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The Effectiveness of Cognitive-Behavioral Family Therapy on Marital Attributions, Sexual Assertiveness, and Gender Stereotypes with Insecure Attachment Styles in Rasht

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A B S T R A C T

Objective: The present study aimed to evaluate the effectiveness of cognitive-behavioral family therapy on marital attributions, sexual assertiveness, and gender stereotypes with insecure attachment styles in Rasht.

Methods: This study was a quasi-experimental research with a pre-test, post-test, and follow-up design including a control group. The statistical population consisted of all student couples with insecure attachment styles in Rasht in 2023. A total sample of 30 couples (15 couples per experimental and control group, each group consisting of an equal number of couples with insecure attachment styles) was selected through purposive sampling after meeting the inclusion criteria. The questionnaires used to collect data from the sample group included: Griffin and Bartholomew's Relationship Scales Questionnaire (1994), Fincham and Bradbury's Marital Attributions Questionnaire (1992), Bem's Gender Stereotypes Questionnaire (1974), and Halbert's Sexual Assertiveness Questionnaire (1992). Statistical data analysis was performed using repeated measures analysis of variance with SPSS software.

Findings: The results showed a significant difference in the mean scores of marital attributions, sexual assertiveness, and gender stereotypes based on group membership (experimental and control) at the post-test stage ($P<0.01$).

Conclusion: It can be concluded that cognitive-behavioral family therapy is an effective method for addressing marital attributions, sexual assertiveness, and gender stereotypes in individuals with insecure attachment styles.

Keywords: *marital attributions, sexual assertiveness, gender stereotypes, insecure attachment style.*

1. Introduction

Attachment styles are significant predictors of mental health, with insecure attachment being more associated with psychological problems such as anxiety, depression, etc. (Patterson, 2017). This style can play an important role in the development and maintenance of anxiety disorders (Petrovici & Dobrescu, 2014). Studies (Bottonari et al., 2007) have shown the relationship between insecure attachment and psychological symptoms, including depression and stress. Couples with insecure attachment styles (with two degrees of anxiety and avoidance) show distrust towards their spouses, low levels of cohesion and interdependence, difficulties in commitment, and report low levels of relationship satisfaction, which exacerbates emotions and anxiety (Brandão, 2020; Kohi et al., 2014; Mardani et al., 2021). However, contrary to the negative effect of insecure attachment, the supportive role of secure adult attachment in regulating negative emotions in women with marital conflicts has been confirmed (Brandão, 2020; Kane et al., 2007; Khayat et al., 2018).

The attributions that each spouse makes for the behaviors of the other and events related to the relationship can be related to the quality of their relationship. Attribution refers to the perceived causality regarding a particular outcome. In other words, attribution refers to an individual's explanation for the causes of an event. Attributional characteristics are composed of three dimensions: internal/external, stable/unstable, and global/specific (Ciarrochi et al., 2007). Marital attributions generally include two types: causal attributions and responsibility attributions. Causal attributions refer to the couple's efforts to understand the reasons behind events or behaviors, while responsibility attributions refer to holding the spouse accountable for events, emphasizing intentionality, selfishness of the offending spouse, and blame. The main hypothesis of attribution theory is that couples actively seek the causes of events, basing their information and beliefs on personal experience or inference from others (Moein Alghoraee et al., 2017). Therefore, attributions affect the feelings and behaviors of couples. Negative marital attributions reduce overall marital satisfaction, and chronic discrepancies between expectations and life realities lead to changes in attitudes and behaviors regarding marital life and the spouse (Mahmoodabadi et al., 2012). The worldview of couples in interpreting the origin of problems and their responsibility to solve them is influential (McNulty et al., 2004; Sümer & Cozzarelli, 2004). These attitudes include gender stereotypes (Koch et al., 2015).

