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How the Paradoxical Timetable Cure (PTC) Fosters Post-Traumatic Growth and Self-Compassion Among Long-Term Grief Sufferers Following COVID-19 Bereavement

Mehrdad. Etemadi[1], Mohammad. Nabiei[2], Yoones. Rajaei[2], Mohamad Reza. Naeiji[2], Mahdieh. Rahmanian[3], Erfan. Abdollahi Chirani[2], Amirmahdi. Amraei[4], Fatemeh. Mirzai[2*]

1 MSc in General Psychology, Department of Psychology, Payam Noor University of Isfahan, Baharestan Branch, Isfahan, Iran.
2 MSc in General Psychology, Department of Psychology, Bu-Ali Sina University, Hamedan, Iran.
3 Associate Professor, Department of Psychology, Payam Noor University, Tehran, Iran.
4 Master's Student in Clinical Psychology, Kermanshah University of Medical Sciences, Kermanshah, Iran.

Corresponding author email address:
mirzaiiifatemeh@gmail.com

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ABSTRACT

Objective: The present study aimed to investigate the effectiveness of the Paradoxical Timetable Cure (PTC) on post-traumatic growth and self-compassion among long-term grief sufferers following COVID-19 bereavement.

Methods and Materials: Employing a pre-test, post-test design with a control group, this study included a two-month follow-up period. Thirty individuals in Kermanshah, identified in 2023 as suffering from prolonged grief disorder (PGD) as per the Prolonged Grief Disorder Scale (PGD-13-R; Prigerson et al., 2021), were purposively selected based on specific criteria. Subsequently, they were randomly assigned into two equal groups: an experimental group receiving PTC and a control group with no intervention. Data were collected using the Post-Traumatic Growth Questionnaire (PTGQ; Tedeschi & Calhoun, 1996) and the Self-Compassion Scale (SCS; Neff et al., 2003). Statistical analysis was performed using univariate and multivariate analyses, along with repeated measures ANCOVA, in SPSS version 25.

Findings: The analysis revealed that the PTC significantly improved post-traumatic growth ($P < 0.001$, $F = 7.40$) and self-compassion ($P < 0.001$, $F = 4.75$) among participants coping with long-term grief following COVID-19 bereavement.

Conclusion: The study's findings indicate that PTC is effective in fostering post-traumatic growth and self-compassion among long-term grief sufferers after COVID-19 bereavement. The efficacy of PTC in enhancing these constructs suggests its value as a therapeutic approach for individuals experiencing prolonged grief due to the pandemic.

Keywords: Long-Term Grief, Paradoxical Therapy, Post-Traumatic Growth, Prolonged Grief Disorder, Self-Compassion, Timetable Cure.

Introduction

The unprecedented global crisis triggered by the coronavirus (COVID-19) pandemic has led to significant mortality, leaving numerous individuals grappling with intense and enduring grief. Recognized within clinical frameworks as Prolonged Grief Disorder (PGD), this condition manifests as a chronic, debilitating grief response that impedes functional recovery and deteriorates mental health (Eisma & Boelen, 2023). Individuals afflicted with PGD often exhibit protracted and intensified grief responses, which can significantly compromise their daily functioning and elevate their susceptibility to both physical and mental health deterioration (Stegmeir, 2023; Tang et al., 2021). The unexpected nature of COVID-19 deaths has been identified as a potent factor in exacerbating grief severity and potentially catalyzing the development of PGD (Doering et al., 2022).

Existing literature on therapeutic interventions for PGD has shown that addressing cognitive, emotional, and behavioral aspects of grief is crucial for recovery. Research underscores a paradox within bereavement: the potential for significant psychological growth. Termed post-traumatic growth, this phenomenon encompasses profound personal and existential transformations that can arise from the depths of loss (Levi-Belz et al., 2021). It encompasses profound changes in various aspects of life, such as increased personal strength, greater appreciation for life, openness to spirituality, seeking new possibilities, and improved interpersonal relationships) (Jiang et al., 2022). Sperandio et al. (2022) discussed how self-compassion interacts with post-traumatic growth among bereaved populations, emphasizing the potential for self-compassion to alter individuals' experiences of losing a loved one and promote their growth.

