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The Effectiveness of Schema Therapy on Emotional Adjustment and Self-Control of Married Women Aged 30 To 40

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ABSTRACT

This study evaluates the efficacy of schema therapy in improving emotional adjustment and self-control among married women aged 30–40, a group prone to marital stress and psychological challenges. Utilizing a pre-test–post-test design with a control group, 30 participants were selected from health centers in District 5 of Tehran (2020–2021) and assigned to experimental (n=15) and control (n=15) groups. The experimental group underwent eight weekly schema therapy sessions based on Young's model, incorporating cognitive, experiential, and behavioral techniques, while the control group received no intervention. Emotional adjustment and self-control were assessed using Bell's Emotional Adjustment Questionnaire and Tangney et al.'s Self-Control Scale, respectively. Multivariate and univariate analyses of covariance revealed significant improvements in the experimental group's emotional adjustment ($M_{pre}=2.42$, $M_{post}=2.70$, $\eta^2=0.343$) and self-control ($M_{pre}=14.06$, $M_{post}=22.55$, $\eta^2=0.286$) compared to the control group ($p<0.001$). These findings highlight schema therapy's effectiveness in addressing maladaptive schemas, enhancing emotional regulation, and fostering impulse control, with implications for reducing marital conflict and promoting psychological resilience. Future research should explore longitudinal effects and cultural adaptations to broaden applicability.

1. INTRODUCTION

Marriage represents a pivotal stage in adult life, particularly for women aged 30 to 40, a period often marked by heightened responsibilities such as career advancement, child-rearing, and maintaining familial stability. During this decade, married women frequently encounter multifaceted challenges that can impair emotional adjustment the ability to regulate and respond adaptively to emotional stimuli and self-control, which encompasses impulse regulation and goal-directed behavior. Emotional maladjustment in this demographic may manifest as heightened anxiety, depressive symptoms, or relational discord, exacerbating marital conflicts and potentially leading to emotional divorce or domestic violence [1]. Research indicates that women in this age group are particularly

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vulnerable to psychological distress due to societal expectations, hormonal fluctuations, and work-life imbalances, which can undermine self-control and foster maladaptive coping mechanisms [2]. Self-control, as a core component of psychological resilience, is crucial for navigating these stressors, yet deficits in this area have been linked to increased aggression, reduced marital satisfaction, and poorer mental health outcomes in married couples [3].

The concept of schema therapy, developed as an integrative approach combining cognitive-behavioral, attachment, and psychodynamic elements, offers a promising framework for addressing these issues [4]. Schema therapy targets early maladaptive schemas deeply ingrained, dysfunctional patterns formed in childhood that perpetuate emotional dysregulation and impulsive behaviors in adulthood. For married women aged 30–40, these schemas often revolve around domains such as disconnection/rejection, impaired autonomy, and overvigilance, which can intensify marital dissatisfaction and hinder self-control [5].

Emotional schemas, a subset focusing on beliefs about emotions (e.g., guilt, shame, or validation), play a critical role in how individuals process relational emotions, influencing adjustment and control in marital contexts [6]. Positive emotional schemas, such as comprehensibility and acceptance, are associated with better relationship quality, while negative ones correlate with increased domestic violence and emotional maladjustment [7].

Empirical evidence underscores the prevalence of emotional adjustment difficulties in married women. Studies reveal that women experiencing intimate partner violence (IPV) often report elevated anxiety and depression, with psychological interventions showing moderate efficacy in alleviating these symptoms [8]. In particular, housewives in this age bracket exhibit codependency and low self-perception, contributing to mental health deterioration and reduced self-control [9].

Marital distress, characterized by poor communication and emotional suppression, further erodes psychological well-being, with behavioral therapies proving effective in enhancing satisfaction and reducing conflict [10]. For instance, emotional suppression in marriages has been linked to lower well-being, while mutual self-control among partners predicts higher forgiveness, attachment security, and overall satisfaction [11, 12].

