

# Comparing the Effectiveness of Emotion Regulation and Logotherapy on Psychological Distress in Incompatible Couples

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## Abstract

**Background:** One reason for family breakups is failing to treat the problems of incompatible couples. The aim of this study was to compare the effectiveness of emotion regulation (ER) and logotherapy (LT) on the psychological distress of incompatible couples.

**Methods:** This study used an experimental design with pre- and post-tests and a control group. The statistical population comprised all incompatible couples who had sought counseling services at Avaye Kherad, Neday Baran, and the Life Counseling Center in Sari City, Iran, in 2021. The research sample comprised 69 couples who were selected using purposive sampling and divided into two experimental groups (18 people in each group) and a control group (18 people). To collect data, the Depression, Anxiety, and Stress Scale (DASS) Questionnaire (Lovibond & Lovibond, 1995) was used. The collected data were analyzed using the ANCOVA test (with a significance level set at  $\alpha=0.05$ ) and SPSS version 25.

**Results:** The results of the analysis showed that ER and LT were effective in reducing the psychological distress of incompatible couples. The mean depression score was significantly lower in the ER group ( $10.27\pm 2.19$ ) compared to the LT group ( $11.61\pm 2.30$ ) and the control group ( $15.05\pm 2.38$ ;  $P=0.001$ ). The mean anxiety score was also significantly lower in the ER group ( $8.77\pm 2.07$ ) compared to the LT group ( $13.72\pm 2.24$ ) and the control group ( $13.94\pm 2.18$ ;  $P=0.004$ ). The effectiveness of ER ( $10\pm 1.87$ ) in reducing stress was significantly higher than LT ( $13.38\pm 2.59$ ) and the control group ( $15.38\pm 2.42$ ;  $P=0.001$ ).

**Conclusions:** Based on the findings of this study, it can be concluded that emotion regulation and logotherapy can be effective therapies to reduce the problems of incompatible couples.

**Keywords:** Emotion Regulation, Logotherapy, Psychological Distress, Incompatible Couples

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## 1. Introduction

Marriage is one of the oldest human ties, which has always brought people satisfaction and personal growth and led them to choose it at least once. One of the most critical components of married life is marital satisfaction or compatibility between couples. Compatibility involves getting along with each other harmoniously and predicting how an individual's specific behaviors will affect the other (1). Couple compatibility is considered a declaration of satisfaction with the marital relationship, ranging from satisfaction to dissatisfaction or incompatibility (2). The existence of marital incompatibility in the relationship between husband and wife causes problems in social relations, a tendency towards social and moral deviations, and a decline of cultural values among couples (3). Incompatible couples are those who are not satisfied with their married life and communicate with each other in incompatible ways (4). The increasing number of marital problems,

dissatisfaction, and incompatibility and the rise in the percentage of divorce statistics in recent years, along with their negative consequences, emphasize the necessity and importance of focusing on this issue (5).

Psychological distress, such as anxiety, depression, and stress, may also contribute to couples fighting with each other. Psychological distress is a specific discomfort and emotional state experienced temporarily or permanently by people in response to specific stresses and traumatic events (6). Research has shown that couples' incompatibility is related to psychological distress, which is known as one of the life-threatening factors causing a decrease in a person's optimal performance and disability in other areas of life (7). Psychological distress is also considered the most important or second risk factor for numerous diseases, such as heart failure (8) and cancer (9, 10).

Correcting the problems of incompatible

couples is one of the most important ways to prevent the degeneration and disintegration of the warm family center. Therefore, adopting an effective therapeutic approach to treat and reduce couples' problems and conflicts is one of the most important preventive measures. One treatment that this research sought to investigate is the effectiveness of emotion regulation in reducing the psychological distress of incompatible couples. The term emotion regulation includes the processes by which individuals modulate their emotional state to facilitate adaptive functioning (11-13). Emotion regulation involves a person's ability to manage and change their emotional responses (such as occurrence, form, duration, and intensity) by engaging in behavioral strategies and cognitive processes (e.g., self-talk) to achieve the goals of emotion regulation therapy (11, 14, 15). The need to examine emotion regulation and negative emotion modulation is increasing as it is related to other cognitive and emotional fields (12, 16). For example, better emotion regulation skills are associated with increased positive social interactions and increased social behaviors (13).