Concurrently, the cultivation of self-compassion has emerged as a critical buffer against the harsh impacts of bereavement (Uneno et al., 2022). Self-compassion involves being kind and understanding towards oneself, recognizing that suffering is a universal human experience, and being mindful and present in the moment (Kotera & Van Gordon, 2021). It entails responding to one's suffering with a motivation to alleviate it while accepting difficult emotions in a non-judgmental manner (Biskas et al., 2022).

A growing body of research has investigated various therapeutic interventions for PGD, such as cognitive-behavioral therapy (CBT), complicated grief therapy (CGT), and mindfulness-based interventions (Baumann et al., 2022). However, there is a need for more diverse and innovative approaches to address nature of grief. Paradoxical Timetable Cure (PTC), which integrates paradoxical techniques within a structured timetable, offers a unique perspective on grief therapy. While paradoxical interventions have been used in various therapeutic contexts, their application in grief therapy, particularly in the context of PTC, remains under-researched. The paradox lies in the simultaneous need to confront and process grief while also finding ways to adapt and move forward in life (Wintermeyer-Pingel et al., 2013). By integrating paradoxical interventions with a systematic schedule, PTC may offer a framework that promotes cognitive restructuring and behavioral change in individuals undergoing therapy. This innovative approach suggests a departure from traditional therapeutic modalities and introduces new possibilities for addressing psychological issues (Besharat, 2020).

The theoretical underpinnings of PTC can be traced back to the work of psychodynamic and systemic theorists who have highlighted the importance of addressing resistance and paradoxical dynamics in therapy (Besharat, 2022). PTC builds on these foundations by incorporating paradoxical interventions into a structured timetable, which may promote cognitive restructuring and behavioral change (Hashemizadeh et al., 2023). This departure from traditional therapeutic modalities presents new possibilities for addressing psychological issues and fostering positive psychological change (Besharat, 2020).

Existing literature on therapeutic interventions for PGD has shown that addressing cognitive, emotional, and behavioral aspects of grief is crucial for recovery (Tang et al., 2024). PTC's novel approach, which combines paradoxical interventions with a systematic schedule, may offer a more comprehensive and effective way of addressing these aspects. Despite its potential, the effectiveness of PTC in promoting post-traumatic growth and enhancing self-compassion among bereaved individuals has yet to be fully explored. The Paradoxical Timetable Cure, which involves using the client's own resistance in therapy to promote change, presents a novel approach to these challenges. However, its

effectiveness in fostering post-traumatic growth—a positive psychological change experienced as a result of the struggle with highly challenging life circumstances—and enhancing self-compassion among individuals who have lost loved ones due to COVID-19 remains under-explored. This study aims to fill this gap by assessing whether paradoxical therapy can serve as an effective therapeutic tool in facilitating these important aspects of recovery in bereaved individuals, particularly those dealing with prolonged grief disorder.

Methods and Materials

Study Design and Participants

The research employed a quasi-experimental design quasi-experimental design, incorporating pre-tests, post-tests, and control groups, and included a follow-up period of two months. This design was specifically chosen to evaluate the effects of the Paradoxical Timetable Cure (PTC) on individuals diagnosed with Prolonged Grief Disorder (PGD) in Kermanshah during 2023. Researchers conducted purposive sampling to select participants who met the study's stringent criteria.

The study involved 30 participants, divided equally into an experimental group that received PTC and a control group for comparison, with each group comprising 15 members. Participants were purposefully selected based on criteria such as loss of a close family member or close friend due to Coronavirus (COVID-19), a diagnosis of prolonged grief, as indicated by a score higher than 35 on the Prolonged Grief Disorder scale, age between 25 and 40 years, education beyond the fifth grade, and voluntary agreement to partake in the study. Exclusion criteria encompassed missing three consecutive PTC sessions, developing severe psychiatric symptoms, or requesting to withdraw from the research. The purposive sampling method was employed to ensure participants met specific diagnostic criteria crucial for the intervention's efficacy assessment. However, to minimize selection bias, participants were subsequently randomized into either the control or experimental group using a computer-generated list, ensuring equal distribution of demographic and baseline grief intensity characteristics across both groups.