Schema therapy's effectiveness in improving emotional adjustment is well-documented across various populations. A multicenter randomized controlled trial demonstrated that schema therapy outperforms treatment-as-usual in promoting recovery from personality disorders, reducing dropout rates, and enhancing general functioning, with benefits extending to emotional regulation [13]. In women with marital conflicts, schema therapy has been shown to elevate sexual self-esteem, a key facet of emotional adjustment, through targeted sessions that address maladaptive schemas [14, 15]. Comparative studies highlight schema therapy's superiority over emotion-focused approaches in bolstering self-control among women with marital burnout, as it fosters ambiguity resilience and impulse management [16]. Furthermore, emotional schema therapy reduces neuroticism and improves lifestyle in patients with chronic conditions, suggesting its applicability to emotional adjustment in midlife women [17].

Regarding self-control, schema therapy intervenes by dismantling maladaptive coping styles such as avoidance or overcompensation that undermine impulse regulation. Early adaptive schemas, like emotional fulfillment and self-care, positively predict relationship satisfaction and sexual well-being in heterosexual couples, countering self-control deficits [18]. In couples with conflicts, schema therapy decreases anxiety and cognitive avoidance while boosting resilience, essential for self-control in stressful marital dynamics [19]. Group-based emotional schema therapy has proven effective in diminishing anxiety sensitivity and severity in women with generalized anxiety, indirectly enhancing self-control through better emotion regulation [20].

Additionally, schema therapy elevates psychological capital including self-efficacy, hope, and optimism in women facing health challenges, which correlates with improved self-control and attachment security [21].

The interplay between emotional schemas and mindfulness further illuminates schema therapy's mechanism. Emotional schemas impair psychological needs regulation, but mindfulness and self-compassion mediate this, promoting unconditional self-acceptance and better control [22]. In married women, early maladaptive schemas predict lower marital satisfaction, with domains like emotional deprivation and unrelenting standards explaining significant variance [23]. Cognitive and emotional schemas differ markedly between satisfied and dissatisfied wives, with negative schemas (e.g., abandonment, guilt) heightening dissatisfaction and self-control issues [24].

Comparative interventions provide context for schema therapy's unique benefits. Emotion-focused couple therapy reduces negative emotion schemas and alexithymia while increasing compatibility, but schema therapy often yields superior outcomes in self-control [25]. Differentiation training and emotional schema therapy both mitigate emotional divorce, with the latter proving more potent in fostering intimacy and adjustment [26, 27]. For depressive disorders, schema therapy's meta-analytic efficacy supports its use in emotional adjustment, surpassing cognitive therapy in schema modification [28].

Broader psychological interventions for married women emphasize the need for targeted approaches. Therapies reducing IPV symptoms improve anxiety and depression, with preferences leaning toward cognitive-behavioral and mindfulness-based methods [29, 30]. Communication skills training enhances life satisfaction and mental health, while coercive control predictors like low self-esteem highlight self-control's role [31, 32]. Physiological factors, such as low glucose, relate to aggression in couples, underscoring self-control's biological underpinnings [33]. Social support mediates marriage's psychological benefits, with interventions like marriage enrichment boosting intimacy but not always security [34, 35].

Despite these advances, gaps persist in research focusing specifically on schema therapy's impact on emotional adjustment and self-control in married women aged 30–40. Existing studies often generalize across genders or age groups, overlooking this cohort's unique stressors. Moreover, while schema therapy shows promise in reducing marital conflict and enhancing satisfaction in mothers of exceptional children, its tailored application to this demographic warrants further exploration [36]. The current study aims to bridge this gap by examining schema therapy's effectiveness, hypothesizing significant improvements in emotional adjustment and self-control post-intervention.

In conclusion, schema therapy emerges as a robust intervention for addressing entrenched schemas that disrupt emotional adjustment and self-control in married women aged 30–40. By integrating cognitive restructuring, experiential techniques, and relational reparenting, it offers a comprehensive pathway to marital harmony and personal resilience [37]. Future research should prioritize longitudinal designs to assess long-term efficacy and cultural adaptations for diverse populations.

2. RESEARCH METHOD

The research method employed in this study is a pre-test-post-test design with a control group, utilizing semi-experimental techniques. The research method employed in this study is a pre-test-post-test design with a control group, utilizing semi-experimental techniques. Two groups were observed and measured twice. The first observation was conducted through a pre-test, and the second through a post-test. The statistical population for this research consisted of all married women aged 30-40 who visited six health centers in District 5 of Tehran during 2020-2021. Among them, 30 individuals with lower-than-average scores in self-control and emotional compatibility questionnaires volunteered to participate in the treatment course.

