Effectiveness of Internal Family Systems-Based Group Therapy on Self-Compassion and Self-Esteem in Female High School Students in Tonekabon

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Objective: The present study aimed to determine the effectiveness of Internal Family Systems (IFS)-based group therapy on self-compassion and self-esteem in female high school students in the city of Tonekabon.

Methods and Materials: The research method was quasi-experimental and applied in nature, employing a pretest-posttest design with a control group. The statistical population included all female students in the second level of high school in Tonekabon during the 2024–2025 academic year. The study sample consisted of 30 students selected through purposive sampling and randomly assigned to the experimental group (n = 15) and the control group (n = 15). Research instruments included the Self-Compassion Scale—Short Form by Raes et al. (2011) and the Eysenck Self-Esteem Questionnaire (1976).

Findings: For data analysis and hypothesis testing, multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) were used. The results indicated a statistically significant difference between the intervention and control groups in terms of mean scores of self-compassion and self-esteem (P < .001).

Conclusion: The outcomes favored the experimental group. Overall, the findings demonstrated that Internal Family Systems-based group therapy led to an increase in self-compassion and self-esteem among the participating students.

Keywords: Internal Family Systems-based group therapy, self-compassion, self-esteem.

1.   Introduction

Adolescence is a formative developmental period during which individuals undergo profound biological, emotional, and psychosocial transformations. These changes shape core elements of personality, identity, and interpersonal functioning. Among adolescent girls in particular, social pressure, emotional turbulence, and evolving self-awareness contribute to the vulnerability of two fundamental psychological constructs: self-esteem and self-compassion. Self-esteem refers to one's overall sense of self-worth, while self-compassion involves being kind and understanding toward oneself in moments of failure, inadequacy, or suffering. Both are critical for adaptive emotional regulation, resilience, and mental well-being (Burke, 2019; Teymouri et al., 2021).

In recent years, therapeutic approaches grounded in systemic and compassionate frameworks have gained traction as promising tools to strengthen these internal resources in adolescents. Among them, Internal Family Systems (IFS) therapy, developed by Richard Schwartz, has emerged as a particularly relevant modality due to its non-pathologizing, integrative, and empowering framework for addressing inner conflict and emotional distress. The IFS model conceptualizes the psyche as an internal system composed of distinct "parts" (such as exiles, managers, and firefighters) and a central core Self that is inherently compassionate, calm, and connected (Anderson, 2020; Anderson & Sweezy, 2011). This approach allows individuals to explore internal struggles through a lens of internal dialogue and reparenting, which is particularly aligned with fostering self-compassion and healing self-esteem injuries stemming from relational or emotional wounds (Barouni & Salehi, 2021).

Adolescents with low self-esteem often exhibit perfectionistic tendencies, heightened sensitivity to criticism, and difficulty with emotional regulation. Research has shown that enhancing self-compassion can buffer the effects of low self-esteem and improve overall psychological functioning (Tajari et al., 2020). While traditional cognitive-behavioral therapies aim to restructure thought patterns, systemic therapies such as IFS go a step further by encouraging individuals to identify and directly relate to the inner parts that carry feelings of inadequacy, shame, or inner criticism. The goal is not to suppress or eliminate these parts, but rather to understand their protective intentions and facilitate healing through the compassionate leadership of the Self (Titelman & Mousavi, 2023).

The value of this systemic lens becomes even more pronounced when addressing adolescents in high-risk environments. Studies have demonstrated that group therapy based on the IFS approach can significantly improve self-compassion and emotional integration in adolescents facing identity formation challenges and insecure attachment styles (Barouni & Salehi, 2021). Similarly, findings indicate that the use of emotion-focused and self-compassion-based therapies in emotionally distressed populations, such as women affected by betrayal trauma or family dysfunction, has resulted in substantial improvements in self-differentiation, emotional regulation, and marital intimacy (Jahangiri & Rezaei, 2021; Javidan, 2022; Teymouri et al., 2021).

From a broader cultural and psychosocial perspective, internal family dynamics, particularly in collectivist societies, play a pivotal role in shaping adolescent identity and emotional security. Yang and McDonnell (2024) argue that family systems in such societies not only mediate emotional development but also structure intrapsychic conflicts that adolescents must navigate in their journey toward autonomy and self-definition (Yang & McDonnell, 2024). In this context, the IFS model, with its emphasis on internal relational systems mirroring external family systems, provides a culturally adaptable and psychologically resonant method for fostering healing and integration (Anderson, 2020; Zaghian et al., 2022).

