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The effectiveness of compassion-based therapy on guilt and attitudes toward love in women with complex childhood trauma

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Abstract

This research aims to determine the effectiveness of compassion-based therapy on feelings of guilt and attitude toward love in women with complex childhood traumas. This research was quasi-experimental in terms of the method with a pre-test-post-test design with a control group. This study's statistical population was women referred to three specialized psychology clinics in 2021-2022 in Tehran. After screening with Shame and Guilt State Scale (SSGS) and Love Attitude Scale (LAS), 30 women who obtained the desired score were selected and randomly divided into two groups of 15 people, experimental and control. The experimental group was subjected to therapeutic intervention based on compassion in the form of 8 sessions of 90 minutes once a week. The control group was placed on the waiting list for testing so that if this intervention was effective, it would also be done on them. The data obtained from the pre-test and post-test were analyzed through covariance analysis. The data from the research showed that the treatment based on compassion resulted in the reduction of guilt ($F=27.13$, $P=0.002$); improvement in attitude towards love by increasing romantic love ($F=19.76$, $P=0.001$); reduction of romantic love ($F=78/12$, $P=0/01$); increase in friendly love ($F=89/92$, $P=0/001$); increase in realistic love ($F=59.91$, $P=0.001$); reduction of extreme love ($F=12.22$, $P=0.01$); Increase in precious love ($F=159.93$ $P=0.001$). Therefore, compassion-based therapy reduces guilt and improves attitudes toward love in women with complex childhood trauma experiences.

Keywords: *Compassion-based therapy, guilt, attitudes toward love, women, trauma, childhood.*

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Introduction

Complex childhood trauma includes severe traumatic events that are likely to be chronic, disrupt personality development, and lead to less trust in fundamental relationships, especially emotional ones (Clitremes et al., 2014). These injuries are so exhausting that they also affect the functioning of the nervous system (Fred & Courtois, 2009). Childhood injuries include physical abuse, parental neglect, sexual abuse, emotional abuse, and domestic and social violence from which a person cannot leave (Shen et al., 2018). CT experiences, unfortunately, have a significant rate. Child abuse is noticeable in every race, color, social class, and religion, and it is harmful to all ages before birth, infancy, childhood, adolescence, youth, and adulthood (Branco et al., 2010). Childhood traumas occur in 3-32% of the general population (Bonum et al., 2010; Brireh & Elliott, 2003) and 53% of depressed people (Kamis et al., 2013). A national study in the United States showed that 22% of participants aged 2-17 had been exposed to four or more traumas during their lifetime, including domestic violence, child abuse, and war (Turner et al., 2010). A similar telephone survey study of children and adolescents up to 17 showed that 5.8% of children had witnessed violence between parents, and 2% of smokers had experienced sexual abuse (Finkelhor et al., 2015). A study found that 19.3% of men and 30.6% of women were exposed to sexual abuse by age 21 (Mills et al., 2016). A longitudinal study showed that women sexually abused in childhood had problems in various biological and psychological aspects compared to women who did not have such an experience (Trickett et al., 2011). Women with experience of sexual harassment show a higher rate of the following cases. They are

suffering from depression, anxiety, dissociative disorders, symptoms of post-traumatic stress disorder, behavioral problems, substance abuse, sexually incompatible and dangerous behaviors, obesity, cognitive and academic disabilities, premature puberty, physical problems, and being a victim of sexual abuse again. (Fontz et al., 2013). People who have experienced emotional and physical traumas are seriously damaged in developmental, cognitive, emotional, and behavioral fields and have poor mental health in adulthood (Kamis et al., 2013). Also, the risk of suicide in these people is higher than in the general population who have not had such an experience (Indo et al., 2017; Papili et al., 2014). Research has shown that people who have experienced complex childhood traumas have an insecure attachment style (Brackohais et al., 2010). This insecure attachment style affects his well-being and mental health (Day et al., 2009) and his future relationships, especially his emotional ones (Yan Hua et al., 2012). In other words, childhood neglect and traumas lead to injuries in the child's development, extending to adult life (Glasser, 2002). When a child is born and grows up in a family that pays enough attention to him, he has a suitable position for good growth, trusting others and a reason to be honest in relationships. On the other hand, if the child is neglected in the family, will grow in an unhealthy way. They grow with this thinking and attitude that other people do not care about them and do not respect them, and as a result, they have superficial relationships (Kames et al., 2013). They have difficulty understanding the true affection of others and do not feel secure in relationships (Thomas et al., 2008). This problem is so deep that they cannot have a proper attitude towards