To minimize bias, participants were blinded to the group assignment, and researchers were blinded to the outcome assessments. Participants were informed that they would be randomly assigned to either a treatment or control group, but the specific details of the intervention were not disclosed. Researchers involved in the outcome assessments were not aware of the group assignment to ensure objective scoring.

The participants in the experimental group attended eight PTC sessions, each lasting from 1.5 to 2 hours. The control group did not receive any intervention during the study period; however, they were later offered PTC in adherence to ethical guidelines.

The determination of the sample size for both experimental and control groups was based on various considerations, including the design of the study, its objectives, the desired level of statistical power, and ethical factors. Following recommendations from the literature (Chow, 2011; Crowe et al., 2023), a power analysis was conducted to determine the required sample size, assuming an effect size of 0.5 and a power of 0.8. The results indicated that a sample size of 30 participants would be sufficient to detect statistically significant differences between the experimental and control groups. A minimum of 15 participants per group was deemed sufficient to achieve meaningful and statistically significant outcomes.

The study adhered to high ethical standards, starting with obtaining informed consent from all participants. Participants were assured of their confidentiality, with detailed measures taken to protect their personal information. This included anonymizing data and securely storing all records. Participants were also informed of their right to withdraw from the study at any time without any consequences, ensuring their autonomy and well-being.

To maintain confidentiality, all personal identifiers were removed from the data set, and data were stored in a password-protected database accessible only to the research team. Regular check-ins were conducted to monitor participant well-being throughout the study, and resources were provided for additional support if needed. These steps ensured that participants' privacy and psychological well-being were prioritized throughout the research process.

To address ethical concerns regarding the non-intervention control group, all control group participants were offered the PTC sessions after the study's data collection was complete. During the study, interim support was provided to control group participants to

mitigate ethical concerns. This included access to general wellness resources, periodic mental health check-ins, and the opportunity to discuss any immediate concerns with a mental health professional. This approach ensures that no participant is deprived of potential treatment benefits, aligning with ethical guidelines for clinical research and maintaining ethical integrity throughout the study.

Instruments

Prolonged Grief Disorder scale (PGD-13-R; Prigerson et al. (2021)): This scale was developed to meet the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for Prolonged Grief Disorder. The scale consists of 13 items: items 1 and 13 require 'yes' or 'no' responses, while items 2 to 12 are rated on a 5-point Likert scale. Yousefi and Haghnazari Esfahlam (2024) evaluated a Prolonged Grief Disorder Scale in Iran, demonstrating its reliability and validity. Factor analysis revealed a single factor explaining 52% of the variance in scores, confirmed by confirmatory factor analysis. High internal consistency was observed, with Cronbach's alpha at 0.89 and a split-half coefficient of 0.88. Convergent validity was supported by significant correlations with grief experience and complicated grief, while diagnostic validity was established through significant differences between individuals with Prolonged Grief Disorder and a control group. In this study, the Cronbach's alpha value was 0.82.

Post-Traumatic Growth Questionnaire (PTGQ; Tedeschi and Calhoun (1996)): This scale assesses psychological growth following a traumatic event through 21 items that represent 5 components. These components are: encountering new situations, connecting with others, appreciating life, realizing personal strength, and experiencing spiritual change. The questionnaire utilizes a 6-point Likert scale ranging from 'never' to 'always,' with total scores ranging from 0 to 105. A higher score indicates a greater level of post-traumatic growth. Seyad Mahmodi et al. (2013) investigated the psychometric properties of the Posttraumatic Growth Inventory (PTGI) in Iran. Reliability was assessed using Cronbach's alpha (α = 0.92) and a one-week test-retest procedure, demonstrating high internal consistency and temporal stability. Concurrent validity was supported by significant correlations ($p < 0.001$) between the PTGI and measures of Positive Affect, Negative Affect, and Optimism. In this study, the Cronbach's alpha value was 0.77.