One of the important issues still present today, despite globalization and cultural changes in all societies (to varying degrees), is gender stereotypes. Gender stereotypes are stereotypical beliefs about women and men that include negative and incorrect perceptions that society always expects from them. These expectations dictate specific ways of thinking and behaving, with negative judgment and rejection as penalties for non-conformity. Gender stereotypes are conventional beliefs about emotional, behavioral, and cognitive states that lead to specific expectations, often accompanied by a kind of psychological rigidity that can have undesirable consequences (Chandran & Aleidi, 2018). These beliefs encompass values, behaviors, and interests deemed appropriate for men and women by specific cultures. Gender stereotypes hinder the expression of the abilities and creativity of couples (Chandran & Aleidi, 2018; Gu & Dong, 2021). Irrational beliefs form the basis of gender stereotypes. The natural reflection of the application of gender schemas in the emergence of gender stereotypes is influential. Cultural diversity in behavior, belief, and sexual knowledge may be a factor in the emergence of gender stereotypes. Research findings show the relationship between marital burnout, sexual assertiveness, and gender stereotypes (Zarenezhad et al., 2019).

Sexual assertiveness is a factor in marital burnout and can help women achieve sexual satisfaction, avoid unwanted relationships, and prevent sexual victimization (Bai, 2012; Godarzi & Khojaste, 2020; Snell et al., 1993). Sexual assertiveness represents women's interaction with their sexual partners in seeking a more satisfying and mutual relationship. However, if women do not assert their sexual rights, they frequently face resistance and denial of their rights, significantly contributing to marital lethargy (Zarenezhad et al., 2019). Sexual assertiveness is considered the ability of couples to initiate behavior with their sexual partners (Kluck, 2018; May & Johnston, 2022). This factor indicates the extent to which couples can express their sexual needs and desires or resist what is distressing to them. Achieving sexual assertiveness in marital relationships leads to sexual satisfaction and is influential in maintaining and strengthening the family (Snell et al., 1993; Zarenezhad et al., 2019). Sexual assertiveness is defined in three dimensions: the ability to initiate and establish sexual communication, the ability to avoid unwanted sexual relations, and the ability to establish sexual communication

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without the risks of sexually transmitted diseases (Zarenezhad et al., 2019).

Cognitive-behavioral family therapy (CBFT) is one of the effective methods for enhancing the health of couples and families (Khodayari Fard et al., 2017). CBFT emphasizes that cognitive processes are as important as environmental influences. In this type of therapy, the client is helped to recognize distorted thinking patterns and dysfunctional behaviors, using structured discussions and organized behavioral assignments to change these distorted and dysfunctional thoughts. CBFT also helps in developing and enhancing abilities such as decision-making, problem-solving, creating motivation, accepting responsibility, positive communication with others, building self-esteem, happiness, anger management, adaptation, and reducing family conflicts (Hall et al., 2016). In a study by Boucom et al. (2019), it was shown that the cognitive-behavioral family therapy model increases individuals' life satisfaction. Cognitive theorists believe that the presence of interpersonal cognitive distortions causes behavioral incompatibility and family conflicts (Baucom et al., 2019). Beck believes that the presence of wrong schemas about family relationships and cognitive errors leads to distress and dissatisfaction in individuals' lives. He believes that conflicting families have various cognitive errors in their relationships, such as selective reasoning, magnifying each other's bad behavior, and provoking speech and actions (Khodayari Fard et al., 2017). The results of Moradi and Sadeghi's (2019) study, which aimed to assess the effectiveness of CBFT in anger control and reducing marital conflict among couples visiting a counseling center, showed that CBFT was effective in controlling anger and reducing marital conflict (Moradi & Sadeghi, 2020). Boucom et al. (2019) research showed that the cognitive-behavioral family therapy model increases individuals' life satisfaction (Baucom et al., 2019).

Therefore, given that marital attributions, sexual assertiveness, and gender stereotypes with insecure attachment styles in Rasht negatively affect all aspects of their lives and put them on the verge of divorce, it seems essential to understand the factors leading to divorce and ways to reduce it among couples. Thus, therapeutic interventions to improve marital relationships are necessary, and in this context, one of the most effective therapeutic approaches is cognitive-behavioral family therapy. Accordingly, the present study aims to answer the question of whether cognitive-behavioral family therapy is effective on marital attributions, sexual assertiveness, and gender stereotypes with insecure attachment styles in Rasht.