The growing application of IFS in both individual and group formats highlights its flexibility and efficacy across diverse populations. Burke (2019) underscores the model's impact in treating trauma and anxiety-related disorders, noting its ability to access deeply rooted emotional parts without retraumatization. Likewise, Anderson and Sweezy (2011) emphasized that IFS facilitates sustained healing by cultivating self-leadership and internal harmony, even in cases of complex post-traumatic stress disorder (Anderson & Sweezy, 2011; Burke, 2019). These therapeutic outcomes are mirrored in more recent family-based interventions which show that systemic therapies, including IFS and Bowenian family therapy, enhance not only individual functioning but also relational dynamics and communication patterns (Sabzevari et al., 2023; Titelman & Mousavi, 2023).

In Iranian clinical settings, where family roles, intergenerational expectations, and communal values are prominent, adapting therapeutic interventions to account for these dynamics is essential. Research by Zaghian et al. (2022) confirms that caregiving roles within family systems are deeply influenced by religious, historical, and cultural

archetypes that shape emotional expression and self-perception (Zaghian et al., 2022). Therefore, therapeutic modalities like IFS, which internalize family metaphors and validate all parts of the self, are likely to resonate more deeply and achieve greater efficacy in such cultural contexts.

Moreover, there is an emerging body of evidence supporting the application of self-compassion-focused therapies in populations with chronic physical or emotional conditions. For example, Vatanpanah et al. (2023) demonstrated that compassion-focused therapy significantly reduced emotional dysregulation, stress, and rumination in women with obesity—a population often burdened by internalized stigma and harsh self-criticism (Vatanpanah et al., 2023). Similarly, Sadeghi Nisiani et al. (2023) reported meaningful improvements in somatic symptom management and physiological regulation through compassion-focused and acceptance-based therapies (Sadeghi Nisiani et al., 2023).

Given the interplay between internal parts and emotional processing, the IFS model appears particularly well-suited for adolescent girls navigating issues of identity, worthiness, and relational insecurity. In Iran's educational system, where adolescent girls often experience a dual pressure of academic success and societal expectations, providing a therapeutic outlet that reinforces inner compassion and reconfigures self-concept could be transformative. Group therapy formats, as shown in Barouni's (2021) study with high-risk youth, offer not only cost-effective interventions but also supportive group dynamics that normalize internal experiences and foster shared growth (Barouni & Salehi, 2021).

Despite its promising outcomes, the IFS model remains underexplored in many adolescent school-based mental health interventions. Integrating it within psychoeducational settings and preventative frameworks could help address emerging mental health challenges before they solidify into chronic disorders. Anderson (2020) emphasizes that internal polarization and exile of vulnerable parts are not merely symptoms but internal reactions to relational disconnection, which, if addressed early, can shift developmental trajectories toward resilience and authenticity (Anderson, 2020).

Therefore, the present study seeks to contribute to the growing literature on IFS-based interventions by evaluating the effectiveness of group therapy based on the Internal Family Systems model on self-compassion and self-esteem in female high school students in Tonekabon. Drawing on systemic, trauma-informed, and culturally sensitive frameworks, the study aims to assess whether this approach can cultivate deeper self-awareness, internal harmony, and psychological empowerment in a population vulnerable to negative self-perception and interpersonal difficulties. Through rigorous methodology and comprehensive psychological assessment, this study aspires to illuminate the therapeutic potential of IFS in promoting adolescent mental health and enriching educational mental health services in the Iranian context.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental and applied research method, conducted using a pretest-posttest design with a control group. The research investigated the effectiveness of Internal Family Systems (IFS)-based group therapy on self-compassion and self-esteem among female high school students in Tonekabon. The statistical population included all female students enrolled in the second level of high school in Tonekabon during the 2024–2025 academic year.