Developing emotion regulation skills is crucial for individuals who experience negative emotions, as studies have shown that negative emotions are inversely related to pro-social behavior and social competence (13, 17). Intervention programs that teach emotion regulation skills have showed that this improves cognitive, social, communication, and emotional skills in people (18). Research has also revealed that couples who possess better emotion regulation abilities have higher marital compatibility (13, 17). Conversely, couples who lack emotion regulation skills and face stressful life events, such as disagreements, cannot regulate their emotions and have more conflicts.

One of the important and decisive indicators in family strength and marital satisfaction is the presence of meaning in life. Existence of meaning in life causes purposefulness of life, feeling of happiness, and satisfaction with life. It seems that one of the important variables that have been neglected in the lives of incompatible couples is the existence of meaning in life. Logo therapy is a therapeutic approach that helps individuals find personal meaning in life, focusing on the future and our ability to endure hardship and suffering through the search for purpose. Frankl believed that humans are born with something called the "will

to meaning," which is the desire to find meaning in life. He argued that life can have meaning even in the worst of circumstances and that motivation in life comes from finding this meaning (19). Logo therapy helps patients search for meaning despite all the problems, and from its perspective, life is meaningful under any condition (20). According to this definition, the meaning therapist's duty is to help the patient discover the meaning of life and develop special treatment methods for mentally disturbed patients. Frankl believed that the main motivation in life is to search for meaning, not for oneself, but for meaning itself, which requires forgetting oneself. In other words, looking for a goal only in oneself is a failure (19).

Thus, targeting the meaning of life for incompatible couples who suffer from emptiness and multiple differences can break the flow of their negative experiences and challenge their perspective on future life. Behzadpoor and his colleagues showed in their research that logo therapy, using four therapeutic strategies (interference intervention, lack of attention, adaptive attitude, and sensitization training), is effective in obtaining meaning, reducing marital conflicts, and increasing marital quality (21).

A review of experimental studies related to incompatible couples showed that traditional cognitive-behavioral therapies are among the most common interventions (22, 23). Although this type of treatment is used for numerous types of psychological problems, considering the type of problems that incompatible couples face, interventions based on emotion and meaning in life can affect not only the construction but also the overall content of the treatment. Logotherapy and emotion regulation have numerous differences. Logotherapy is one of the existential approaches and focuses on spiritual and philosophical concepts. It has a conceptual structure and prepares a person to find the meaning of life. Emotional regulation emphasizes increasing resilience and strengthening adaptive emotional regulation strategies. The comparison of the effectiveness of these two treatments to determine the more efficient and effective treatment has received less attention.

Finally, previous research found that the reason for various differences and incompatibilities between couples is the difficulty in regulating emotions (24, 25). It seems that the lack of meaning

in life can have a negative and unfavorable effect on couples' relationships. Therefore, based on these findings, this research aimed to answer whether meaning therapy training and emotion regulation therapy has an effect on the psychological distress of incompatible couples. Is there a difference between the effectiveness of logotherapy and emotion regulation therapy on the psychological distress of incompatible couples?

## 2. Methods

The research method used in this study was semi-experimental with a pre and post-test design, including a control group. The statistical population for this study included all incompatible couples who had sought counseling services from Avaye Kherad, Neday Baran, and the Life Counseling Center in Sari city, Iran during 2021.

The sample size for this study comprised 69 couples, selected through purposeful sampling. Each group comprised 18 people, and they were randomly assigned into two experimental groups, i.e., emotion regulation (23 people) and Logotherapy (23 people), as well as a control group (23 people). The total sample size calculation (63) was selected based on G\*Power statistical software using F tests (ANCOVA: Fixed effects, main effects, and interactions/Analysis: A priori: Compute required sample size-given  $\alpha$ , power, and effect size). A significance level of 0.05, test power of 0.82, and  $df=2$  were used with the mean $\pm$ SD of depression for the three groups- emotion-focused ( $44.90\pm 5.02$ ), reality therapy ( $42.90\pm 6.05$ ), and the control group ( $43.40\pm 4.47$ ) with a number of groups of 3 (26).

