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Comparison of the Effectiveness of Emotion-Focused and Compassion-Focused Couple Therapy on Covert Relational Aggression and Psychological Well-being in Cardiovascular Patients

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A B S T R A C T

Purpose: The present study aimed to compare the effectiveness of emotion-focused couple therapy and compassion-focused couple therapy on covert relational aggression and psychological well-being in cardiovascular patients.

Methods and Materials: This semi-experimental study employed a pretest-posttest design with a two-month follow-up and a control group. The research population consisted of cardiovascular patients referred to Razi Hospital in Ahvaz during the fall of 2023. The sample size included 13 couples in each group, selected through purposive sampling. The experimental groups received eight 90-minute sessions of emotion-focused and compassion-focused couple therapy, respectively, while the control group did not receive any intervention. Data were collected using the Covert Relational Aggression Scale (Nelson & Carroll, 2006) and the Psychological Well-being Scale (Najarian & Davoudi, 2001) and analyzed using chi-square tests, repeated measures ANOVA, and Bonferroni post hoc tests in SPSS-26.

Findings: The results showed that both emotion-focused and compassion-focused couple therapies led to a reduction in covert relational aggression and improvement in psychological well-being among cardiovascular patients, with the effects sustained at the follow-up stage ($P < .001$). Furthermore, the difference between the two therapeutic methods in reducing covert relational aggression and improving psychological well-being was not statistically significant ($P > .05$).

Conclusion: Based on the findings of this study, therapists and health professionals can utilize both emotion-focused and compassion-focused couple therapy—alongside other therapeutic approaches—to reduce covert relational aggression and enhance psychological well-being in cardiovascular patients.

Keywords: *Emotion-focused couple therapy, Compassion-focused couple therapy, Covert relational aggression, Psychological well-being, Cardiovascular patients.*

1. Introduction

Cardiovascular diseases are among the chronic conditions that account for a significant portion of global mortality. At the beginning of the 20th century, these diseases were responsible for less than 10% of deaths; however, today they account for nearly half of all deaths in developed countries and one-fourth in developing nations (Karami et al., 2024; Kim et al., 2024). In Iran, cardiovascular diseases are the cause of 39% of deaths. In addition to physical complications, these diseases lead to psychological consequences such as reduced interpersonal interactions, increased psychological stress and anxiety, diminished vitality, heightened dependency, and decreased quality of life (Moghadam et al., 2020). While cardiovascular patients may survive surgery, they remain at ongoing risk and must adhere to specific lifestyle changes—including smoking cessation, cholesterol-free diet, regular exercise, and implementation of coping strategies to manage negative emotions—to recover and avoid recurrence (Peng et al., 2023).

One significant factor to examine in cardiovascular patients is the level of aggression within marital relationships (Saeidi et al., 2019). One form of aggression in such relationships is covert relational aggression, which involves behaviors that harm the spouse through indirect actions, such as damaging social connections. This includes two components: social image degradation and emotional withdrawal. Social image degradation involves indirect harm through gossip, rumor-spreading, or revealing private information, while emotional withdrawal refers to withholding affection and attention—manifested in ignoring the spouse, lack of intimacy, or threatening to end the relationship (Martins & Weaver, 2019). The aim of social image degradation is to control the spouse through social pressure, whereas emotional withdrawal aims to exert control through marital and familial pressure (Knight et al., 2018). Covert relational aggression contributes to the development of maladaptive social behaviors, limited understanding of interpersonal situations, and decreased acceptance by one's partner (Casper et al., 2020).

Another major concern for cardiovascular patients is the decline in psychological well-being (Assouline-Reinmann et al., 2021), which is regarded as a crucial dimension of health encompassing mental tranquility, a sense of self-efficacy, autonomy, competence, connectedness, and the realization of personal potential (Joe et al., 2019). Psychological well-being reflects a state where individuals feel a sense of purpose, maintain meaningful and constructive relationships, and possess self-efficacy and self-esteem (Huang et al., 2022). Undoubtedly, psychological well-being plays a vital role in ensuring individual and societal dynamism and functionality. It also significantly influences diverse areas such as employment, interpersonal relationships, education, happiness, life expectancy, quality of life, and personality traits (Yavarian et al., 2017). Individuals with high psychological well-being experience fewer psychological, emotional, and personality issues; they tend to be happier, have higher life expectancy, and employ more adaptive coping strategies to face challenges (Qi & Wu, 2018).