A total of 143 students who met the inclusion criteria—(1) no psychological disorders, (2) no simultaneous participation in other psychological interventions, and (3) willingness to participate in the study—completed the research questionnaires. From this pool, 78 students whose scores were one standard deviation below the mean on both the Self-Compassion Scale—Short Form by Raes et al. (2011) and the Eysenck Self-Esteem Questionnaire (1976) were identified. Out of these, 30 students were purposively selected and randomly assigned to either the experimental group (n = 15) or the control group (n = 15).

After obtaining the necessary permissions, the study was conducted on the target population of female high school students in Tonekabon during the 2024–2025 academic year. In the pretest phase, 143 eligible students completed the Eysenck Self-Esteem Questionnaire (1976) and the Self-Compassion Scale—Short Form (Raes et al., 2011). Among them, 78 students scoring one standard deviation below the mean on both scales were identified. From this group, 30 students were purposively selected and randomly assigned to the experimental and control groups (15 students in each).

2.2. Measures

2.2.1. Self-Compassion

The Self-Compassion Scale—Short Form consists of 12 items and was derived by Raes et al. (2011) from the original 26-item Self-Compassion Scale developed by Neff (2000) to assess levels of self-kindness. Raes et al. (2011) proposed six subscales for the short form, which were also confirmed in the Persian validation study by Shahbazi et al. (2015): (1) Over-identification (Items 1 and 9), (2) Self-Kindness (Items 2 and 6), (3) Mindfulness (Items 3 and 7), (4) Isolation (Items 4 and 8), (5) Common Humanity (Items 5 and 10), and (6) Self-Judgment (Items 11 and 12). The subscale scores are interdependent, and the scale yields a total score. Items are rated on a 5-point Likert scale ranging from 1 (Almost Never) to 5 (Almost Always). Items under Self-Judgment, Isolation, and Over-identification are reverse-scored. The total score ranges from 12 to 60, with higher scores indicating greater self-compassion. Raes et al. (2011) reported internal consistency reliability with a Cronbach's alpha of .86 and a correlation of .97 with the long-form scale. Their confirmatory factor analysis supported the six-factor model and endorsed the 12-item scale as a viable substitute for the full version. In the Persian validation study by Shahbazi et al. (2015), Cronbach's alpha was reported as .91 for the total scale, and the following for subscales: Over-identification (.77), Self-Kindness (.83), Mindfulness (.92), Isolation (.88), Common Humanity (.91), and Self-Judgment (.87). Concurrent validity coefficients with the General Health Questionnaire (GHQ-11; Rajabi & Hashemi Sheikhi Shabani, 2009) ranged from −.28 to −.48. The questionnaire was translated into Persian, reviewed for content and terminology, and back-translated into English by a bilingual expert with minimal changes before being used in the study.

2.2.2. Self-Esteem

The Eysenck Self-Esteem Questionnaire was developed by Eysenck and Wilson in 1976 to assess self-esteem levels. It comprises 30 items and does not include subscales. The Persian version was translated and used by Shoairi. Responses are given on a three-point scale: Yes, Don't Know, and No. Scoring for Items 1, 2, 5, 9, 10, 11, 16, 22, 23, 29, and 30 assigns 1 point to "Yes," 0.5 points to "Don't Know," and 0 points to "No." For Items 3, 4, 6, 7, 8, 12–15, 17–21, 24–28, scoring is reversed: 0 for "Yes," 0.5 for "Don't Know," and 1 for "No." Participants were advised to avoid choosing the "Don't Know" option when possible. The

total score is calculated by summing all item scores, resulting in a minimum of 0 and a maximum of 30. Higher scores reflect greater self-esteem, emotional stability, and adaptability, while lower scores indicate low self-esteem, inferiority, and emotional instability. According to Goren et al. (2008), the scale's reliability was .71, with validity coefficients of .74 for female and .79 for male university students. Shoairi, Atrifard, and Shemshadi (2007) reported internal consistency of .84. Cronbach's alpha for the full scale was .88, for the first half .82, for the second half .76, and test-retest reliability over a two-week interval was .86. They reported the validity coefficient as .88.