The criteria for entering the study were: a) couples visiting a counseling center to solve interpersonal problems; b) an interest in participating in therapy sessions; c) minimal literacy to take part in answering questionnaires; d) no history of psychosis or other mental disorders; e) not suffering from acute physical diseases; f) not using psychiatric drugs; and j) not participating in psychological intervention sessions during the last six months. The criteria for leaving the study included: a) absence from more than one treatment session in both types of intervention; b) simultaneous participation in other psychological programs; and c) lack of satisfaction to continue cooperation in the intervention program.

The process of randomly allocating participants to research groups was that 69 numbers were assigned into couples. Couples then randomly selected one number through a lottery, resulting in numbers 1 to 23 being placed in the emotion regulation group, 24 to 46 in the Logotherapy group, and 47 to 69 in the control group.

After obtaining permission from the university and visiting psychological clinics in Sari city, Iran and coordinating with individuals, incompatible couples were identified based on research criteria. The couples participating in the study were referred to one of the counseling clinics (Avai Khard and Neday Baran) in Sari city, Iran. At the beginning of the sessions, the objectives, process and possible consequences of the research were explained to the participants. The couples submitted and signed the informed consent form to participate in the research, and then the psychological distress pre-test was taken from all three groups. The treatment process was presented to two experimental groups by the researcher (with a master's degree in psychology) and the control group did not receive any treatment during the sessions. Finally, a post-test was taken from all three groups.

The emotion regulation group received treatment for eight 90-minute sessions, based on the Gross protocol (27). A summary of the sessions is presented in Table 1. It is important to note that this treatment protocol has been used in reliable research studies, such as those conducted by Parsamanesh and colleagues (28) and Tavafi and co-workers (29). The second experimental group received intervention using Logotherapy; a summary of its contents is provided in Table 2.

### 2.1. Measures

**Psychological Distress Scale (DASS-21):** The Psychological Distress Questionnaire was prepared by Lovibond and Lovibond (30). It is designed in two forms including 42 questions and 21 questions (summarized model), and as a 4-option Likert scale. This is a self-report questionnaire that measures depression, anxiety, and stress. A high score shows more psychological distress. To evaluate the psychometric properties of this scale, Lovibond and Lovibond implemented it on a non-clinical sample of 2914 people. The reliability of this scale was obtained using Cronbach's alpha for depression, anxiety, and stress subscales at an acceptable level of 0.91, 0.84, and 0.84, respectively (30).

**Table 1:** Contents of emotion regulation training sessions based on the Gross model (2008)

Sessions	Content of sessions
1	Getting to know and communicating with each other (familiarizing the group members with each other and starting the mutual relationship between the group leader (psychologist) and the members, stating the main and secondary goals of the group and discussing among the members about the emotions and behaviors related to incompatibility and collective, expressing the logic and stages of the intervention, expressing the framework and rules of participating in the group, giving homework: writing down your emotional states during the next week).
2	Recognizing excitement and arousing situations. Choosing a situation providing emotional training- sharing: emotional experiences and events that provoke emotional states and the occurrence of physical and facial changes and the behavioral results of members with each other and encouraging and acknowledging each other, talking about what emotion is, preparing a daily note card for recording emotions creating the opportunity for practical experience of emotions by the members, separating the physical, mental and emotional dimensions of each emotion. Assignment: Remembering your emotional states during the next week considering being in situations where couples may be involved with each other.
3	Description and function of emotions and their role in relation to incompatibility.
4	Preventing social isolation and avoiding that after arguments and teaching problem solving strategies in times of stress and anxiety.
5	Shifting attention, stopping rumination and worrying, training attention and control.
6	Identifying false assessments and their effects on emotional states that lead to arguments.
7	Confrontation training, emotional expression training, emotional discharge training, relaxation.
8	Application of learned skills in natural environments outside the meeting, especially in situations where they face challenges and conflicts.

