). However, Mauchly's test for happiness was significant, indicating that the sphericity assumption was violated. Consequently, Greenhouse-Geisser corrections were applied in the final analysis tables. Results of the repeated measures ANOVA for happiness and resilience are shown in Table 2.

Table 2

Results of Repeated Measures ANOVA for Happiness and Resilience

Source of Variation	Type of Effect	Effect Source	SS	df	MS	F	p-value	Partial Eta Squared	Power
Happiness	Within-groups	Time	4608.193	1.63	2813.002	122.13	.000	.744	1.00
		Time \times Group Interaction	2048.43	3.27	625.217	27.14	.000	.564	1.00
		Error (Time)	1548.71	68.80	23.032				
	Between-groups	Group	3652.50	2	1826.25	9.38	.000	.480	1.00
Resilience	Within-groups	Error	3975.68	42	94.23				
		Time	40.83	1	40.38	5.68	.022	.119	.644
		Time \times Group Interaction	64.08	2	32.04	4.46	.017	.175	.735
	Between-groups	Error (Time)	301.57	2	7.18				
		Group	1486.04	2	743.02	4.23	.021	.168	.711
		Error	7365.68	42	175.37				

For within-group effects on happiness, the time factor shows a significant change in happiness scores from pretest to posttest and follow-up ($p < .001$). Interaction between time and group indicates that happiness means significantly changed due to the interventions, with 56.4% of the variance explained by this interaction. Between-group effects reveal a significant difference in happiness across the groups, with 48% of the variance attributed to the therapeutic methods. The power of analysis was 1.00, indicating robust findings.

For resilience, the time factor shows a significant change in resilience scores across measurement points ($p = .022$). Interaction between time and group explains 17.5% of the variance in resilience. Between-group effects also reveal a significant difference, with 16.8% of the variance attributed to the interventions. The power of analysis for resilience was .735, indicating moderate robustness.

Table 3

Bonferroni Pairwise Comparisons for Happiness and Resilience Across Groups

Time and Variable	Groups Compared	Mean Difference	SE	p-value
Pretest	ACT Group – Positive Psychotherapy	-1.53	2.39	.525
	ACT Group – Control Group	.200	2.39	.934
	Positive Psychotherapy – Control Group	1.53	2.39	.525
Posttest	ACT Group – Positive Psychotherapy	3.000	2.214	.183
	ACT Group – Control Group	13.06	2.21	.000
	Positive Psychotherapy – Control Group	10.06	2.214	.000
Follow-up	ACT Group – Positive Psychotherapy	7.06	2.63	.011
	ACT Group – Control Group	23.26	2.63	.001
	Positive Psychotherapy – Control Group	16.20	2.63	.001

As shown in Table 3, no significant difference was observed between the ACT and Positive Psychotherapy groups in posttest or follow-up for happiness. However, both intervention groups showed significant differences compared to the control group. Similarly, for resilience, significant differences were observed between the intervention groups and the control group during posttest and follow-up.

4. Discussion and Conclusion

This study aimed to compare the effectiveness of realistic acceptance and commitment therapy (ACT) and positive psychotherapy on distress tolerance among divorced women in Baghdad. Results from repeated measures ANOVA showed that both methods significantly improved happiness and resilience, with no significant differences between the two.

Regarding alignment and divergence of these findings with previous research, no identical study has been conducted to directly compare these methods, making precise comparisons difficult. However, some studies have demonstrated the effectiveness of these two approaches for other psychological variables in divorced or divorcing women. Studies reported the effectiveness of ACT alone or integrated with other approaches, including reality therapy (Mahboobe Afshari et al., 2022; Ahmadi et al., 2024; Jamshidzahi Bonyad & Farhad, 2021; Kamali & Mahdian, 2023; Khodadadi Jokar et al., 2022; Ma et al., 2023; Mirsadeghi et al., 2023; Moradi, 2022; Panahi Far et al., 2023; Petersen et al., 2024; Shahabi et al., 2021). Similarly, some studies highlighted the efficacy of positive psychotherapy for improving psychological well-being among this population (Amini et al., 2023; Cope, 2014; Elmi Manesh & Zhaleh, 2018; Nazemi et al., 2023; Rashid, 2020). These results implicitly suggest consistency between the present findings and prior evidence supporting the effectiveness of these methods for various psychological outcomes.

In explaining the effectiveness of realistic ACT and positive psychotherapy on happiness, happiness can be described as a stable mental state comprising pleasure, satisfaction, and positive emotions, arising from a sense of meaningful and valuable life. It reflects satisfaction with the past, enjoyment of the present, and optimism about the future (Eysenck, 2024; Le et al., 2024). Resilience, on the other hand, refers to the ability to adapt to stressful situations, maintain psychological well-being, and confront

high-pressure conditions. It is influenced by self-awareness, realism, a sense of control, problem-solving skills, and appropriate social connections (Jaswal et al., 2024; Le et al., 2024). It appears that these two methods activate emotion regulation processes, reduce negative emotions, and increase positive emotions, thereby enhancing happiness and resilience.

Realistic ACT, which integrates reality therapy strategies into its therapeutic framework, has likely facilitated improvements in various attributes that contribute to happiness and resilience among women who received this training. This method enhances cognitive flexibility, allowing participants to shift from distorted, radical perspectives to more comprehensive evaluations of their circumstances. As a result, participants were able to modify maladaptive problem-solving strategies. Training on cognitive defusion helped participants accept negative thoughts and associated emotions while acting on constructive thoughts that improved problem-solving abilities and performance. Techniques such as mindfulness, value clarification, and living in the present empowered participants to lead purposeful lives, maintaining hope even under significant stress, and avoiding risky behaviors. Participants learned not to define themselves by a single characteristic but to adaptively express different aspects of themselves based on specific situations. Additionally, committed actions supported by reality therapy techniques—such as positive addiction, planning, and paradoxical interventions—helped participants explore new paths and adhere to their goals. Collectively, these strategies facilitated emotional regulation, focus on positive goals, and effective cognitive evaluations, leading to reduced rumination on the past, increased present enjoyment, and enhanced optimism about the future, ultimately improving happiness.

In the context of positive psychotherapy, the approach emphasizes four core dimensions essential to cultivating a positive outlook: pleasure (both sensory pleasures and moral virtues), engagement with positive goals, finding meaning in life, and embracing the fullness of life. Participants were taught to appreciate both sensory pleasures, which might require additional resources, and moral virtues, which can enhance long-term relationships. Training included forgiveness, gratitude, hope, optimism, kindness, and love. In the dimension of positive goal commitment, participants learned to set goals that offered not only material but also spiritual and psychological rewards, fostering personal growth. The meaning-focused dimension encouraged

participants to discover a sense of purpose, enabling them to cope with life's challenges constructively. The "full life" dimension helped participants accept that life comprises both positive and negative aspects—psychological and emotional struggles alongside material and emotional successes—and to integrate these experiences into a balanced perspective. Techniques such as forgiveness, gratitude, optimism, and acknowledgment of personal strengths and talents contributed to emotional regulation, effective cognitive evaluations, and overall psychological improvement. These foundational processes enhanced mood and improved happiness and resilience.

Based on the findings, both methods are effective for improving the psychological well-being of divorced women in Baghdad. However, like any research, this study had limitations, including the non-random selection of participants and a sample restricted to divorced women in Baghdad, which limits the generalizability of the findings. Given these results, it is recommended that mental health organizations in Baghdad adopt these two methods to enhance the mental health of this population.

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.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Each participant received an informed consent form to understand the study's objectives.

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