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A Comparison of the Effectiveness of Emotion-Focused Therapy and Logotherapy on Cyberbullying among Adolescents with High-Risk Behaviors

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ABSTRACT

Objective: The present study aimed to compare the effectiveness of Emotion-Focused Therapy (EFT) and Logotherapy (LT) in reducing cyberbullying behaviors among adolescents with high-risk behaviors.

Methods: This study employed a quasi-experimental design with a pretest–posttest control group and a three-month follow-up. The statistical population included male and female secondary school students with high-risk behaviors enrolled in the second level of secondary education in District 1 of Arak during the 2026–2027 academic year. Using purposive sampling and a screening procedure, 45 students were selected and randomly assigned to two experimental groups (EFT and LT) and one control group (15 participants per group). Participants completed the Cyberbullying Scale (Lam & Li, 2013) and the High-Risk Behaviors Questionnaire (Zadeh Mohammadi et al., 2011) as a pretest. The experimental groups participated in eight 90-minute group therapy sessions conducted weekly over two months, while the control group received no intervention. Posttest assessments were administered after the interventions. Data were analyzed using analysis of covariance (ANCOVA).

Results: The findings showed that both Emotion-Focused Therapy and Logotherapy significantly reduced cyberbullying behaviors compared to the control group ($p < 0.05$). Additionally, the Logotherapy group demonstrated significantly lower posttest cyberbullying scores than the Emotion-Focused Therapy group.

Conclusions: Both therapeutic approaches are effective interventions for reducing cyberbullying among adolescents with high-risk behaviors; however, Meaning Therapy appears to be more effective and may be prioritized in preventive and therapeutic programs.

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Introduction

Adolescence represents a critical developmental period marking the transition from childhood to adulthood and plays a pivotal role in both individual and social development. During this stage, foundational skills essential for active participation in society—such as establishing healthy interpersonal and intergroup relationships—are formed (Anderson, Spin, & Clark, 2022). Adolescence is characterized by profound emotional, physical, and social transformations, accompanied by increased exploration of self-reliance, self-regulation, and independent decision-making. Key developmental tasks during this period include acquiring autonomy, assuming responsibility, and making important decisions related to health, family relationships, career paths, and peer interactions (Golestaneh et al., 2020).

Owing to complex biological, psychological, and social changes, adolescence is frequently associated with an increased propensity for engaging in high-risk behaviors (Donut et al., 2022). As a result, this developmental stage is often conceptualized as one characterized by heightened risk-taking tendencies, with adolescents commonly perceived as inherently vulnerable to such behaviors (Marzban, 2022). High-risk behaviors encompass a broad range of actions that pose serious threats not only to adolescents' physical and psychological well-being but also to the safety and welfare of others (Maleki, Mohagheghi, & Nabizadeh, 2019). These behaviors include reckless driving, substance use, truancy, theft, aggression, illicit or unethical sexual activities, noncompliance with social norms and regulations, criminal acts, suicidal behaviors, and participation in hazardous sports. Collectively, these behaviors are conceptualized under the framework of problem behavior syndrome (Ordoubadi & Mohammadi Sooreh, 2017).

In parallel with these developmental challenges, the rapid expansion of digital technologies—particularly communication technologies and social networking platforms—has introduced new forms of maladaptive behavior among adolescents. One such phenomenon is cyberbullying, which represents the extension of traditional bullying into virtual environments. Cyberbullying is defined as intentional and repeated harm inflicted through electronic devices such as computers and mobile phones (Kim et al., 2017). This construct is distinguished by four defining characteristics: intentionality, repetition, perceived harmfulness, and the use of electronic media, which differentiates cyberbullying from traditional face-to-face bullying.

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The growing prevalence of high-risk behaviors and cyberbullying among adolescents, along with their detrimental consequences for individuals, families, and educational systems, underscores the importance of identifying effective psychological interventions. Psychological variables play a substantial role in the emergence and maintenance of such behaviors; therefore, interventions targeting these variables are essential. In this context, Emotion-Focused Therapy (EFT) has emerged as a promising intervention for improving the psychological functioning of adolescents engaging in high-risk behaviors (McAvey et al., 2023).