**Table 2:** Protocol of Logo therapy sessions (Frankel, 1998)

Sessions	Objectives	Content of sessions
1	Introduction	Participants introduce themselves and say who they are and why they have decided to participate in logo therapy sessions, questions related to logo therapy, counseling and discussion about empty nest syndrome, group exercise to expose what I want to be and presentation group charter and treatment contract.
2	Clarification of values (creative values)	Reviewing the previous meeting and giving feedback, stating the problem, discussing the problems.
3	Clarification of values (experiential values)	Reviewing the previous meeting and giving feedback, group practice of recent events of people and experiences and positive people, discussion of independence versus dependence because many of the values that have been clarified so far cannot be realized without the participation of other people. Also, finding meaning and taking meaning from the historical context of life and being responsible for it.
4	Clarification of values (attitudinal values)	Reviewing the previous session and giving feedback, changing attitudes and getting meaning through ways of discovering meaning and group practice of wise sayings with wise quotes.
5	Focus on goals	Reviewing the previous meeting and giving feedback, expanding the hierarchy of values (examining the hierarchy of values and teaching the concept of parallel values versus pyramidal values by the group leader and getting meaning from the creation of values and responsibilities), group practice of setting goals and another angle of view to the target.
6	Matching goals with values	Reviewing the previous session and giving feedback, analyzing goals in order to match personal values (short-term goals), analyzing goals (medium goals), analyzing goals (long-term goals), Also explaining the importance of experiencing all the values of a person by him, getting meaning from the experience of values and from wishes and hopes.
7	Setting new goals	Examining the results of homework and insights, setting new goals for abandoned or neglected values (short-term goals), setting new goals for abandoned values (medium goals), setting new goals for abandoned values (long-term goals), meaning Death, life, freedom and responsibility and providing opinions related to the issue of setting new goals, presenting assignments.
8	Planning to achieve goals	Each participant shares his new goals regarding responsibility, self-support, social interest and overcoming despair and increasing life expectancy with others, exposing the goal achievement plan, planning (plan or program), from the volunteer. Asked to achieve the goal before the next session, the candidate is asked to evaluate the results before the next session. The candidate is asked to act according to the results of the evaluation phase, repeating the presentation of the plan to achieve the goal, providing comments related to the planning issue in order to achieve the goals, and presenting the assignment.
9	Analysis of the current situation	Each participant shares with others the three goals that he has planned for their realization, as well as emotional support of the members to each other, completion of unfinished sentences such as for the interaction of the members, group practice of discussing the strengths and weaknesses of people in achieving or hindering the realization objectives, change and adjustment of merits and demerits and finally presentation of assignment.
10	Summary and criticism	Summarizing and closing sessions, participants share examples of how they have incorporated strengths and weaknesses into their plan, any comments made about the group, any changes that participants have made as a result of participating in the group. They see it being discussed in themselves.

In the Persian version, the test-retest reliability of the three factors of depression, anxiety, and stress were reported as 0.80, 0.76, and 0.77, respectively, and Cronbach’s alpha was reported as 0.81, 0.74, and 0.78, respectively (31). In the present study, our findings showed that the content validity index (CVI=0.73) and content validity ratio (CVR=0.77) were within an acceptable range.

The collected data were analyzed using t-tests, chi-square, ANOVA, and ANCOVA at a significance level of 0.05. SPSS version 25 was used for all statistical analyzes. As can be seen in Figure 1, a summary of the sample selection method and the number of samples are given in 3 groups

To check the normality of the data, the Kolmogorov-Smirnov test was used. The results showed that the significance level of most of the variables in the studied groups is above 0.05. Therefore, the data’s distribution is in normal condition, and the assumption of the normality of

the data is approved. Also, to check the assumption of homogeneity of variances, Levine’s test was used. According to the significance level of Levene’s Test (P=0.11), it can be said that the hypothesis of homogeneity of variances has been confirmed. The variances between the groups have homogeneity conditions. Also, the assumption of homogeneity of the regression slopes is valid in relation to all research variables.