Among the effective therapeutic approaches for improving psychological characteristics are emotion-focused therapy (Coccaro et al., 2022) and compassion-focused therapy (Seekis et al., 2023). Couple therapy approaches seek to understand how tensions arise and how they affect marital relationships, aiming to reduce these tensions and improve relationship quality through various perspectives (Rosen et al., 2021). One such method is Emotion-Focused Couple Therapy (EFCT) (Bodenmann et al., 2020). EFCT was developed by Greenberg (1980) as a structured therapeutic model grounded in Gestalt therapy components, attachment theory, humanistic therapy, and family systems theory (Shahar, 2020). This therapy focuses on emotional schema processes that enhance interpersonal skills and ultimately targets emotional and affective processing (Goldman & Goldstein, 2022). EFCT emphasizes the development of secure attachments through mutual care, support, and attention to each other's needs, utilizing less threatening and less distressing emotions instead of high-intensity emotional expressions (Senol et al., 2023).

Another prominent therapeutic method is Compassion-Focused Couple Therapy (CFCT) (Gobin et al., 2022). CFCT was developed by Gilbert (2005) as an integrative therapeutic model grounded in principles of Buddhism, social psychology, neuroscience, and developmental psychology (Millard et al., 2023). This therapy emphasizes the internalization of soothing thoughts, behaviors, and imagery so that the mind remains calm in response to internal stimuli, just as it would in response to external stimuli (Valgento et al., 2019). Rather than changing self-evaluations directly, CFCT encourages individuals to change their relationship with self-evaluations. The therapy emphasizes relaxation practices, self-compassion, and mindfulness, which play a significant role in calmness and

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overall life improvement (Gobin et al., 2022). CFCT promotes balanced awareness of one's own and one's partner's emotions, and the capacity to face distressing thoughts and feelings without exaggeration or sorrow. This fosters increased security, social connectedness, and reductions in self-criticism, interpersonal tension, and ruminative thinking about oneself and one's partner (Grodin et al., 2019).

Few studies have examined the effects of Emotion-Focused and Compassion-Focused Couple Therapies on covert relational aggression and psychological well-being, and no research has been found directly comparing their effectiveness. For instance, the study by Heidarpour Eskandari et al. (2021) showed that EFCT reduced covert relational aggression (Heidarpour Eskandari et al., 2021). Hedayati et al. (2021) found that group-based EFCT increased marital satisfaction and reduced relational aggression (Hedayati et al., 2021). Similarly, Ansar et al. (2023) reported that emotion-focused skill training improved parents' psychological well-being and self-efficacy (Ansar et al., 2023). In another study, Banihashemi (2022) indicated that couple-based EFCT enhanced self-esteem and psychological well-being (Banihashemi, 2022). Sarafan Chahar Soughi (2022) demonstrated that CFCT reduced aggression and improved the quality of marital relationships (Sarafan Chahar Soughi, 2022). Damavandian et al. (2022) reported that compassion-based therapy reduced aggression symptoms and self-harming behaviors while improving emotional self-regulation (Damavandian et al., 2022). In another study, Aghaali Tari et al. (2021) found that self-compassion therapy reduced aggression and increased resilience (Aghaali Tari et al., 2021). Additionally, Nojavan Kanmiran et al. (2022) showed that compassion therapy improved emotional processing and lifestyle dimensions such as physical, spiritual, social, and psychological well-being (Nojavan Kanmiran et al., 2022). Sadeghi et al. (2020) also reported that mindfulness-based compassion therapy reduced dysfunctional attitudes and improved self-control and psychological well-being (Sadeghi et al., 2020).

Given the high prevalence of cardiovascular diseases in Iran and globally—and the range of health-related challenges faced by these patients—it is essential to employ appropriate therapeutic approaches to improve their health-related characteristics. One notable gap in previous research is the limited attention to couple therapy as a strategy to improve psychological characteristics in cardiovascular patients. The current study aims to fill this gap by comparing the effectiveness of Emotion-Focused and Compassion-Focused Couple Therapy, which are considered more effective than individual therapy approaches. Another research gap involves the limited attention to the effectiveness of these methods in addressing covert relational aggression and psychological well-being. Consequently, the present study was conducted to compare the effectiveness of Emotion-Focused and Compassion-Focused Couple Therapy on covert relational aggression and psychological well-being in cardiovascular patients.