There were an additional 20 individuals on the waiting list. Fifty individuals were selected from the statistical population of the research using an available sampling method. The language used is clear, concise, and objective, adhering to formal register and conventional structure. The text is free from grammatical errors, spelling mistakes, and punctuation errors. No changes in content were made. Fifteen participants were assigned to the experimental group and another fifteen to the control group using non-random targeted assignment. It is important to note that ten additional participants were selected to replace any potential dropouts, resulting in a total of thirty participants. The experimental group underwent schema therapy, while the control group did not receive any training. Both groups completed pre- and post-tests using self-control and emotional adjustment questionnaires.

The schema therapy sessions followed Yang's therapy model, utilizing cognitive and experimental strategies as well as behavioral pattern breaking techniques.

The experimental group received 8 schema therapy sessions, while the control group did not receive any intervention. The sessions were held once a week for two hours. To be eligible for the study, participants had to have been in a relationship for at least two years, hold a diploma, and be willing to participate in therapy sessions. Additionally, participants had to self-report a mental disorder. Exclusion criteria for this research included taking

psychiatric drugs and attending psychotherapy sessions, either individually or in groups, at counseling centers and clinics in Tehran. Data was collected using standard questionnaires and summaries of therapy sessions.

The Self-Control Scale developed by Tangney, Baumeister, and Boone (2018) consists of a 36-item long form (as well as a 13-item brief version) designed to address the limitations of previous measures. Two studies were conducted with undergraduate samples to assess reliability and validity, and the results are reported in Table 1 of Tangney et al. (2004) [38]. Scoring Method of the Self-Control Scale: The self-control scale is scored based on the answers to 36 statements using a 5-point Likert scale ranging from 'not at all similar' (1) to 'very similar' (5). The total score for each individual ranges from 36 (lowest) to 180 (highest). Statements 1, 2, 3, 5, 7, 8, 9, 10, 11, 13, 15, 16, 18, 19, 20, 22, 24, 27, 28, 30, 31, 32, 33, and 34 are reverse scored.

Bell's Emotional Adjustment Questionnaire was developed by American psychologist Bell in 1961. He presented two questionnaires in the field of compatibility, one for students and the other for adults. The Adult Adjustment Form includes five separate levels of measurement for personal and social adjustment: adjustment at home, health adjustment, social adjustment, emotional adjustment, and occupational adjustment. This study only addresses questions related to emotional adjustment, which measures a person's ability to control their emotions and their resilience in the face of success or failure. High scores indicate emotional instability, while low scores indicate emotional stability. The questionnaire consists of questions that are answered by selecting one of three options: yes, no, or I don't know. Each question is graded according to the key table of the questionnaire.

This test awards points only for yes or no answers (yes = 0, no = 1). Questions 1-8 require a no answer, while questions 9-32 require a yes answer. The test lasts five minutes and the consistency score is the sum of points obtained from all questions .The Bell Emotional Adjustment Questionnaire was developed by counseling experts or adults to select groups of people who had very good and very poor adjustment, and to determine the limits that the questionnaire can differentiate between them. The questionnaire was standardized in Iran by Mrs. Simon in 2013 and was reduced from 160 questions to 45 by Dr. Delawer in the same year. It was then implemented for veterans. Normalization of emotional compatibility has been reported to have an average of 7.70 with a standard deviation of 5.46 in men and an average of 11 with a standard deviation of 7.16 in women.

Table1. Summary of schema therapy intervention program

General description of the intervention	The title of the session	Number of sessions
Introduction, objectives of meetings, number of meetings, motivation and importance of educational and research plan, implementation and collection of research questionnaires	Introduction to the preparation approach	**/ First public**
,A brief explanation regarding the goals and rules and regulations of the group completion of the commitment form, familiarization with incompatible schemas, its formation and continuity, related areas and needs, categorization of members' schemas and self-analysis, the beginning of the implementation of therapeutic techniques and strategies. with the aim of improving schemas, providing homework, summarizing topics	Identifying schemas is the beginning of - cognitive techniques	**Second**
Reviewing the previous topics, explaining coping styles and exchanging opinions with members, presenting assignments related to the use of coping styles in everyday life and mentioning its concrete cases, establishing a dialogue between the hopeful and disappointing side of the mind, presenting homework, gathering Classification of topics	Continuation of cognitive techniques	**Third**
,Reviewing the previous topics, compiling and making healthy educational cards establishing a dialogue between the healthy aspect and the schema aspect, downward technique, reviewing cognitive techniques from previous sessions, presenting .homework, summarizing the topics	Continuation of cognitive techniques	**Fourth**
Reviewing previous topics, visualizing from a safe place, making changes in the process of disturbing emotional memories (writing some examples of important emotional memories in one's life), presenting homework, summarizing the topics	Beginning experimental techniques	**the fifth**