### 3. Results

The results of the analysis of 69 couples showed that the mean age in the three groups was 37.11±4.37. Important demographic variables, such as socio-economic status, age, and infertility, which may be factors in couples’ incompatibility, were considered in the three groups and analyzed.

As shown in Table 3, the chi-square test’s significance level (P=0.23) shows the same distribution of participants in socioeconomic

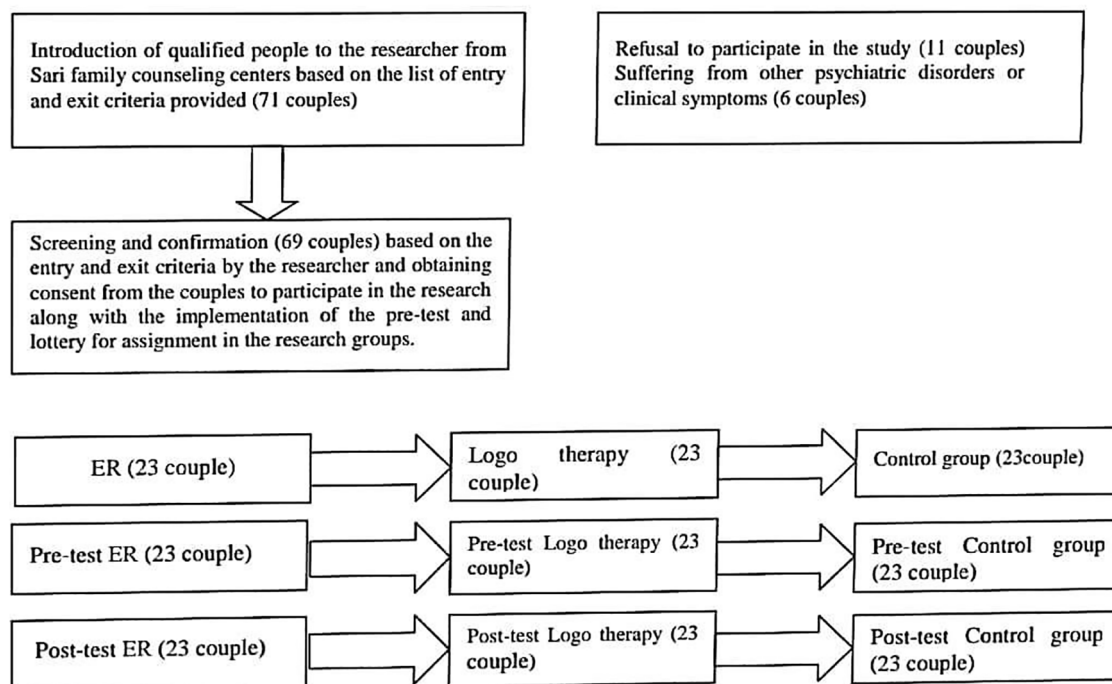


Figure 1: The figure shows the flowchart of the participant’s selection.

Table 3: Socio-economic status of participants in three groups

Status	Emotion regulation		Logo therapy		Control group		Chi-square	P
	N	%	n	%	N	%		
Very good	3	13.04	3	13.04	3	13.04	31.52	0.23
Good	6	26.08	7	30.43	6	26.08		
Normal	6	26.08	6	26.08	7	30.43		
Weak	4	17.39	4	17.39	3	13.04		
Very weak	4	17.39	3	13.04	4	17.39		

status. According to Table 4, there is no significant difference between the ages of the three groups ( $P=0.09$ ). However, the comparison of the number of children shows a significant difference between the groups ( $P=0.03$ ), which may limit the internal validity of the research.

To check the data's normality, The Shapiro–Wilk test was used, and the results showed that most of the variables in the studied groups have a significance level above 0.05. Thus, the data's distribution is normal, and the assumption of the data's normality is approved.

Comparing the pre-test values of the three groups showed that the pre-tests of depression ( $F=16.17$ ,  $P=0.101$ ), anxiety ( $F=15.29$ ,  $P=0.093$ ), and stress ( $F=11.17$ ,  $P=0.082$ ) did not differ between the groups. However, the results of the ANCOVA test in Table 5 to compare the post-tests indicated that there was a significant difference between depression ( $F=8.04$ ,  $P=0.001$ ), anxiety ( $F=11.29$ ,  $P=0.001$ ), and stress ( $F=7.68$ ,  $P=0.001$ ) in the three groups.