2. Methods and Materials

2.1. Study Design and Participants

This study was a quasi-experimental design with a pretest-posttest and two-month follow-up using a control group. The study population consisted of cardiovascular patients referred to Razi Hospital in Ahvaz during the fall of 2023. The sample size was determined to be 13 couples per group, selected through purposive sampling after assessing the inclusion criteria. Considering two experimental groups and one control group, the total sample included 39 couples (78 individuals).

Inclusion criteria consisted of both partners being diagnosed with cardiovascular diseases (at least one of the following: hypertension, acute coronary syndrome, myocardial infarction, angina pectoris, or constrictive pericarditis, with efforts made to balance these cases between the two intervention groups), minimum education of a high school diploma, age between 51 and 65 years, at least one year since diagnosis of cardiovascular disease, no major stressful events such as divorce or the death of close relatives in the past six months, no history of receiving emotion-focused couple therapy, and no simultaneous engagement with other therapeutic interventions or psychological treatments for the control group during the intervention period.

Exclusion criteria included missing more than one session, lack of cooperation or minimal participation in intervention sessions, and withdrawal from the study.

After explaining the importance and necessity of the study, formal permission for data collection was obtained from hospital authorities. They were then asked to refer eligible cardiovascular couples to the researcher, and sampling continued until the desired sample size was reached. Couples were randomly assigned into three equal groups. Each experimental group participated in eight 90-minute sessions (twice weekly) of group-based therapy—either emotion-focused couple therapy or compassion-

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focused couple therapy—conducted by a clinical psychologist at a psychological services clinic in Ahvaz. The control group received no intervention during this period. The content and objectives of the emotion-focused therapy protocol, based on Greenberg's theory (2010), as developed by Teymori et al. (2021), and the compassion-focused therapy protocol, based on Gilbert's theory (2010), as developed by Kazemi et al. (2021), were presented in Tables 1 and 2, respectively.

2.2. Data Collection

The Covert Relational Aggression Scale was developed by Nelson and Carroll (2006). This instrument contains 12 items scored on a 7-point Likert scale (1 = very low to 7 = very high). Total scores are obtained by summing item responses, with a range of 12 to 84. Higher scores indicate greater covert relational aggression. Carroll et al. (2010) confirmed the construct validity of the scale using factor analysis and reported reliability above 0.80 for both men and women. In Iran, Khazaei et al. (2016) found convergent validity with the Marital Conflict Scale (r = 0.47) and divergent validity with the Marital Adjustment Scale (r = -0.42), both significant at the 0.01 level. They also reported a Cronbach's alpha reliability of 0.85 (Khazaei et al., 2016). In the present study, face validity was assessed and confirmed by 10 psychology experts, and Cronbach's alpha was calculated at 0.82.

The Psychological Well-being Scale was developed by Najarian and Davoodi (2001). This instrument includes 25 items scored on a 5-point Likert scale (0 = not at all to 4 = very much). Total scores range from 0 to 100, with higher scores indicating lower psychological well-being. Najarian and Davoodi (2001) reported convergent validity of the scale with the revised 90-item Symptom Checklist (SCL-90-R) at 0.95, and a Cronbach's alpha reliability of 0.97, both statistically significant at the 0.001 level (Najarian & Davoodi, 2001). In the current study, face validity was confirmed by 10 psychology experts, and the Cronbach's alpha reliability was calculated at 0.91.

2.3. Interventions

Emotion-Focused Couple Therapy Protocol (Teymori et al., 2021): The intervention began with the establishment of therapeutic alliance and introduction of the intervention framework, allowing couples to connect, reflect on their motivation for treatment, and initiate the therapeutic process. The second session focused on de-escalating negative interactions and identifying maladaptive relational cycles, attachment injuries, and unprocessed emotional experiences. In the third session, couples explored emotionally salient attachment experiences and began accepting core emotions related to their illness while recognizing their shared interaction cycle. The fourth and fifth sessions emphasized re-establishing emotional bonds by uncovering vulnerabilities, unmet needs, and fears, enhancing partner acceptance, and promoting mutual emotional engagement around illness-related distress. The sixth session deepened emotional involvement by facilitating emotional expression, recognition of attachment needs, and fostering emotional depth. In the seventh session, couples engaged in emotional caregiving and reconstructed previous interaction patterns by identifying new relational solutions. The eighth and final session consolidated therapeutic gains through practicing previously learned skills, promoting secure attachment, and helping couples construct a new narrative for their relationship centered on safety, intimacy, and adaptive emotional regulation.