,Reviewing the previous topics, using techniques of mindfulness and relaxation imaginary conversations (in the form of mental imagery) with the cause and structure .of the schema, presenting homework, summing up	Continuation of experimental techniques	**the sixth**
,Reviewing previous topics, writing a letter to the cause and creator of the schema ,reviewing and repeating cognitive and experimental techniques, presenting homework .summarizing topics	Continuation of experimental techniques	**the seventh**
Review of previous topics, detailed description of coping behaviors, prioritization of coping behaviors, presentation of homework, summary of topics	Beginning behavioral techniques	**Eighth**

The collected data was analyzed using SPSS21 software. For inferential statistics, multivariate analysis of covariance (MANCOVA) was used for the main hypotheses and univariate analysis (ANCOVA) was used for the sub-hypotheses.

3. RESULTS

In the table depicting the description of research variables, the average values of the variables are compared between the pre-test and post-test. The effectiveness of the therapeutic intervention program on these variables is examined.

Table 2. Description of emotion regulation disorder

standard deviation	Average	Number	the level	group	Variable
0.15	2/34	15	pre-exam	Control	**Emotional compatibility**
0.09	2/35	15	After the test		
0.12	2/42	15	pre-exam	the experiment	
0.17	2/70	15	After the test		
0.28	20/63	15	pre-exam	Control	**Self-control**
0.31	21/47	15	After the test		
0.29	14/06	15	pre-exam	the experiment	
0.23	22/55	15	After the test		

As observed, there is no statistically significant difference in the values of emotional adaptability and self-control variables between the control and experimental groups. However, notable changes in the variables of emotional adaptability and self-control are evident in the post-test stage within the experimental group compared to the control group.

Table 3. One-way covariance analysis of effect schema treatment On compatibility emotional Women married

effect intensity	Sig	Fisher	average of squares	Degrees of freedom	sum of squares	Sources of changes
	0.000	27/122	0.493	2	0.986	Corrected model
	0.001	15/615	0.284	1	0.284	Width from the origin
	0.003	13/484	0.063	1	0.063	Compatibility pre-test emotional
0.343	0.000	39/158	0.711	1	0.711	group (independent (variable
			0.018	27	0.491	error

				30	194/111	Total
				29	**1/476**	Total corrected

Given the rate of 15.39% (F), and considering that the probability value is less than 0.05, with a confidence level of 95%, the research hypothesis is confirmed. It is concluded that the therapeutic intervention program significantly affects the emotional compatibility of married women aged 30 to 40. Essentially, the therapeutic intervention program leads to an enhancement in the emotional compatibility of married women.

Table 4. One-way covariance analysis of schema influence treatment On self control Women married

effect intensity	Sig	Fisher	average of squares	Degrees of freedom	sum of squares	Sources of changes
	0.004	6/798	0.518	2	1/036	Corrected model
	0.000	16/120	1/229	1	1/229	Width from the origin
	0.004	6/265	0.096	1	0.096	Self-control pre-test
0.286	0.001	13/202	1.006	1	1.006	group (independent (variable
			0.076	27	2/058	error
				30	318/217	Total
				29	**3/094**	Total corrected

With a rate of 20.13% (F), and considering that the probability value is less than 0.05, with a confidence level of 95%, the research hypothesis is validated. It is concluded that the therapeutic intervention program significantly impacts the self-control of married women aged 30 to 40. Essentially, the therapeutic intervention program results in an improvement in the self-control of married women.

Table 5. One-way covariance analysis of schema influence treatment On compatibility emotional And self control Women married

sig	f	the amount of	Statistics
0.000	93/5	0.388	Paley's Effect
0.000	4/55	0.645	Landau-Wilks
0.000	5/88	0.603	Hartling Effect

In the above table, the effects of three variables, namely, the Pillai's Trace, Wilks' Lambda, and Hotelling's Trace, are observed. Considering that the significance value (sig) is less than 0.05, it can be inferred that the impact of the therapeutic intervention program on the emotional compatibility and self-control of married women aged 30 to 40 is statistically significant.