Self-Compassion Scale (SCS; Neff (2003)): The self-compassion questionnaire is a 26-question scale that has 6 subscales of self-kindness, self-judgment, common human feelings, isolation, mindfulness, and magnification in 5-point Likert scales (scores 1 to 5). The range of scores on the questionnaire is between 26 (the least self-compassion) and 130 (the most self-compassion). The results of the research conducted by Nef et al. (2003) have shown high reliability and validity for it. The internal consistency of the scale was obtained through Cronbach's alpha of 0.92 for the whole scale and 0.78, 0.77, 0.80, 0.79, 0.75 and 0.81 for each of the subscales, respectively. It has been standardized in Iran by Khosravi, Sadeghi and Yabandeh (2012). In the study of Salimi and Zare Mehdi Abadi (2023), validity and reliability were confirmed by professors and experts using the exploratory factor analysis method of the six-factor structure of the questionnaire, and the validity of the total scale was obtained using the Cronbach's alpha method of 0.86. In this study, the Cronbach's alpha value was 0.79.

Procedure and intervention:

Paradoxical Timetable Cure (PTC) is a psychotherapeutic approach that combines two essential components: paradox and timetable. Paradox involves prescribing disorder symptoms, while timetable requires executing the paradoxical task within a specific time frame and to a certain degree. The inseparability of these components, known as the paradoxical timetable, is a unique feature of PTC. The paradoxical task should only be performed within the pre-planned period, and the patient is asked to start the tasks 24 hours after the first session (Besharat & Naghipoor, 2019b). Paradoxical Timetable Cure was implemented during eight biweekly sessions, each session between 1.5 and 2 hours, according to the PTC protocol presented by Eatesamipour et al. (2021).

The intervention protocol for Paradoxical Timetable Cure (PTC) consists of eight structured sessions designed to help individuals manage bereavement-related distress by modifying cognitive and behavioral responses to negative emotions. The first session focuses on recognizing individuals in accordance with research

goals and initiating individual exercises to establish a foundation for treatment. In the second session, the therapist reviews and customizes the visual paradoxical timetable for each participant, ensuring it aligns with their specific needs and emotional responses. The third session introduces paradoxical practical tasks, encouraging individuals to engage in counterintuitive activities that challenge their habitual emotional patterns. The fourth session aims to reduce negative emotions by disconnecting situational awareness from the exacerbation of bereavement symptoms, helping individuals break the vicious cycle triggered by negative emotions. In the fifth session, visual and practical tasks are gradually reduced to assess participants' ability to regulate emotions independently. The sixth session reinforces the reduction of negative emotions and ensures that individuals can maintain detachment from situational triggers, preventing the recurrence of bereavement-related emotional spirals. The seventh session evaluates the effectiveness of therapeutic exercises by assessing each participant's progress in paradoxical visual and practical tasks. Finally, the eighth session gathers individuals' feedback on the treatment process, evaluates overall treatment completion, and provides necessary recommendations for long-term emotional management and resilience.

Data Analysis

Data were collected using univariate, multivariate analysis and repeated measures of covariance in SPSS version 25 for analysis. Repeated measures ANCOVA was used to examine the main effects of PTC on each outcome variable.

Findings and Results

The demographic data of the research participants indicate that the average age and standard deviation in the experimental group are 31.73 and 3.92, respectively. In the control group, the corresponding values are 32.62 for the average age and 4.36 for the standard deviation.

Table 1

Mean and standard deviation of research variables

Source of variance	Group	Mean (Standard deviation)		
		Pre-test	Post-test	Follow-up
PTGQ	Experimental	62.53 (8.10)	69.80 (7.72)	70.80 (7.80)
	Control	60.20 (8.79)	59.86 (8.44)	58.66 (8.65)
SCS	Experimental	56.46 (8.25)	65.20 (8.30)	65.66 (7.43)
	Control	56.73 (7.15)	56.20 (7.73)	55.86 (8.27)

According to Table 1, The scores of the research variables related to PTGQ and SCS increased in the experimental group in the post-test. This change mostly remained in the follow-up phase. In contrast, there was not much difference in the control group for these research variables.

The analysis of the data showed that the necessary assumptions for the covariance test were met. The Shapiro-Wilk test indicated that the scores were distributed normally. The results of the multivariate analysis of covariance, with controlling for the effects of pre-test scores, showed a significant difference between the experimental and control groups in one of the research variables. Levene's test suggested that the variance error within the variables was not statistically significant, and the non-significant results of the Box's M test indicated that the assumption of homogeneity of the covariance matrix was met. Furthermore, the level of significant interaction between group and pre-test scores of the research variables was not significant, indicating that the assumption of homogeneity of regression slopes was met, and the necessary conditions for analyzing the covariance test were satisfied. The significance levels of all four multivariate statistics, including Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root, are significant at the level of 0.001 ($P < 0.01$), indicating that the intervention had a general effect on the dependent variables.