Compassion-Focused Couple Therapy Protocol (Kazemi et al., 2021): This intervention commenced with relationship-building and psychoeducation on psychological vulnerability and cardiovascular-related distress, providing a conceptual framework for compassion-focused therapy. The second session introduced empathy, with couples practicing perspective-taking and empathic responsiveness to promote affective resonance. In the third session, couples were trained in compassion through the cultivation of diverse emotional responses aimed at increasing mutual care and attentiveness to well-being. The fourth session centered on forgiveness, facilitating recognition of common human fallibility and developing self- and partner-forgiveness strategies to support emotional healing and relational repair. The fifth session addressed acceptance of inevitable life changes and adaptive coping with marital challenges amid chronic illness. The sixth session involved developing higher-order emotional states such as appreciation and transcendent affect, helping couples engage more constructively and purposefully with each other. In the seventh session, responsibility was emphasized as a core component of compassion-focused therapy, encouraging proactive, meaningful engagement with the self and the partner. The final session reviewed and rehearsed previously acquired skills, emphasizing their real-life application to promote sustained psychological and relational growth amidst changing life circumstances.

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2.4. Data Analysis

Data from the present study were analyzed using chi-square tests, repeated measures ANOVA, and Bonferroni post hoc tests in SPSS-26 at a significance level of 0.05.

3. Findings and Results

The findings of this study were derived from data analysis of 39 couples (78 individuals). The results of the chi-square test comparing the age ranges and educational levels of cardiovascular patients across the experimental and control groups showed no statistically significant differences between the groups regarding age range or educational level ($P > .05$).

The means and standard deviations for the pretest, posttest, and follow-up stages of covert relational aggression and psychological well-being in the three groups are presented in Table 1.

Table 1

Means and Standard Deviations (M [SD]) for Covert Relational Aggression and Psychological Well-Being Across Assessment Stages

Variable	Stage	Emotion-Focused Couple Therapy (n = 13)	Compassion-Focused Couple Therapy (n = 13)	Control Group (n = 13)
Covert Relational Aggression	Pretest	42.00 (5.26)	43.08 (5.33)	45.08 (4.15)
	Posttest	33.31 (4.48)	33.08 (4.84)	45.54 (4.12)
	Follow-Up	33.23 (4.27)	32.92 (4.57)	45.85 (4.24)
Psychological Well-Being	Pretest	25.62 (3.62)	26.31 (5.88)	25.46 (3.41)
	Posttest	20.08 (2.96)	19.92 (4.79)	26.08 (3.01)
	Follow-Up	19.92 (2.72)	19.77 (4.55)	26.23 (3.06)

As shown in Table 1, the mean scores for covert relational aggression and psychological well-being in the experimental groups (emotion-focused and compassion-focused couple therapy) decreased more from pretest to posttest and follow-up compared to the control group.

Testing the assumptions for repeated measures ANOVA showed that the assumption of normality for covert relational aggression and psychological well-being in all groups at the three stages (pretest, posttest, follow-up) was not violated, as indicated by the Kolmogorov-Smirnov and Shapiro-Wilk tests ($P > .05$). The assumption of equality of variance-covariance matrices (Box's M test) was also not violated ($P > .05$). Additionally, the assumption of homogeneity of variances (Levene's test) for both variables across all stages was met ($P > .05$). However, the assumption of equality of covariances (Mauchly's test of sphericity) was violated ($P < .05$). Therefore, Greenhouse-Geisser corrections were used in the repeated measures ANOVA. The results of the repeated measures ANOVA assessing the effectiveness of the interventions are presented in Table 2.