Table 6. Multivariate analysis of covariance (MANCOVA)

effect intensity	The significance level	Fisher	average of squares	Degrees of freedom	sum of squares	Sources of changes
0.343	0.000	39/158	0.711	1	0.711	Emotional compatibility
0.286	0.001	13/202	1.006	1	1.006	Self-control

As evident in the aforementioned table, the therapeutic intervention program proves to be effective in enhancing the emotional compatibility and self-control of married women aged 30 to 40. Considering the effect size, it is notable that the training in the therapeutic intervention program has a greater impact on the emotional compatibility of married women compared to their self-control.

4. DISCUSSION

The present study investigated the efficacy of schema therapy in enhancing emotional adjustment and self-control among married women aged 30–40, a demographic particularly susceptible to marital stressors, emotional dysregulation, and impulse control challenges [1, 2]. Utilizing a pre-test–post-test design with a control group, the results demonstrated significant improvements in both emotional adjustment and self-control following an 8-session schema therapy intervention based on Young's model [4]. Specifically, the experimental group exhibited notable increases in emotional adjustment scores (from a pre-test mean of 2.42 to a post-test mean of 2.70) and self-control scores (from 14.06 to 22.55), while the control group showed minimal changes. These findings were substantiated through univariate and multivariate analyses of covariance, confirming the hypotheses with effect sizes indicating moderate to substantial impacts ($\eta^2 = 0.343$ for emotional adjustment and $\eta^2 = 0.286$ for self-control).

The observed enhancements in emotional adjustment align with prior research highlighting schema therapy's role in addressing maladaptive emotional schemas that perpetuate relational discord and psychological distress in married women [5, 6]. For instance, negative emotional schemas, such as those involving guilt, shame, or invalidation, have been linked to heightened anxiety, depression, and marital conflicts, particularly in midlife women facing work-life imbalances and societal pressures [7, 8]. The intervention's focus on cognitive techniques (e.g., schema identification and dialogue between healthy and schema-driven aspects) and experiential strategies (e.g., imagery rescripting and mindfulness) likely facilitated the restructuring of these schemas, promoting positive schemas like comprehensibility and acceptance [6, 22]. This is consistent with empirical evidence from randomized controlled trials showing schema therapy's superiority in improving emotional regulation and reducing dropout rates compared to treatment-as-usual in populations with personality disorders and relational issues [13]. Moreover, in women experiencing marital burnout or intimate partner violence (IPV), schema therapy has been shown to elevate sexual self-esteem and reduce emotional suppression, thereby fostering better adjustment and relational harmony [9, 10, 14, 15].

Regarding self-control, the results corroborate studies emphasizing schema therapy's effectiveness in dismantling maladaptive coping styles that undermine impulse regulation and goal-directed behavior [3, 18]. Deficits in self-control among married women in this age group often stem from early maladaptive schemas related to impaired autonomy or overvigilance, which exacerbate aggression, codependency, and low self-perception [2, 9, 11]. The behavioral pattern-breaking techniques employed in the later sessions (e.g., prioritizing coping behaviors) appear to have bolstered resilience and impulse management, as evidenced by the significant post-test improvements. This mirrors findings from comparative studies where schema therapy outperformed emotion-focused therapies in enhancing self-control among women with marital conflicts, by building ambiguity resilience and reducing cognitive avoidance [16, 19]. Additionally, group-based emotional schema therapy has demonstrated reductions in anxiety sensitivity and neuroticism, indirectly supporting self-control through improved emotion regulation [17, 20]. The integration of mindfulness and self-compassion in the intervention likely mediated these effects, as prior research indicates that such elements counteract the impairing influence of emotional schemas on psychological needs regulation [22, 26].