The examination of intra-group differences with the paired sample t-test showed that, unlike the control group, significant increases were observed from pre-test to post-test in the ER-T

group for depression ( $P=0.011$ ), anxiety ( $P=0.004$ ), and stress ( $P=0.013$ ). Within-group changes in the logo-therapy group also showed that there was a significant increase from pre-test to post-test for depression ( $P=0.001$ ), anxiety ( $P=0.005$ ), and stress ( $P=0.001$ ).

Examining the mean of the two experimental groups in the post-test also showed that all the components of psychological distress in the emotion regulation group significantly decreased compared to the logo therapy mean. Therefore, it can be concluded that emotion regulation was more effective than logo therapy.

#### 4. Discussion

The aim of this study was to compare the effectiveness of emotion regulation and logo therapy in reducing psychological distress in incompatible couples. The results showed that emotion regulation was more effective in reducing anxiety and stress than logo therapy. This finding is consistent with previous studies by Sheybani and colleagues (32) and Babaei and co-workers (33). Sheybani and colleagues (32) found that emotion regulation training reduced psychological distress in children with disruptive mood dysregulation disorder, while Babaei and co-workers (33) showed

**Table 4:** Status of participants in age and number of children in three groups

Age	Emotion regulation		Logo therapy		Control group		T-test	Chi-square
	Mean±SD		Mean±SD		Mean±SD		P	
Male	39±41		37±15		38±19		0.09	
Female	37±03		34±68		35±85			
Number of children	Groups	Without children	1 Child	2 Children	3 Children and more			P
	EF/T	2	5	7	4			
	L/T	3	8	4	2			
	C/G	1	10	3	4			

**Table 5:** Mean and standard deviation of psychological distress in the three groups

Variable	Phase	Emotion regulation	Logo therapy	Control group	P value (between groups)	Effect size
		Mean±SD	Mean±SD	Mean±SD		
Depression	Pre-test	15.11±1.96	15.61±2.70	15.44±1.46	0.101	
	Post-test	10.27±2.19	11.61±2.30	15.05±2.38		
P value (within group)	P value	0.001	0.011	0.091		0.67
Anxiety	Pre-test	17.22±2.15	15.05±2.73	17.38±1.94	0.093	
	Post-test	8.77±2.04	13.72±2.24	13.94±2.18		
P value (within group)	P value	0.005	0.004	0.121		0.51
Stress	Pre-test	17.00±2.82	15.05±2.07	16.72±1.80	0.082	
	Post-test	10.00±1.87	13.38±2.59	15.38±2.42		
P value (within group)		0.001	0.013	0.071		0.39

that emotion regulation training increased emotional well-being and marital satisfaction in women.

Incompatibility in couples is closely related to psychological distress, which is one of the life-threatening factors that can cause a decrease in desired performance and the prevalence of disability in other areas of life (34). Psychological distress is a specific discomfort and emotional state experienced temporarily or permanently in response to specific stresses and traumatic events (6). It is considered the most important or the second risk factor for numerous diseases such as heart failure (8) and cancer (9, 10). Psychological distress includes depression, anxiety, and stress, which comprise both emotional and physiological symptoms.

Emotion regulation changes a person's mental evaluations and reactions, leading to reactions in cognitive, motivational, and behavioral dimensions. Difficulty in emotion regulation, including identifying and describing emotions, emotion regulation, and behavior, can lead to psychological distress (35). Emotion regulation is defined as starting, maintaining, adjusting, or changing the occurrence, intensity, or continuity of inner feeling and excitement related to psychological-physical processes in achieving one's goals. Emotion regulation therapy is a process in which the therapist, after establishing an efficient relationship with the client, teaches emotion regulation skills. This therapeutic approach focuses on emotions and helps people with emotional self-regulation (36).