Table 2

The result of covariance analysis for research variables

Variable	Source	Sum of squares	df	Mean of squares	F	P	Eta
PTGQ	Group	1488.400	1	1488.400	7.407	<0.001	0.20
SCS	Group	858.711	1	858.711	4.754	<0.001	0.14

To analyze the data, a univariate analysis of covariance was conducted. The results showed that, after controlling for the pre-test scores, there was a significant difference between the control and experimental groups in the research variables. Specifically, the experimental group exhibited significantly higher scores in PTGQ (P <0.001, F = 7.40), and SCS (P <0.001, F = 4.75) compared to the control group. The effect sizes, represented by Eta (η^2), provide an estimate of the proportion of variance in the dependent variables explained by the intervention. For PTGQ, $\eta^2 = 0.20$, indicating that 20% of the variance in PTGQ scores can be attributed to the intervention. For SCS, $\eta^2 = 0.14$, suggesting that 14% of the variance in SCS scores is explained by the intervention. These effect sizes suggest a moderate to large practical significance of the intervention.

Table 3

Differences in two-by-two comparison of pre-test, post-test and follow-up stages

Variable	Stage (I)	Stage (J)	mean difference (I-J)	Std. Error	Sig
PTGQ	pretest	posttest	-3.46	0.46	0.05<
	pretest	follow up	-3.36	0.31	0.05<
	posttest	follow up	0.100	0.27	1.000
SCS	pretest	posttest	-4.10	0.39	0.05<
	pretest	follow up	-4.16	0.52	0.05<
	posttest	follow up	-0.06	0.31	1.000

As shown in Table 3, there is a significant difference between the average scores of the pre-test and post-test and follow-up the research variables. This means that PTC significantly increased the post-test and follow-up scores compared to the pre-test stage. Moreover, the results from the post-test and follow-up were not markedly different. The homogeneity of results across these temporal junctures serves as empirical testimony to the robustness of the therapeutic measures employed, suggesting their capability to effectuate long-standing alterations in the subjects' condition.

Discussion and Conclusion

This study aimed to investigate the effectiveness of Paradoxical Timetable Cure (PTC) on post-traumatic growth and self-compassion among long-term grief sufferers following COVID-19 bereavement. The results showed that the PTC is effective on post-traumatic growth and self-compassion among long-term grief sufferers following COVID-19 bereavement. Notwithstanding the nascent status of PTC and the paucity of extant empirical investigations, this study aligns with findings of Jahanpanah et al. (2023) on the beneficial impact of PTC for individuals experiencing bereavement. Moreover, this endeavor finds itself in congruence with the scholarly contributions of Tahernejad et al. (2022), Eatesamipour and Ramazanzade Moghadam (2023), Hashemizadeh et al. (2023), and Besharat and Naghipoor (2019a), who have unequivocally affirmed the salubrious effects of PTC. By encouraging individuals to adopt alternative perspectives on their grief, PTC aims to disrupt maladaptive thought patterns and promote cognitive flexibility, which may be particularly beneficial in cases of prolonged grief.These convergences serve to bolster the credibility of PTC, underscoring its potential as a potent therapeutic modality in the realm of bereavement counseling and beyond. The findings herein contribute to a nascent but growing body of knowledge that advocates for the integration of PTC into mainstream therapeutic practices, particularly for those navigating the tumultuous terrain of grief and loss.