love and often consider it unreal or harmful (Killavi et al., 2017). This is because they have had inappropriate experiences in emotional relationships and have been harassed and neglected and have not received the necessary support from people close to them. As a result of this expectation of not receiving enough love and support and lack of reliability, they bring with them to the new adult relationships, especially emotional ones. Also, their attitude towards love is distorted and they may have problems in different dimensions of a healthy love, such as having a romantic, friendly relationship with forgiveness and sacrifice and at the same time having a realistic view. Instead, they move towards an unhealthy love with deception, betrayal and anger. Also, this inappropriate attitude is not specific to love and emotional relationships, and these people do not have a positive attitude towards themselves. Childhood traumas cause mental pain (Schneidman, 1999). Mental pain is created as a result of failure and failure to meet basic needs, especially support (Karami et al., 2017). It leads to feelings of guilt, shame and self-blame, interpersonal problems and fear of intimacy, defects in emotion regulation and maladaptive coping behavior (Isons & Lad, 2017; Muller et al., 2015). Therefore, according to the research, childhood traumas lead to serious injuries in people, some of which are internalized and shown in the form of guilt, shame and psychological injuries. Another part is projected to future relationships and overshadows the social life and emotional relationships of people in the later stages of life. Therefore, what seems to be important is that by reducing mental pain caused by childhood traumas, it reduces internal and external injuries. Considering the problems of these people in accepting

themselves and others in a kind and empathetic way and the problems of primary attachment and according to recent researches, the therapy based on compassion can be suitable for treating the consequences of childhood traumas (Afshar et al., 2020). In general, third-wave cognitive behavioral therapies such as acceptance and commitment-based therapy, mindfulness-based therapeutic cognition, and compassion-based therapy place great importance on positive emotions in the psychotherapy process. These treatments also share the relief of psychological turmoil from changing the type of relationship a person has with his problems, especially problems that he has no ability to change, such as childhood traumas (Germer et al., 2019). Gilbert developed the compassionate therapy approach based on evolutionary psychology, neuropsychological science, Buddhist scientific philosophy, and evolutionary theory (Gilbert & Proctor, 2014). One of the most important aspects of these treatments is creating a non-judgmental attitude with compassion, and in fact, in this treatment, acceptance and compassion are two essential keys in the treatment process (Macbeth & Gumley, 2012). Self-compassion can be defined as follows. Being open and accompanying one's sufferings, experiencing a sense of care and kindness towards oneself, adopting a non-judgmental attitude with understanding towards inadequacies and recognizing that one's experience is a part of human experience (Neff et al., 2007). Self-compassion is a powerful predictor of mental health and is an important human strength that includes the traits of kindness, fair judgment, and helping people find hope and meaning in life when faced with adversity. It also means directing kindness towards the inside and external

objects (Conversano et al., 2020). Self-compassion simultaneously requires that people neither avoid nor suppress their painful feelings (Di Giuseppe et al., 2019). Self-compassion exercises emphasize a calm body, calm mind, self-compassion and mindfulness in order to reduce stress and negative spontaneous thoughts and thereby increase mental and inner peace (Neff & Germer, 2013). Compassion-focused therapy, as a multidimensional model, uses various educational skills related to attention, reasoning, imagery practice, and behavioral interventions (Gilbert, 2014). Based on the studies, compassion therapy is effective for people with high self-criticism. The results showed a significant reduction in depression, anxiety, domineering behaviors, self-criticism, shame, and self-deprecation (Gilbert & Proctor, 2014). Research also showed that compassion training could reduce negative perfectionism and depression in people (Shetober et al., 2020). According to research, compassion-focused therapy has effectively treated sexual abuse victims who face emotional disturbances, low levels of self-compassion, and guilt (Mayron et al., 2016). In another study, it was found that compassion therapy reduces shame and guilt and improves the cognitive regulation of emotions (Ghasemi et al., 2019). According to what has been said and the research conducted in this field, compassion therapy, with its nature, can be a promising approach for people who have gone through difficult experiences. Despite the effectiveness of CFT, little research has been done on this issue. On the other hand, considering that people who have gone through complex childhood traumas often feel shame and guilt inside and lose their

trust in others and receive real love. Especially women who have such experiences experience many problems in different aspects of their lives. In the upcoming research, we have tried to examine whether compassion-based therapy (CFT) affects feelings of guilt and attitudes toward love in women with complex childhood trauma experiences.