2. Methods

2.1. Study Design and Participants

The present study was a quasi-experimental research with a pre-test and post-test design including a control group. The statistical population consisted of all student couples with insecure attachment styles in Rasht in 2022. A total sample of 30 couples (15 couples per experimental and control group, each group consisting of an equal number of couples with insecure attachment styles) was selected through purposive sampling after meeting the inclusion criteria. The inclusion criteria were willingness to participate regularly in the sessions, a minimum education level of a high school diploma, having been married for at least one year, and no divorce, separation, or living apart, as well as no physical or psychological problems. The exclusion criteria were unwillingness to complete the course or questionnaires, refusal to continue participation, and having another debilitating psychiatric illness confirmed by a psychiatrist. Having more than one absence from the group sessions was also an exclusion criterion.

Ethical considerations in this study included voluntary participation. Participants were informed about the project and its rules before starting. Participants' views and beliefs were respected. Both the experimental and control group members were allowed to withdraw from the study at any stage. Control group members could receive the intervention after the project if they were interested. All documents, questionnaires, and records were confidential and only accessible to the researchers. Written informed consent was obtained from all volunteers.

2.2. Measures

2.2.1. Attachment

Bartholomew and Horowitz (1991) adapted this questionnaire from Hazan and Shaver's (1987) adult attachment questionnaire, creating a tool with four descriptions of attachment styles. Individuals rate their agreement with each description on a 7-point scale. The questionnaire consists of 30 items about close relationships, with responses ranging from 1 (not at all like me) to 5 (completely like me). The average score on the items related to each subscale determines the individual's score on that subscale. The secure and dismissive subscales each have five items, and the fearful and preoccupied subscales each have four items. Items 6, 9, and 28 are reverse-scored. The

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remaining 12 items can be used to create subscales for measuring dimensions of attachment identified by Simpson, Rolls, and Nelligan (1992) and Collins and Read (1990), allowing for scores on anxiety and avoidance dimensions. Fraley and Shaver (1997) reported test-retest reliability above 0.65 after three weeks and validity for predicting relationship quality, emotional experience, and relationship dynamics between 0.2 and 0.5. Goudini, Farmanian, and Bifalco (2009) reported Cronbach's alpha of 0.41 for the secure style, 0.54 for the fearful style, 0.22 for the preoccupied style, and 0.64 for the dismissive style in a French population. Salavati, Motabi, and Sadeghi (2017) reported a Cronbach's alpha of 0.73 for all items of the questionnaire. Convergent validity showed significant correlations between all subscales of this questionnaire and Hazan and Shaver's adult attachment questionnaire, with correlation values for the secure, anxious, and avoidant subscales being 0.41, 0.30, and 0.41, respectively (Tavakkoli et al., 2023).

2.2.2. *Marital Attributions*

This scale, developed by Fincham and Bradbury (1992), assesses couples' relational attributions. It consists of 28 items with responses on a Likert scale from 1 (strongly disagree) to 6 (strongly agree). The questionnaire assesses seven dimensions: internal/external to spouse, internal/external to self, stable/unstable, global/specific, intentional/unintentional, selfish/altruistic motivation, and blameworthy/past, each measured by four items. The total score ranges from 28 to 168, with higher scores indicating more attributional problems and lower scores indicating fewer problems. The creators reported a Cronbach's alpha of 0.80 and confirmed validity (Bradbury et al., 2000). Cronbach's alpha for each subscale in a student sample was 0.74, 0.72, 0.72, 0.71, 0.67, 0.82, and 0.63, respectively. The correlation coefficients between male and female participants' scores were 0.85 and 0.87, respectively (Bradbury et al., 2000). In this study, Cronbach's alpha was 0.78.

2.2.3. *Gender Stereotypes*

Developed by Sandra Bem (1974), this questionnaire includes 60 items rated on a 7-point scale, with 20 items each for feminine traits, masculine traits, and neutral traits. Bem reported a 0.99 correlation between the short and long forms of the tool, with a Cronbach's alpha of 0.80 for the entire scale. Martin (1978) reported Cronbach's alpha of 0.89 for feminine traits, 0.78 for masculine traits, and 0.82 for neutral traits. Bayat (2018) reported Cronbach's alpha for the Persian version as 0.79 for feminine traits, 0.68 for masculine traits, and 0.72 for neutral traits (Godarzi & Khojaste, 2020). In this study, Cronbach's alpha was 0.68.