2.3. Intervention

The intervention followed the Internal Family Systems (IFS) group therapy protocol developed by Schwartz and Sweezy (2019), consisting of ten structured 60-minute sessions. In the first session, participants were introduced to the IFS approach, focusing on building trust and understanding the roles of self-compassion and self-esteem within the IFS model. The second session emphasized the "Self" and its core qualities through guided meditation and experiential exploration of internal parts. The third and fourth sessions focused on identifying and mapping protective parts—managers and firefighters—using meditation and small group discussions. In sessions five and six, participants cultivated trust between the Self and protective parts related to self-compassion and self-esteem, and then were guided to contact and understand the exiled parts (inner child), recording their characteristics through direct inner experience. Sessions seven and eight centered on developing compassionate relationships with the exiles, witnessing their memories, and facilitating their healing through re-parenting and burden release, all supported by meditative exercises and discussion. In session nine, the focus returned to the protective parts to witness changes in the system and invite them to adopt new supportive roles. Finally, session ten aimed at integrating the changes within the internal system, addressing concerns of other parts, and preparing participants to maintain balance and apply their learning in triggering situations, ensuring stability and transformation through guided meditations and group processing. Each session included a short opening meditation, experiential activities, dyadic or triadic dialogue, and demonstration work with volunteer participants.

2.4.   Data Analysis

For data analysis, both descriptive statistics (frequency, mean, and standard deviation) and inferential statistics (Multivariate Analysis of Covariance [MANCOVA] and Univariate Analysis of Covariance [ANCOVA]) were employed. All statistical analyses were conducted using SPSS version 27.

3.   Findings and Results

Among the 15 participants in the experimental group, based on mothers' educational level, 6 had education up to associate's degree or lower (40%), 2 had associate's degrees (13.3%), 6 had bachelor's degrees (40%), and 1 had a master's degree or higher (6.7%). In the control group, among the 15 participants, 5 mothers had education up to associate's degree or lower (33.3%), 3 had associate's degrees (20%), 5 had bachelor's degrees (33.3%), and 2 had master's degrees or higher (13.4%).

Initially, the descriptive statistics for the study variables are presented in Table 1.

Table 1

Descriptive Statistics of Self-Compassion and Self-Esteem in Experimental and Control Groups (n = 15)

Variable	Group	Pre-test M (SD)	Post-test M (SD)
Self-Compassion	Experimental	34.40 (4.69)	37.13 (4.36)
	Control	34.80 (4.54)	34.73 (4.25)
Self-Esteem	Experimental	12.47 (2.69)	14.27 (2.37)
	Control	12.10 (2.49)	12.20 (2.46)

As shown in Table 1, the mean and standard deviation of self-compassion in the experimental group were 34.40 ± 4.687 in the pre-test and 37.13 ± 4.357 in the post-test. The mean and standard deviation of self-esteem in the experimental group were 12.47 ± 2.689 in the pre-test and 14.27 ± 2.367 in the post-test.

To assess the normality of data distribution, the Shapiro-Wilk test was used. This test examines the null hypothesis that the data are normally distributed at a significance level of .05. If the p-value is greater than or equal to .05, there is no reason to reject the null hypothesis, and the data can be considered normally distributed.

Table 2

Adjusted Post-test Means of the Two Groups After Controlling for Covariates

Variable	Experimental Group		Control Group	
	Adjusted Mean	Standard Error	Adjusted Mean	Standard Error
Self-Compassion	37.323	0.368	34.543	0.368
Self-Esteem	14.116	0.279	12.350	0.279

Based on the assumptions of covariance analysis, which involves controlling for random covariates or confounding variables, the adjusted post-test means of the variables are presented in Table 2 after removing the covariate effects. As shown, the adjusted mean of self-compassion increased to 37.323 in the experimental group and 34.543 in the control group. Likewise, the adjusted mean of self-esteem rose to 14.116 in the experimental group and 12.350 in the control group.

Table 3

Multivariate Analysis of Covariance (MANCOVA) Between the Experimental and Control Groups

Test	Value	F	df Hypothesis	df Error	Sig.	Effect Size
Pillai's Trace	0.623	20.618	2	25	.001	0.623
Wilks' Lambda	0.377	20.618	2	25	.001	0.623
Hotelling's Trace	1.649	20.618	2	25	.001	0.623
Roy's Largest Root	1.649	20.618	2	25	.001	0.623

The results of the Multivariate Analysis of Covariance (MANCOVA) in Table 3 indicate a statistically significant difference between the experimental and control groups. All tests—Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root—showed significance at p < .001, suggesting that the groups differ significantly on at least one of the dependent variables (self-compassion and self-esteem).