Method

The research method was quasi-experimental with a pre-test-post-test design with a control group. The statistical population of this study were women who referred to three specialized psychology clinics in 2021-2022 in Tehran. The study sample included 30 clients who were selected as available and were randomly divided into two groups of 15 people, experimental and control. It should be noted that the experimental group was divided into three groups of 5 people for more appropriate intervention and evaluation. The inclusion criteria for the study were over 18 years of age, at least diploma education, experience of childhood traumas, a high score in the guilt measure and a low score in the attitude towards love and loyalty and willingness to participate in the study. Exclusion criteria were absence of more than two meetings, lack of cooperation or desire to continue meetings. The experimental group underwent a therapeutic intervention based on compassion in the form of 8 sessions of 90 minutes per week, and the control group was placed on the waiting list for the experiment, so that if this intervention is effective, it will be done on them as well. CFT therapeutic intervention was implemented based on the protocol provided by Gilbert (2014). The obtained data was analyzed using covariance analysis.

Table 1. Content of ACT sessions

Session	Content
1	Getting to know the group members with each other, stating the rules of group therapy, explaining about guilt and love and its dimensions, and getting to know compassion-based therapy.
2	Explaining compassion, how to solve problems through compassion-based therapy. Mindfulness training with physical and breathing exercises, familiarity with brain systems based on compassion, empathy training and homework
3	Getting to know the characteristics of people with compassion, compassion for others, compassion for oneself, attention and focus on compassion, compassionate thinking, compassionate behavior, compassionate imagery, cultivating human commonality against self-destructive feelings and shame, and homework.
4	Reviewing the exercises of the previous session, training people to examine themselves as a compassionate or non-compassionate person, training in forgiveness, training in accepting mistakes and accepting oneself as a person who makes mistakes, training in accepting problems and changes in life and facing challenges with wisdom, strength, and warmth And without judgment and homework
5	Teaching the development of valuable and sublime feelings such as affection, love, loyalty, etc., so that they can deal with the environment properly and efficiently, mindfulness exercises and examining the advantages and disadvantages of thoughts, beliefs and feelings that are annoying and homework
6	Reviewing the previous session, teaching responsibility, the basic component of which is self-compassion and self-critical thinking, based on which people learn to create new feelings and beliefs that are more efficient by doing illustration, letter writing, etc. and homework
7	Reviewing the practice of the previous session, training to write compassionate letters for yourself and others, training to record and note real and daily situations based on compassion and the person's performance in that situation, practicing anger and compassion, practicing fear of compassion
8	A review of the exercises and skills expressed in the previous meetings and preparing to face the challenges ahead

Materials

Shame and Guilt Scale (SSGS). Marshall et al. (1994) developed this scale. The SSGS scale consists of 15 statements, whose subscales include guilt, shame, and pride. This scale is graded on a 5-point Likert scale. I have not felt this way at all = 1, I have had this feeling a little = 2, sometimes I have had this feeling = 3, I have had this feeling a lot = 4 and I have had this feeling a lot = 5. Higher scores indicate greater levels of guilt and shame. For this tool, two factors were extracted based on the significant results of the Kaiser-Meyer-Elkin test ($KMO = 0.89$) and Bartlett's sphericity equal to 1542.3. The

amount of explained variance for each of the first and second factors is estimated to be 34.76 and 25.80, respectively, which explains 60.57% of the total variance. The reliability of this questionnaire in the research of Nadi and Labaki (2014) using Cronbach's alpha was found to be 0.88%.