2.2.4. *Sexual Assertiveness*

Developed by Hallbert (1990), this questionnaire consists of 25 items rated on a 5-point Likert scale from always (0) to never (4). Items 3, 4, 5, 7, 12, 15, 16, 17, 18, 21, 22, and 23 are reverse-scored. Total scores range from 0 to 100, with higher scores indicating greater sexual assertiveness. Participants indicate their sexual desire level for each item, with 0-33 indicating low desire, 33-50 indicating moderate desire, and above 50 indicating high desire. Hallbert reported test-retest reliability of 0.86, and Shafiei (2005) found a Cronbach's alpha of 0.92 among 40 married female students. The content validity of this index is structured with an internal consistency of 0.91. Dennis and Venderwaal (2010) reported a Cronbach's alpha of 0.82. Experts and scholars confirmed its content validity (Zarenezhad et al., 2019), with a Cronbach's alpha of 0.72 in this study.

2.3. *Intervention*

2.3.1. *Cognitive Behavioral Family Therapy*

The intervention protocol for cognitive-behavioral family therapy consists of eight sessions designed to improve marital attributions, sexual assertiveness, and reduce gender stereotypes in couples with insecure attachment styles. Each session builds upon the previous one, incorporating psychoeducation, skills training, cognitive restructuring, and behavioral techniques to enhance relationship satisfaction and individual well-being (Khodayari Fard et al., 2017).

Session 1: Establishing Rules and Pre-Test Administration

The first session focuses on setting the groundwork for the therapy process. Therapists introduce the program, establish the rules, and create a safe environment for participants. Participants complete pre-tests to assess baseline levels of marital attributions, sexual assertiveness, and gender stereotypes. This session also includes a discussion on the importance of adherence to the therapy process and confidentiality.

Session 2: Identifying Physical, Psychological, Social, and Spiritual Dimensions

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In the second session, participants explore the multifaceted nature of their experiences, including physical, psychological, social, and spiritual dimensions. High-risk situations are identified, allowing couples to recognize potential triggers and stressors in their lives. This holistic approach ensures that all aspects of well-being are considered in the therapeutic process.

Session 3: Teaching the A-B-C Model

The third session introduces the A-B-C (Activating Event-Belief-Consequence) model. Couples learn how their beliefs about events influence their emotional and behavioral responses. Through this model, they begin to understand the connection between their thoughts and feelings, and how altering their beliefs can lead to more positive outcomes in their interactions.

Session 4: Problem-Solving Skills and Stress Management

In the fourth session, participants are taught problem-solving skills through role-playing exercises. They learn to identify and manage bodily, mental, emotional, and behavioral signs of stress. Strategies for both problem-focused and emotion-focused coping are discussed, equipping couples with tools to handle stress effectively.

Session 5: Communication Skills and Positive Attitude Development

Session five emphasizes the development of effective communication skills. Participants learn techniques for fostering positive attitudes toward themselves and others, enhancing empathy, and reducing conflicts. This session aims to improve overall relationship dynamics through better communication and understanding.

Session 6: Cognitive Restructuring and Thought Replacement

The sixth session focuses on cognitive restructuring techniques. Couples learn to identify negative thought patterns and replace them with positive, constructive thoughts. This session includes exercises to practice these skills, aiming to reduce maladaptive thinking and promote healthier cognitive habits.

Session 7: Verbal and Non-Verbal Communication Skills and Stress Immunization

In the seventh session, couples are trained in both verbal and non-verbal communication skills. Techniques for stress immunization are also introduced, helping participants develop resilience against stress. This session aims to enhance overall communication effectiveness and reduce the impact of stress on relationships.

Session 8: Feedback, Emotional Expression, and Post-Test Administration

The final session involves summarizing feedback and allowing participants to express their feelings about the therapy process. A closing discussion provides an opportunity for reflection and consolidation of learned skills. Post-tests are administered to measure changes in marital attributions, sexual assertiveness, and gender stereotypes, evaluating the effectiveness of the intervention.

2.4. Data Analysis

Descriptive statistics for each research variable were calculated. Inferential statistics used repeated measures analysis of variance with SPSS-22 software.

3. Findings and Results

The mean (standard deviation) age of the experimental group participants was 39.7 (9.4) and for the control group was 36.2 (7.9). The minimum and maximum ages in the experimental group were 30 and 48 years, respectively, and in the control group were 31 and 50 years, respectively.