Based on the results obtained from the MANCOVA and with a confidence level of 99%, it can be concluded that the research hypothesis—that Internal Family Systems-based group therapy is effective in improving self-compassion and self-esteem in students—is supported.

4.   Discussion and Conclusion

The aim of this study was to investigate the effectiveness of group therapy based on the Internal Family Systems (IFS) model on self-compassion and self-esteem in female high school students. The results showed that the IFS-based group intervention led to significant improvements in both self-compassion and self-esteem compared to the control group. These findings align with the fundamental premise of the IFS model, which posits that internal healing occurs through the compassionate interaction between the core Self and the various "parts" of the individual psyche (Anderson, 2020; Anderson & Sweezy, 2011).

In the current study, students who participated in IFS-based therapy sessions showed higher post-intervention scores in both constructs, indicating a measurable psychological shift. Specifically, after controlling for pretest scores, the adjusted posttest means revealed that self-compassion scores increased more significantly in the experimental group than in the control group. The same trend was observed for self-esteem. These findings are supported by Barouni and Salehi (2021), who demonstrated the effectiveness of IFS group therapy in improving self-compassion and strengthening identity formation in high-risk adolescents (Barouni & Salehi, 2021). The mechanisms at work in the IFS framework—namely the activation of the internal Self's compassionate leadership and the reorganization of internal parts—appear especially conducive to improving adolescents' self-perceptions and emotional processing.

The increase in self-compassion may be attributed to the model's emphasis on understanding and healing internal protective and exiled parts, which often carry shame, self-criticism, and fear. By facilitating dialogues between these parts and the Self, participants can reframe inner pain and develop a nurturing relationship with themselves. This internal process resonates with findings from compassion-focused therapies, which similarly target inner critics and promote kind, nonjudgmental self-awareness. For example, Sadeghi Nisiani et al. (2023) found that compassion-focused interventions led to reductions in somatic symptoms and emotional reactivity among women, underscoring the emotional regulatory benefits of compassionate self-engagement (Sadeghi Nisiani et al., 2023).

Self-esteem also improved significantly in the experimental group. The IFS approach likely contributed to this shift by enabling participants to access vulnerable parts—often linked to early emotional wounds—and to witness, validate, and heal those parts from a place of safety and inner strength. Titelman and Mousavi (2023) argue that self-differentiation, a core aspect of family systems theory, is strongly associated with psychological resilience and self-worth, particularly when individuals learn to separate their core identity from the emotional fusion with dysfunctional internal or external relationships (Titelman & Mousavi, 2023). This differentiation process is inherent in IFS, where internal parts are recognized as having specific roles but are distinct from the Self.

These results are also consistent with previous findings from emotion-focused and self-compassion-based therapies. For instance, Tajari et al. (2020) reported that cognitive-behavioral couple therapy increased self-compassion and life satisfaction in distressed couples, highlighting the role of emotional restructuring in improving self-related constructs (Tajari et al., 2020). Similarly, Teymouri et al. (2021) found that self-compassion-based interventions improved emotion regulation in women experiencing infidelity-related distress, a population that, like adolescents, grapples with intense internalized emotional states and struggles with self-worth (Teymouri et al., 2021). These results suggest that interventions targeting inner compassion and emotional integration can be powerful across different age groups and contexts.

The group format of the intervention may also have amplified the effects by offering social mirroring and shared narratives. Adolescents often benefit from peer-based therapeutic environments where emotional experiences are normalized and self-exploration is reinforced through interpersonal feedback. Jahangiri and Rezaei (2021) emphasize that emotion-focused interventions conducted in groups or dyads promote greater intimacy and validation, allowing individuals to experiment with new emotional

scripts in a supportive space (Jahangiri & Rezaei, 2021). Within the IFS framework, these interpersonal dynamics are mirrored internally, as participants are encouraged to witness and be present with their own parts in the same way they are witnessed by others in the group.