Love Attitudes Scale (LAS). This questionnaire was created by Hendrix and Hendrick (1986) based on Lee's model of love. The scale of attitudes related to love is made of 18 propositions and 6 subscales as follows. sensual (eros), sensual (ludus), friendly (storge), logical (pragma), extravagant (mania) and precious (agape). It

is used to evaluate attitudes related to love and loyalty. The scoring of the questionnaire is on a 5-point Likert scale, which is considered as 0, 1, 2, 3, and 4 for the options of completely disagree, disagree, hesitant, agree, and completely agree. In the research conducted, alpha coefficients were reported from 0.68 for the Storge subscale to 0.83 for Agape, and in the retest, coefficients from 0.70 for Mania to 0.82 for Ludus were reported (Kunkel & Barelson, 2003). This form is preferred in cross-cultural studies, and confirmatory factor analyzes have been conducted for various countries in Europe, South America, Africa, and Asia. Cronbach's alpha is 0.79, 0.68 Ludus, 0.72 Storge, 0.72 Pragma, 0.72 Mania, and 0.93 Agape in love making style (Bayat, 2007).

Findings

All the participants in this study were female and according to demographic characteristics, the average age of participants in the treatment group was 30.23 ± 8.21 and in the control group was 28.96 ± 7.26 . On average, in the experimental group, 20% had a diploma, 26.67% had a bachelor's degree, 40% had a master's degree, and 13.34% had a doctorate. In the control group, 13.34% had a diploma, 33.34% a bachelor's degree, 40% a master's degree and 13.34% a doctorate. As can be seen, the results indicate that the control and treatment groups are equal in terms of demographic variables. The descriptive indices of the research scales in the pre-test and post-test stages are also given in Table 2.

Table 2. Pre-test and post-test descriptive data of research scales in treatment and control groups

Variable	Stage	Experimental group	Control group
Feeling guilty	Pre-test	63/47±6/67	64/27±9/32
	Post-test	32/54±7/86	61/38±8/75
EROS	Pre-test	8/38± 5/64	8/43±6/35
	Post-test	9/6±6/88	8/39±6/44
LUDUS	Pre-test	9/8± 8/69	9/67±8/88
	Post-test	6/ 89± 6/34	9/06±9/39
STORGE	Pre-test	6/8± 7/84	6/26±8/25
	Post-test	9/83±8/27	5/94±4/33
PRAGMA	Pre-test	6/48± 9/38	6/37±8/64
	Post-test	9/04± 7/45	6/51±7/22
MANIA	Pre-test	10/32± 8/94	9/73±6/27
	Post-test	5/94± 8/03	9/84±5/72
AGAPE	Pre-test	6/40± 7/39	7/12±4/50
	Post-test	9/44± 8/28	7/29±4/67

According to Table 2, in the experimental group, the average of erotic, friendly, rational and expensive love has increased in the post-test stage compared to the pre-test, which indicates the improvement of the

quality of love in the treatment group. At the same time, the average of ludus or actress love, which indicates dishonesty in emotional relationship and lack of commitment, and indicates short-term love

and empty relationships, has decreased. Also, extreme love, which expresses unrealistic desires and extreme anger and aggression due to not meeting the needs of children, has decreased. As can be seen in Table 2, the scores of the control group did not differ much in these sub-scales in the pre-test and post-test phases. Therefore, it can be said that the educational intervention of compassion had an effect on the results of the experimental group, but to check the significance of this effect, it is necessary to perform the covariance analysis test. To use analysis of covariance, its presuppositions must be checked. The presumption of homogeneity of variances, which was

performed with Levine's test, and $P > 0.05$ in all variables, which is not statistically significant, and therefore this assumption is valid. The assumption of homogeneity of the regression coefficients, which was carried out by examining the interaction effect of the independent variable and the pre-test of each dependent variable and its post-test, the results indicated that F was not significant at the 0.05 level. The presumption of normality of the distribution of dependent variables was done using the Kolmogorov-Smirnov test, where Z was not significant at the 0.05 level. Therefore, all three assumptions are valid and the use of covariance analysis was acceptable to examine the data of this study.