Table 2

Repeated Measures ANOVA Results for the Effectiveness of Emotion-Focused and Compassion-Focused Couple Therapy on Covert Relational Aggression and Psychological Well-Being

Variable	Source	SS	df	MS	F	Sig.	Effect Size	Power
Covert Relational Aggression	Time	956.120	1.352	707.149	397.628	.001	.917	1.000
	Time * Group	588.650	2.704	217.684	122.403	.001	.872	1.000
	Error	86.564	48.675	1.778				
	Group	2209.863	2	1104.932	18.055	.001	.501	1.000
	Error	2203.128	36	61.198				
Psychological Well-Being	Time	374.479	1.297	288.799	216.544	.001	.857	1.000
	Time * Group	265.265	2.593	102.287	76.695	.001	.810	1.000
	Error	62.256	46.680	1.334				
	Group	413.658	2	206.829	4.691	.015	.207	.752
	Error	1587.128	36	44.087				

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According to Table 2, the main effects of time, the interaction of time and group, and the group factor were all statistically significant for both covert relational aggression and psychological well-being (P < .05). This indicates that there were significant differences in mean scores of both variables across time points and between groups. The results of the Bonferroni-adjusted post hoc comparisons between groups are shown in Table 3.

Table 3

Bonferroni-Adjusted Post Hoc Comparisons of Covert Relational Aggression and Psychological Well-Being Between Groups

Variable	Group Comparison	Mean Difference	Standard Error	Significance
Covert Relational Aggression	Emotion-Focused vs Compassion-Focused	-0.179	1.772	1.000
	Emotion-Focused vs Control	-9.308	1.772	.001
	Compassion-Focused vs Control	-9.128	1.772	.001
Psychological Well-Being	Emotion-Focused vs Compassion-Focused	-0.128	1.504	1.000
	Emotion-Focused vs Control	-4.051	1.504	.032
	Compassion-Focused vs Control	-3.923	1.504	.039

As shown in Table 3, both intervention groups (emotion-focused and compassion-focused couple therapy) differed significantly from the control group in reducing covert relational aggression and improving psychological well-being (P < .001). However, the difference between the two intervention groups was not statistically significant (P > .05). The Bonferroni-adjusted pairwise comparisons across assessment stages are presented in Table 4.

Table 4

Bonferroni-Adjusted Post Hoc Comparisons of Covert Relational Aggression and Psychological Well-Being Across Assessment Stages

Variable	Assessment Comparison	Mean Difference	Standard Error	Significance
Covert Relational Aggression	Pretest vs Posttest	6.077	0.277	.001
	Pretest vs Follow-Up	6.051	0.298	.001
	Posttest vs Follow-Up	-0.026	0.140	1.000
Psychological Well-Being	Pretest vs Posttest	3.769	0.216	.001
	Pretest vs Follow-Up	3.821	0.267	.001
	Posttest vs Follow-Up	0.051	0.123	1.000

As shown in Table 4, there were significant differences between the pretest and both the posttest and follow-up scores for covert relational aggression and psychological well-being (P < .001). However, there were no significant differences between posttest and follow-up scores (P > .05). In other words, both emotion-focused and compassion-focused couple therapy were effective in reducing covert relational aggression and enhancing psychological well-being, and these improvements were maintained at follow-up.

4. Discussion and Conclusion

Given the extensive challenges faced by cardiovascular patients and the necessity of applying couple therapy approaches in their treatment, the present study was conducted to compare the effectiveness of emotion-focused couple therapy and compassion-focused couple therapy on covert relational aggression and psychological well-being in cardiovascular patients.

The findings of the current study demonstrated that emotion-focused couple therapy led to a reduction in covert relational aggression and an improvement in the psychological well-being of cardiovascular patients, with the effects sustained at the follow-up stage. This finding aligns with the results of previous studies on the effectiveness of emotion-focused couple therapy in reducing covert relational aggression (Hedayati et al., 2021; Heidarpour Eskandari et al., 2021) and improving psychological well-being (Ansar et al., 2023; Banihashemi, 2022). These results may be explained by the fact that emotion-focused couple therapy helps partners become more aware of their own and each other's emotional, sexual, and psychological needs, thereby resolving misunderstandings. In this approach, the therapist reconstructs the problems faced by couples and encourages them to actively engage in addressing these challenges with the aim of building a satisfying marital relationship. The process of change in emotion-focused couple therapy involves identifying, experiencing, and

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reconstructing the underlying emotional responses that drive interaction, leading to the development of new, adaptive interpersonal patterns. Therefore, emotional disclosure and recognition of attachment needs in the intimate partner are fundamental to establishing an emotional bond and represent the core mechanism of change in this therapeutic approach. In other words, the construction of new emotional schemas through the articulation and discovery of attachment needs allows couples to progress toward reduced violence, anger, and aggression, and enhanced happiness, health, and well-being. Consequently, it is reasonable to conclude that emotion-focused couple therapy plays a significant role in reducing covert relational aggression and improving psychological well-being in cardiovascular patients, with enduring effects over time.