Culturally, the IFS model's systemic metaphor may resonate with Iranian adolescents, who often grow up within tightly knit family structures where interpersonal roles and expectations are internalized early on. Yang and McDonnell (2024) suggest that therapeutic approaches incorporating systemic thinking align well with collectivist cultures, as they validate the influence of familial relationships on emotional development (Yang & McDonnell, 2024). In this study, participants were able to engage in internal dialogues reflective of external family roles and restructure those dynamics within a safe therapeutic setting. Zaghian et al. (2022) also noted that Iranian women's caregiving roles are deeply influenced by religious and cultural prototypes, which are mirrored in their internal schemas and emotional responses (Zaghian et al., 2022). By allowing participants to approach these internalized patterns with compassion and differentiation, IFS provided an avenue for emotional reorganization without dismissing cultural values.

The findings further support the general applicability of systemic therapeutic approaches across emotional difficulties in diverse populations. For example, Burke (2019) reported that IFS was effective in treating trauma and anxiety disorders by enhancing access to the core Self and promoting harmonious relationships among internal parts (Burke, 2019). This study extends that applicability to nonclinical adolescents with low self-esteem and self-compassion, indicating that the model is not only corrective but also preventive in supporting psychological development.

In addition, the results echo findings from other family systems frameworks. Sabzevari et al. (2023) found that Bowen's and Minuchin's family therapies improved marital conflict resolution and communication patterns by enhancing awareness of systemic roles and emotional triggers (Sabzevari et al., 2023). Although these studies primarily addressed adult populations, the underlying principles—such as internal differentiation, boundary setting, and emotional validation—appear to be effective when applied internally through the IFS model in adolescents.

Another important aspect is the spiritual and symbolic coherence of the IFS model within Iranian cultural-religious frameworks. Zaghian et al. (2022) emphasize the use of symbolic family figures and metaphors to understand caregiving roles in Islamic family models, and IFS echoes this narrative format by allowing clients to view their internal parts as "inner family members" deserving of respect, attention, and healing (Zaghian et al., 2022). The narrative coherence provided by the IFS model might therefore enhance emotional accessibility and therapeutic acceptance among Iranian adolescents navigating moral and emotional expectations.

Furthermore, as highlighted by Vatanpanah et al. (2023), emotional dysregulation and self-critical tendencies are often linked to behavioral manifestations such as emotional eating or maladaptive coping strategies. The improvements in self-compassion and self-esteem observed in this study could serve as protective factors against these secondary issues, highlighting the broader impact of IFS in fostering adaptive coping (Vatanpanah et al., 2023). Similarly, Javidan (2022) found that systemic couple therapy based on emotional intelligence strategies improved emotional regulation and marital adjustment, reinforcing the idea that systemic, emotionally attuned approaches are vital for long-term relational and personal well-being (Javidan, 2022).

5. Limitations & Suggestions

Despite the promising findings, this study has several limitations. First, the sample size was relatively small (n = 30), which may limit the generalizability of the results. Second, the study was conducted with female students in a single geographic area (Tonekabon), meaning that cultural, gender, and regional differences were not accounted for. Third, the short duration of the intervention (10 sessions) and the lack of long-term follow-up restrict conclusions about sustained change. Additionally, all measures were self-reported, which may be subject to social desirability bias, particularly in collectivist cultures where conformity and emotional restraint are valued.

Future research should aim to replicate this study with larger, more diverse samples that include male students and participants from various cultural backgrounds. Longitudinal studies assessing the durability of therapeutic gains over time would provide insight into the sustained efficacy of IFS interventions. Moreover, incorporating qualitative interviews or observational data could deepen understanding of how adolescents internalize and apply IFS concepts in real-life settings. Researchers might also compare IFS with other systemic or cognitive-behavioral models to explore differential effects on self-related

outcomes. Lastly, integrating physiological or neurological indicators (e.g., HRV, cortisol) could enrich the psychometric findings with biological markers of emotional regulation.

Therapists working with adolescents should consider incorporating IFS-based group therapy into school counseling programs as a means to support self-compassion and self-esteem development. The model's emphasis on nonjudgmental self-exploration and internal dialogue makes it particularly accessible and engaging for adolescents navigating emotional turbulence. Group facilitators should receive specialized training in IFS to effectively guide participants through inner system mapping and part-work. Educators and school psychologists can collaborate to adapt IFS language and exercises to align with age-appropriate developmental and cultural contexts. Moreover, therapeutic spaces that foster peer connection and psychological safety are essential for maximizing the benefits of systemic, compassion-based interventions in adolescent populations.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Authors' Contributions

All authors equally contributed to this article.

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