Table 3. Summary of the results of one-way analysis of variance in the text of multivariate analysis of covariance

Variable	Source	Sum of squares	Df	Mean squares	F	Sig	Eta coefficient
Feeling guilty	Pre-test	508/62	1	508/62	11/39	0/001	0/48
	Group	1114/98	1	1114/98	13/27	0/002	0/63
	Error	1136/26	27	42/08			
Eros	Pre-test	96/38	1	96/38	31/95	0/002	0/28
	Group	257/74	1	257/74	19/76	0/001	0/36
	Error	134/68	27	4/988			
Ludus	Pre-test	215/43	1	215/43	15/57	0/02	0/34
	Group	264/19	1	264/19	12/78	0/01	0/57
	Error	267/17	27	9/89			
Storge	Pre-test	211/93	1	211/93	92/23	0/001	0/58
	Group	253/26	1	253/26	92/89	0/001	0/64
	Error	241/59	27	8/95			
Pragma	Pre-test	289/62	1	289/62	89/94	0/001	0/47
	Group	298/32	1	298/32	91/59	0/001	0/58
	Error	275/43	27	10/20			
Mania	Pre-test	213/38	1	213/38	12/19	0/001	0/48
	Group	235/79	1	235/79	22/12	0/01	0/43
	Error	248/24	27	9/19			
Agape	Pre-test	274/63	1	274/63	125/54	0/001	0/67
	Group	239/34	1	239/34	159/93	0/001	0/75
	Error	227/63	27	8/43			

According to table 3, research hypotheses are presented and explained.

Hypothesis 1. Compassion-based therapy leads to reduced guilt in women with complex childhood trauma.

According to Table 3, compassion-based treatment with ($F=27.13$, $P<0.05$) and an effect size of 63% significantly reduces guilt in women with complex childhood traumas.

Hypothesis 2. Compassion-based therapy increases the erotic or romantic love of women with complex childhood traumas.

According to Table 3, compassion-based therapy with ($F=76.19$, $P<0.05$) and an effect size of 36% leads to an increase in romantic love of women with complex childhood traumas.

Hypothesis 3. Compassion-based therapy reduces romantic love in women with complex childhood trauma.

According to Table 3, compassion-based treatment with ($F=78.12$, $P<0.05$) and an effect size of 57% reduces romantic love in women with complex childhood traumas.

Hypothesis 4. Compassion-based therapy increases friendship love in women with complex childhood trauma experiences.

According to Table 3, compassion-based treatment with ($F=89.92$, $P<0.05$) and an effect size of 64% increases friendly love in women with complex childhood trauma experiences.

Hypothesis 5. Compassion-based therapy increases rational love in women with complex childhood trauma.

According to Table 3, compassion-based therapy with ($F=59.91$, $P<0.05$) and an effect size of 58% increases rational or realistic love in women with complex childhood traumas.

Hypothesis 6. Compassion-based therapy reduces excessive love and anger in women with complex childhood trauma.

According to Table 3, compassion-based treatment with ($F=12.22$, $P<0.05$) and an effect size of 43% reduces extreme love and anger in women with complex childhood traumas.

Hypothesis 7. Compassion-based therapy increases self-sacrificing love in women with complex childhood trauma.

According to Table 3, compassion-based treatment with ($F=93.159$, $P<0.05$) and an effect size of 75% increases precious and selfless love in women with complex childhood trauma experiences.

In general, it can be said that compassion-based therapy is effective in reducing guilt and improving attitudes toward love in women with complex childhood trauma.

Discussion

This study was conducted with the aim of the effectiveness of compassion-based therapy on guilt and attitude towards love of women who experienced complex childhood traumas. The results of the analysis of covariance showed that the treatment based on compassion leads to the reduction of guilt and the improvement of the quality of the attitude towards love and the style of love in its different dimensions, which were explained in detail in the findings section. Suppose surveys are conducted inside and outside the country. The results of this research were in line with the results of McLean et al.'s (2018) research on the effectiveness of compassion-based therapy on increasing self-compassion skills, facilitating and correcting traumatic experiences, and providing a suitable alternative instead of avoiding and giving a suitable response. It was also consistent with the results of the Held and Owens (2015) research on the effectiveness of compassion therapy techniques on homeless people's feelings of guilt. Also, with the results of Saeedi et al.'s research (2013) on the basis that induction of compassion can reduce the emotion of shame and guilt; Clapton et al. (2018) based on the effectiveness of compassion therapy on reducing self-criticism and guilt. According to the investigations carried out so far, the effectiveness of compassion therapy on the attitude towards love has not been done, so researches that have similar variables are used for reference; The results of this study with the research of Dasht Bozorgi et al. (2017) on the basis that compassion therapy training is effective in reducing the desire for divorce and increasing intimate attitudes in women; Gerjinpour et al. (2020) about the effectiveness of compassion therapy on

increasing the flexibility of action of divorced teenagers and self-respect.