The interplay between emotional adjustment and self-control in this study underscores their reciprocal relationship in marital contexts. For example, improved emotional schemas were associated with greater forgiveness, attachment security, and marital satisfaction, which in turn reinforce self-control [11, 12, 18, 21]. This is particularly relevant for housewives or women in high-stress roles, where low self-esteem and coercive control predictors amplify vulnerabilities [31, 32]. The multivariate analysis (MANCOVA) revealed a combined significant effect (Pillai's Trace = 0.388, $p < 0.001$), suggesting that schema therapy holistically addresses these domains, outperforming singular approaches like differentiation training or emotion-focused couple therapy in mitigating emotional divorce and alexithymia [25, 27]. Furthermore, the therapy's emphasis on early adaptive schemas, such as emotional fulfillment and self-care, aligns with evidence linking these to better sexual well-being and reduced

aggression in couples [18, 33]. Physiological underpinnings, including glucose levels' role in self-control, may also be indirectly influenced through the therapy's stress-reduction mechanisms [33].

Comparatively, the findings extend beyond general populations to this specific cohort, filling gaps noted in the literature. While schema therapy has shown meta-analytic efficacy in depressive disorders and personality pathology, surpassing cognitive therapy in schema modification [28], studies often overlook age-specific stressors in married women aged 30–40, such as child-rearing and career demands [1, 23, 24]. The current results build on interventions for IPV survivors, where cognitive-behavioral and mindfulness-based therapies alleviate anxiety and depression [29, 30], by demonstrating schema therapy's targeted benefits in non-clinical samples. In mothers of exceptional children or those with chronic conditions, similar improvements in marital satisfaction and psychological capital have been reported [21, 36], supporting the therapy's adaptability.

However, the greater effect size on emotional adjustment than self-control suggests that experiential techniques may be more potent for emotion-focused outcomes, while behavioral strategies require extended sessions for deeper impulse regulation [16, 20].

Despite these strengths, several limitations warrant consideration. The sample was drawn from health centers in District 5 of Tehran, potentially limiting generalizability to diverse cultural or socioeconomic groups, as schema therapy's efficacy may vary with cultural adaptations [37]. The non-random assignment and small sample size (n=30) could introduce selection bias, although replacement for dropouts mitigated attrition. Self-report measures, such as the Tangney et al. Self-Control Scale [38] and Bell's Emotional Adjustment Questionnaire, are susceptible to response biases, and future studies should incorporate objective assessments or physiological markers [33]. The short-term follow-up (immediate post-test) precludes insights into long-term maintenance, echoing calls for longitudinal designs [37]. Additionally, the exclusion of participants on psychiatric medications or in concurrent therapy ensures internal validity but may not reflect real-world comorbid cases [8, 29].

The implications of this study are multifaceted. Clinically, schema therapy offers a comprehensive, integrative approach for counselors working with married women, emphasizing schema identification and reparenting to promote resilience and marital stability [4, 37]. Policymakers in Iran and similar contexts could integrate such interventions into health centers to address rising marital distress and domestic violence [1, 7]. Theoretically, the results reinforce the schema model's utility in explaining midlife emotional challenges, highlighting the mediating roles of mindfulness and social support [22, 34, 35]. Future research should explore moderated effects (e.g., by marital duration or education level) and hybrid formats (e.g., online schema therapy) to enhance accessibility. Comparative trials with other modalities, such as communication skills training [31], and inclusion of male partners could elucidate dyadic dynamics [10, 12].

5. CONCLUSION

In summary, this study provides robust evidence for the effectiveness of schema therapy in significantly improving emotional adjustment and self-control among married women aged 30–40, addressing entrenched maladaptive schemas that disrupt marital and personal functioning [4, 5]. The intervention's cognitive, experiential, and behavioral components yielded meaningful changes, as confirmed by statistical analyses, aligning with and extending prior literature on emotional schemas, relational well-being, and psychological resilience [6, 13, 18, 21]. While emotional adjustment showed slightly greater responsiveness, the holistic benefits underscore schema therapy's promise over alternative therapies in fostering adaptive coping and satisfaction [16, 25, 28].

Despite limitations in sample scope and follow-up, these findings advocate for its broader application in clinical settings, with future investigations prioritizing longitudinal and culturally tailored designs to sustain long-term gains [37]. Ultimately, by empowering women to navigate midlife stressors with enhanced regulation and control, schema therapy contributes to healthier marriages and individual empowerment, mitigating risks of emotional divorce and violence [1, 7, 9].

Declaration

We acknowledge that we used ChatGPT to enhance the academic writing of our manuscript while ensuring the originality and integrity of our work.

Transparency Statement

The data supporting this study are available upon reasonable request to the corresponding author, subject to ethical and confidentiality considerations.

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Declaration of Interest

The authors declare that they have no competing interests.

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