Table 1

Mean and Standard Deviation of Pre-test and Post-test Results of the Research Variables in Two Groups

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Sexual Assertiveness	Experimental	64.70 (10.36)	71.43 (16.18)	70.52 (16.10)
	Control	65.03 (11.95)	67.83 (12.81)	67.44 (12.68)
Marital Attributions	Experimental	75.06 (13.02)	95.16 (18.74)	93.45 (18.22)
	Control	76.30 (13.23)	76.06 (13.33)	77.06 (13.49)
Gender Stereotypes	Experimental	93.43 (17.64)	109.76 (24.50)	110.76 (24.86)
	Control	92.20 (16.44)	93.89 (17.95)	94.07 (18.10)

As shown in Table 1, the pre-test scores for sexual assertiveness, marital attributions, and gender stereotypes did not differ significantly between the two groups. Additionally, it is observed that in the experimental group, the mean scores for sexual assertiveness, marital

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attributions, and gender stereotypes increased from pre-test to post-test.

Table 2

Repeated Measures ANOVA for Comparing Pre-test, Post-test, and Follow-up of Sexual Assertiveness, Marital Attributions, and Gender Stereotypes in Experimental and Control Groups

Scale	Source	Sum of Squares	df	Mean Square	F	p	Eta Squared
Sexual Assertiveness	Time*Group	263.622	2	131.811	37.465	.001	.572
	Group	180.267	1	180.267	38.200	.001	.577
Marital Attributions	Time*Group	159.756	2	79.878	29.803	.001	.516
	Group	112.067	1	112.067	32.063	.001	.534
Gender Stereotypes	Time*Group	156.800	2	78.400	15.116	.001	.351
	Group	56.067	1	56.067	8.162	.008	.226

The results in Table 2 indicate that the F-ratio obtained for the group factor is significant in the dimensions of sexual assertiveness, marital attributions, and gender stereotypes ($p < .01$). This finding suggests that cognitive-behavioral family therapy effectively improved sexual assertiveness, marital attributions, and gender stereotypes. A repeated measures ANOVA for the experimental group was conducted at three stages of the intervention, showing a significant F-ratio in improving these dimensions.

Table 3

Results of Bonferroni Post-Hoc Test for Within-Group Comparison of Cognitive-Behavioral Family Therapy on Sexual Assertiveness, Marital Attributions, and Gender Stereotypes in the Experimental Group

Variable	Time Comparison	Mean Difference	Standard Error	P-value
Sexual Assertiveness	Pre-Test vs Post-Test	-6.73	2.50	.001
	Pre-Test vs Follow-up	-6.81	2.51	.031
	Post-Test vs Follow-up	-0.12	2.44	.895
Marital Attributions	Pre-Test vs Post-Test	-20.39	2.50	.001
	Pre-Test vs Follow-up	-18.15	2.63	.001
	Post-Test vs Follow-up	2.33	2.58	.098
Gender Stereotypes	Pre-Test vs Post-Test	-16.54	2.51	.001
	Pre-Test vs Follow-up	-17.61	1.10	.001
	Post-Test vs Follow-up	1.00	1.23	.196

The changes in the experimental group over time shown in Table 3 indicate that the dimensions of sexual assertiveness, marital attributions, and gender stereotypes in the experimental group were significantly different from pre-test to post-test ($p < .001$). Additionally, there were significant differences from pre-test to follow-up ($p < .001$). However, no significant differences were observed between post-test and follow-up.

4. Discussion and Conclusion

The present study aimed to evaluate the effectiveness of cognitive-behavioral family therapy on sexual assertiveness, marital attributions, and gender stereotypes in couples with insecure attachment styles in Rasht. This finding is consistent with prior studies (Bennebroek Evertsz et al., 2017; Ye et al., 2018) who showed that cognitive-behavioral therapy (CBT) improves quality of life, anxiety, and depression symptoms. Hall et al. (2016) also demonstrated that CBT effectively enhances decision-making, problem-solving, motivation, responsibility acceptance, positive communication, self-esteem, happiness, anger management, adaptability, and reduces family conflicts (Hall et al., 2016).

To explain the effectiveness of cognitive-behavioral family therapy on sexual assertiveness, marital attributions, and gender stereotypes in couples with insecure attachment styles, it can be stated that CBT improves communication skills, family functioning, and conflict resolution styles in couples through identifying cognitive distortions, teaching problem-solving skills, and cognitive restructuring.