In explaining this finding, it can be said that self-compassion is an evolved system of attachment and bonding systems (Gilbert, 2009). The search for intimacy and its acceptance by the primary caregivers provides a safe base for the child and creates a sense of secure attachment and belonging. For this reason, people who grow up in a safe and loving environment can treat others and themselves with more compassion. Meanwhile, people who grow up in an unsafe environment devoid of love and affection, their relief and compassion system does not develop well (Gilbert and Procter, 2006). People who experience complex traumas in childhood are often present in unhealthy environments that lack the necessary support for proper emotional development. Therefore, these children do not get a proper opportunity to experience love and affection, and the system of compassion does not develop well in them, and as a result, they cannot behave compassionately towards themselves and others, and they are constantly making negative judgments towards themselves and others. This causes a feeling of hostility towards oneself and others. On the other hand, these inappropriate behaviors bring inappropriate behavioral feedback from others, and this makes this negative attitude towards others more stable and they maintain their hostile behavior. Therefore, people with traumatic childhood experiences adopt unhealthy love styles in adulthood (Molahat et al., 2011). The probability of having an actress' love style with profit seeking and betrayal is high in these people, and they often think that the other party is the same. On the other hand, due to the accumulation of unsatisfied needs in these people, with an illogical view and

demanding a lot of energy in the opposite ways, and as a result of not satisfying the needs again and creating an extreme love style with anger, there is a lot in them. Among other things, since childhood, these people consider the failure to meet their emotional needs as their unworthiness to have it, and they constantly feel shame and guilt (Irons and Lad, 2017). This feeling of shame and guilt eventually causes hostile behavior towards oneself and others and increases the possibility of suicide in these people (Morris and Petrucci, 2017). Because women and mothers often have a close and affectionate relationship with their children, and their behavior and parenting have the greatest effect on the formation of attachment style. If these mothers and women themselves have experienced such traumas in the past, they often have problems in creating proper attachment in their children, and they may also have marital disputes and the home atmosphere is convulsive. Therefore, meeting these needs in women was more important.

According to the results obtained, it can be said that teaching compassion therapy to women with traumatic childhood experiences made them enjoy higher psychological flexibility and have a compassionate view of themselves and others (Neff and McGahee, 2010). Therefore, during the meetings, these people learned to treat their other side more flexibly in their relationships and to be able to raise their problems in a calm and sincere conversation, and as a result, the extremism in their relationships was reduced. It seems that this treatment, by creating an atmosphere of honesty and non-avoidance of the behavior that it creates in people (Macbeth and Gumley, 2012), prevented the creation of emotional relationships that are

associated with betrayal. Also, this treatment, which is based on creating a sense of kindness, warmth and acceptance, can increase friendly and compassionate love with unconditional and judgmental acceptance, precious love with forgiveness, support and sacrifice, as well as romantic and sensual love with physical intimacy. With the mindfulness techniques learned in this treatment, these people learned to be in the present and not to bring previous relationships and unresolved past problems into their current and new relationships. Also, in emotional relationships, see people as they are without any judgment (Bernard and Corey, 2011). Probably, this issue has been able to increase logical and realistic love. In compassion therapy, these women learned to make their unpleasant experiences less negative by normalizing the experience. This helped to improve their mental health (Neff, 2011) and reduce their feelings of shame and guilt (Carso, 2017).

Therefore, according to the obtained results, it can be concluded that the treatment based on compassion reduces the feeling of guilt and improves the attitude towards love and creates compassionate behavior towards oneself and others, especially in emotional relationships in women with complex childhood traumas.

One of the limitations of this research is the gender of the study group, which was only women. Therefore, it is suggested to be implemented simultaneously in both genders in future research. This study did not have a follow-up period, so it is recommended to conduct a follow-up period of at least one month in future studies. In addition, in order to better generalize the results of the research, it is suggested to implement this treatment in a larger sample size.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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