Paradoxical Techniques often involve the therapist encouraging behaviors or thoughts that seem counterintuitive. For example, instead of avoiding grief, PTC might encourage a client to schedule dedicated time for grieving. This can feel paradoxical, but the goal is to remove the fear and resistance around the difficult emotions, ultimately leading to acceptance. Structured Timetable provides a sense of control and predictability during a time when life can feel very chaotic. Having a clear schedule for engaging with grief work, alongside

other life activities, can help individuals feel less overwhelmed. PTC, through its paradoxical nature, challenges rigid thought patterns and helps individuals reframe their experiences. This can be particularly helpful in grief, where negative thought spirals are common. Imagine a grieving person who avoids thinking about their loved one because it's too painful. This avoidance, while understandable, might actually prolong the grieving process. PTC could involve scheduling specific times to remember and talk about the loved one, maybe even looking at photos or visiting their grave. This structured engagement with grief, although seemingly paradoxical, can facilitate healing by allowing the individual to process their emotions in a safe and controlled environment. Building upon the significant insights gleaned from this research, it becomes abundantly clear that the Paradoxical Timetable Cure (PTC) presents a notable opportunity as a therapeutic strategy for those grappling with the enduring aftermath of bereavement, notably within the exceptional circumstances brought forth by the COVID-19 pandemic.

Post-traumatic growth, defined by the positive psychological transformations that emerge from confronting arduous life events, constitutes a crucial facet of recuperation and fortitude (Chen et al., 2024). The augmentation of post-traumatic growth via PTC suggests that this therapeutic methodology can instigate a radical change in perception, empowering individuals to discern significance, inner resilience, and restored intent amidst adversity. By endorsing paradoxical contemplation and conduct, PTC interrogates traditional coping tactics, thus cultivating a more adaptable and sturdy mental disposition (Eatesamipour & Ramazanzade Moghadam, 2023). Self-compassion, an additional vital consequence of PTC as revealed by this investigation, is indispensable for those navigating the intricacies of mourning. It entails bestowing kindness, comprehension, and forbearance upon oneself in times of anguish, acknowledging the universal human ordeal of hardship (Neff, 2023). The development of self-compassion through PTC can result in diminished self-reproach, fortified emotional tenacity, and augmented holistic welfare, especially for those who have encountered substantial bereavement. The proven effectiveness of PTC in cultivating post-traumatic growth and self-compassion amongst individuals enduring prolonged grief highlights its capacity to function as a potent instrument in the repertoire of mental health specialists.

However, the exact mechanisms by which PTC exerts its effects remain unclear. Future research should explore these mechanisms and compare PTC with other therapeutic approaches to better understand its unique contributions. For instance, qualitative studies could provide deeper insights into how participants experience and interpret the paradoxical techniques employed in PTC. Future research should focus on longitudinal studies to evaluate the long-term impact of PTC. Comparative studies with other therapeutic interventions, such as Cognitive Behavioral Therapy (CBT) or Acceptance and Commitment Therapy (ACT), could provide valuable insights into the relative effectiveness of PTC. Additionally, research should explore the cultural aspects of grief and how PTC can be adapted for different cultural settings. Specific hypotheses could include examining how PTC influences cognitive flexibility and emotional regulation over time and whether these changes mediate improvements in post-traumatic growth and self-compassion. Methodological improvements could include using larger sample sizes, diverse populations, and longer follow-up periods to enhance the robustness and generalizability of the findings.

The findings of this study indicate that the Paradoxical Timetable Cure (PTC) effectively enhances post-traumatic growth and self-compassion among long-term grief sufferers following COVID-19 bereavement. However, several limitations and potential biases must be acknowledged. The study's small sample size (N=30) limits the generalizability of the findings. Additionally, the short follow-up period of two months may not capture the long-term effects of PTC. Potential biases include the purposive sampling method and the self-reported nature of the measures used. Future studies should aim to include larger, more diverse samples and extend the follow-up period to better understand the sustained impact of PTC.

The findings of this study suggest that PTC is a promising therapeutic intervention for enhancing post-traumatic growth and self-compassion among individuals suffering from prolonged grief. However, the study's limitations, including the small sample size and short follow-up period, should be critically considered. Practical implications include the potential integration of

PTC into mainstream therapeutic practices for grief counseling. Mental health practitioners should consider the benefits of PTC but also be aware of its limitations and the need for further research to validate its effectiveness. Future research should address these limitations and explore the long-term and comparative effectiveness of PTC. Additionally, studies should investigate how PTC can be tailored to different cultural contexts and its impact on various demographic groups.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

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.

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Authors' Contributions

All authors equally contributed to this study.

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