Moreover, the results revealed that compassion-focused couple therapy also resulted in reduced covert relational aggression and enhanced psychological well-being in cardiovascular patients, with the benefits maintained during follow-up. This finding is consistent with prior research showing the effectiveness of compassion-focused therapy in reducing covert relational aggression (Aghaali Tari et al., 2021; Damavandian et al., 2022; Sarafan Chahar Soughi, 2022) and in enhancing psychological well-being (Nojavan Kanmiran et al., 2022; Sadeghi et al., 2020). It can be inferred that although compassion-focused therapy is used as a standalone intervention, it is designed in a way that allows integration with various therapeutic approaches. When compassion is understood not merely as a feeling or value but as an evolved motivational system that facilitates effective action, its effectiveness in diverse contexts becomes apparent. Compassion-focused therapy increases acceptance of distress, facilitates emotional change for the sake of care and self-support, reduces emotional and psychological distress, and fosters the conditions necessary for enhancing overall health. When taught to couples, this method helps them gain a greater sense of control and mastery over their lives. Since compassion-focused couple therapy incorporates elements of physical relaxation and mindfulness, it can significantly reduce marital conflict and associated aggression, while promoting psychological well-being. Thus, it can be anticipated that compassion-focused couple therapy contributes to reductions in covert relational aggression and improvements in psychological well-being in cardiovascular patients, with sustained outcomes at follow-up.

In addition, the results indicated no statistically significant difference between emotion-focused and compassion-focused couple therapy in reducing covert relational aggression and improving psychological well-being among cardiovascular patients. Although no previous study has directly compared these two approaches in this context, the findings may be interpreted as follows: emotion-focused couple therapy teaches partners to express, accept, and experience their emotions. This therapeutic model posits that emotions inherently possess adaptive potential in confronting challenges, including illness, and can help couples modify and reframe the emotional basis of their problems. In other words, emotion-focused therapy enhances emotional recognition, experience, exploration, and regulation, thereby improving self-awareness and contributing positively to overall well-being. Similarly, compassion-focused couple therapy increases internal safety and calmness, strengthening the individual's emotional connection with the self and their partner, while reducing anxiety, perceived threat, and isolation in the marital relationship. This in turn fosters well-being. As a result, this therapeutic model promotes emotional equilibrium and improves the overall quality of life for couples. Couples with higher levels of compassion are more enthusiastic in their relationships and are intrinsically motivated to engage in daily marital activities. Rather than avoiding life's major challenges, they face them with acceptance and often overcome or integrate them. Hence, both emotion-focused and compassion-focused couple therapy appear to be effective in reducing covert relational aggression and improving psychological well-being in cardiovascular patients, with no significant difference in their relative efficacy.

The main limitations of this study include the use of non-random purposive sampling, reliance on self-report measures for data collection, and the restriction of the sample to cardiovascular patients referred to Razi Hospital in Ahvaz. Therefore, it is recommended that future studies use random sampling techniques to minimize bias, apply this research to other vulnerable populations such as cancer patients, and compare those findings with the results of this study.

In sum, the findings of the present study support the effectiveness of both emotion-focused and compassion-focused couple therapy in reducing covert relational aggression and improving psychological well-being in cardiovascular patients, with sustained effectiveness observed at follow-up. Furthermore, there was no significant difference between the two therapeutic approaches. Accordingly, therapists and health professionals may

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consider applying either emotion-focused or compassion-focused couple therapy—alongside other therapeutic modalities—as effective interventions for reducing covert relational aggression and enhancing psychological well-being.

Authors' Contributions

This article is derived from the first author's doctoral dissertation. 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

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent. Following the acquisition of necessary permissions and ethical approval from the Ethics Committee of Islamic Azad University, Ahvaz Branch, with the ID IR.IAU.AHVAZ.REC.1403.016, the researcher visited Razi Hospital in Ahvaz.

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