Incompatible couples, like dyslexic individuals, have difficulty in identifying and regulating their emotions. Emotion regulation is a critical skill for individuals who experience heightened negative emotions. Negative affect refers to the tendency to develop a strong negative emotional response to an arousing stimulus (18). These terms are used because an individual may experience high levels of negative emotions and, as a result, may be prone to negative reactions to an event (for example, a child may be upset about not being invited to a classmate's birthday party) but can use emotion regulation therapy skills or tools to manage negative feelings (for example, they may use cognitive restructuring skills to feel better: "If I had been invited, I might not have enjoyed it anyway because he's not really

a close friend"). The need to investigate emotion regulation and negative emotion regulation is increasing, as it is related to other emotional domains (12, 16). Notably, intervention programs that teach individuals emotion regulation skills have showed that emotion regulation is one of the most crucial components in improving marital relationships (13, 18).

It may be possible to explore the effectiveness of emotion regulation in reducing psychological distress in couples from another perspective, using the process model of emotion regulation (32) and couples' interpersonal relationships. In the Gross model, the first stage of emotion regulation occurs by changing and adjusting the situation (35). When couples identify stressful situations, they can reduce the amount of conflict and improve their interpersonal relationships by reducing avoidance and adjusting triggering situations, resulting in less distress. By learning distraction and cognitive re-evaluation (as the second and third stages of emotional regulation processes), couples can avoid situations and stimuli that may cause psychological tension. Studies have also showed that cognitive reappraisal can affect the relationship between stress and depression (37), and emotion-based interventions can be effective in increasing reappraisal (34).

One of the key findings of the present study was the effectiveness therapy in reducing psychological distress in couples, which is consistent with previous studies (38, 39). For instance, Bahar and colleagues found that meaning therapy can lower death anxiety and depression, which is supported by another research (38). In line with studies on psychological trauma factors, the results indicated that meaning therapy is associated with an increase in psychological well-being and happiness in various groups (39). The explanation for this finding may lie in the expansion of an individual's vision to achieve their true self and acquire a new perspective about themselves and the world around them, which gives meaning to their present and future life. In fact, it can be said that in this model, a common etiology is considered for all emotional problems, and family and marital problems are not excluded from this rule (40). Therefore, meaning therapy can not only provide purpose and meaning to a person's life by providing a developed view of the person but also by linking their goals and efforts with some transcendental values, and assigning

meaning to the sufferings and unpleasant troubles of life, making them more bearable.

#### 4.1. Limitations

One of the major limitations of this research was related to the statistical population of the study. The statistical population of the research comprised incompatible couples from Sari city, Iran which limited the possibility of generalizing the results to the entire population. Another limitation of the present study was related to data collection, which relied on self-report scales. Also, the purposeful sampling method and uneven distribution of the number of children in the groups were another limitation that may make it difficult to generalize the findings.

#### 5. Conclusions

Therefore, it can be concluded that when people cannot regulate their emotions, they are more likely to experience anxiety, stress, and depression. This means that as long as they are involved in emotional situations or conflicts, they cannot control their behavior. They are more likely to exhibit negative emotions, such as anxiety and depression, and this is associated with more conflicts and differences in life.

Emotion regulation treatment, which involves controlling negative emotions in stressful situations and utilizing positive emotional skills, has been shown to improve cognition, social communication, and emotional skills in individuals. As a result, this can lead to improvements in marital relations between couples.

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#### Authors' Contribution

SMA: Study concept and design, analysis and interpretation of data, critical revision of the manuscript for important intellectual content. MJF: Study concept and design, analysis and interpretation of data, critical revision of the manuscript for important intellectual content, statistical analysis. HHR: Acquisition of data, drafting the manuscript. All authors have read

and approved the final manuscript and agree to be accountable for all aspects of the work, such that the questions related to the accuracy or integrity of any part of the work.

#### Ethical Approval

The Ethics Review Board of the university approved the present study with the code of IR.UMZ.REC.1401.018. It should be noted that the individuals were assured that participation in the study is completely voluntary and they will be free to refuse to take part in the study and their information will remain confidential. Also, written informed consent was obtained from the participants.

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