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Essentially, CBT helps individuals who often have cognitive errors, irrational and destructive beliefs in life, by increasing their awareness of these irrational attributions and beliefs, and through exercises and assignments outside of sessions, corrects these erroneous beliefs and attributions that cause marital conflicts. Correcting beliefs, unreasonable expectations, and erroneous attributions reduces negative beliefs and, by increasing self-awareness, improves communication skills, family functioning, and conflict resolution styles in couples. The overall function of the family suggests that by teaching negotiation, compromise, and problem-solving strategies, positive behaviors and thoughts, and changing negative communication patterns in a couple that often dominate the relationship both verbally and behaviorally, couples feel they receive as much from the relationship as they invest in it. Clearly, in such conditions, providing rewards and behavioral reinforcements is seen as an effective factor in stabilizing behavior. In this situation, each partner's behavior is a reinforcement or reward for the other, creating conditions where neither partner feels solely responsible for changing behavior or performance (Patterson, 2017). Overall, it can be concluded that the cognitive foundations of cognitive-behavioral family therapy emphasize mutual understanding between spouses, seeing it as an inseparable part of the change process. The philosophical underpinning of this approach is that behavioral change alone is not enough to correct dysfunctional interactions; rather, it is necessary to focus on how individuals think about their relationships and maladaptive behavioral patterns. Pulsin and Karahan (2009) believe that one of the best ways to strengthen marital relationships is by teaching communication skills to couples, which helps them resolve future marital conflicts. Additionally, research has shown that when couples have a positive attitude towards their relationship and evaluate it positively (cognitively), this mindset helps solve daily interaction problems. Conversely, when spouses blame their partner for negative events, their overall evaluation of the relationship weakens over time (Khodayari Fard et al., 2017; Miller et al., 2000). The results suggest that marital attributions are beliefs or perceptions that spouses hold about their marital relationship, accepted as reality; ineffective marital attributions are irrational beliefs that, when excessively used, cause significant problems in the couple's life (Moradi & Sadeghi, 2020). Attribution refers to the explanation individuals provide for their relational situations, used to interpret each other's behavior. Generally, people tend to understand the underlying causes of their own and others' behavior to understand why they and others act in specific ways in particular situations. These findings can be interpreted such that when positive behavior of a spouse is evaluated with internal, stable, global, intentional, unselfish attributions along with admiration, and negative behaviors are evaluated with external, unstable, specific, unintentional, unselfish attributions without blame and combined with forgiveness, it leads to relationship satisfaction and reduced marital burnout. Conversely, if positive behavior is evaluated with external, unstable, specific, unintentional, selfish attributions without admiration, and negative behavior is evaluated with internal, stable, global, intentional, selfish attributions with blame, it leads to dissatisfaction and increased burnout. Repeatedly attributing problems to the spouse and blaming them is another factor contributing to frustration and reduced marital quality (Mojarad Kahani & Ghanabari Hashem Abadi, 2012). Moreover, spouses' perception of each other's behavior significantly affects their marital adjustment. Additionally, couples with weak marital attributions have less ability to maintain the quality and compatibility of their marital life in the face of negative aspects of relationships. Evaluation of marital attributions among spouses has shown that satisfied spouses prefer to amplify the impact of positive events and diminish the impact of negative events, while dissatisfied spouses do the opposite (Tang, 2018).

Spouses with high causal and responsibility attributions for their partner's behaviors tend to perceive their partner's mistakes as intentional, stable, selfish, and affecting other aspects of life, thus applying negative attitudes that ultimately increase marital burnout and sustain incompatibility in their marriage. Causal attributions indicate that couples are very inclined to point out what or who caused the problem when one arises. They also see their partner's negative behavior as unchangeable and believe that it significantly impacts other aspects of their lives.

5. Suggestions and Limitations

The limitations of this study include the individual characteristics, psychological traits, and life, cultural, and social differences of the research sample, which influenced their responses and were beyond the researcher's control. It is suggested that future research be conducted with a larger sample size and broader geographical scope to provide a more comprehensive and cohesive understanding of the application of these variables. It is recommended to use cognitive-behavioral therapy training in pre-marital

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counseling centers to equip couples with appropriate and satisfying skills. Future research should employ more integrative and individual methods and compare different marital and family education methods.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

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.

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