Emotion-Focused Therapy is a short-term, empirically supported therapeutic approach that emphasizes emotional processes, attachment patterns, and the quality of interpersonal relationships. The fundamental premise of EFT is that psychological distress arises from deficits in emotional awareness or the avoidance of distressing emotional experiences. Accordingly, EFT facilitates therapeutic change through enhancing emotional awareness, restructuring maladaptive emotional responses, and constructing new meanings from emotional experiences, ultimately fostering healthier interpersonal relationships and improved psychological well-being (Greenberg & Goldman, 2019). By promoting emotional awareness, acceptance, and regulation, EFT enables individuals to experience, explore, and transform maladaptive emotional patterns while learning appropriate emotional expression (Glisty et al., 2021; Li et al., 2019). Moreover, emotion-focused interventions influence emotional responses at physiological, behavioral, and experiential levels, thereby contributing to the regulation of both positive and negative affective states (Kraaij & Garnefski, 2019).

Another therapeutic approach with demonstrated relevance in addressing severe psychological distress is Meaning Therapy. Meaning Therapy is a meaning-centered approach grounded in the assumption that life meaning is neither universal nor predetermined but is uniquely constructed by individuals based on their personal circumstances and characteristics. Within this framework, individuals are viewed as responsible agents who actively define and create meaning in their lives (Ahadi et al., 2023). Meaning Therapy aims to enhance individuals' capacity for authentic living by broadening their perspectives on themselves and the world, clarifying personal values, and identifying sources of meaning that guide present and future life choices (Ranjbar et al., 2023).

Given the increasing prevalence of high-risk behaviors among adolescents and their substantial psychosocial and economic costs to families and national health systems, research in this area is

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of critical importance. High-risk behaviors are particularly prevalent among secondary school students and represent a major public health concern. Investigating effective psychological interventions can contribute to reducing these behaviors and informing both preventive and therapeutic strategies. Accordingly, the present study seeks to compare the effectiveness of Emotion-Focused Therapy and Meaning Therapy in reducing cyberbullying and cognitive confusion among adolescents with high-risk behaviors. Specifically, this study addresses the following research question: Is there a significant difference between Emotion-Focused Therapy and Meaning Therapy in their effectiveness in reducing cyberbullying among adolescents exhibiting high-risk behaviors?

Material and Methods

The present study adopted a quasi-experimental design with a pretest–posttest control group and a three-month follow-up assessment. This design was selected to examine and compare the effectiveness of Emotion-Focused Therapy and Meaning Therapy on cyberbullying and cognitive confusion among adolescents exhibiting high-risk behaviors. The statistical population comprised all male and female secondary school students identified as exhibiting high-risk behaviors in the second level of secondary education in District 1 of Arak during the 2024 academic year. A total of 45 adolescents were selected from the target population using purposive sampling based on a screening process. Inclusion criteria included enrollment in secondary school, identification of high-risk behaviors based on screening instruments, willingness to participate, and parental consent. Exclusion criteria included the presence of severe psychiatric disorders, concurrent participation in other psychological interventions, or irregular attendance.

Participants were randomly assigned to three groups: two experimental groups—Emotion-Focused Therapy (n = 15) and Meaning Therapy (n = 15)—and one control group (n = 15). The control group did not receive any psychological intervention during the study period but participated in all assessment phases.

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Instruments

Cyberbullying Scale: Cyberbullying was assessed using the Cyberbullying Scale developed by Lam and Li (2013). This 11-item instrument measures two dimensions: Internet victimization (5 items) and Internet aggression (6 items), rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Lam and Li (2013) confirmed the scale's construct validity through exploratory and confirmatory factor analyses, with reported Cronbach's alpha coefficients ranging from 0.55 to 0.96. In an Iranian validation study conducted by Asadi and Ghaseminejad (2018), content validity was confirmed by expert review, criterion-related validity was established, and internal consistency coefficients were reported as 0.87 for the Internet victimization subscale and 0.84 for the Internet aggression subscale, indicating satisfactory reliability.

High-Risk Behaviors Questionnaire: High-risk behaviors were measured using the High-Risk Behaviors Questionnaire developed by Zadeh Mohammadi, Ahmadabadi, and Heidari (2011). This 38-item scale is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) and assesses adolescents' tendencies toward high-risk behaviors across seven domains: drug use (items 1–8), alcohol consumption (items 9–14), smoking (items 15–19), violence (items 20–24), sexual behaviors (items 25–28), relationships with the opposite sex (items 29–32), and risky driving (items 33–38), as well as an overall high-risk behavior score. Total scores range from 38 to 190, with higher scores indicating greater engagement in high-risk behaviors. Exploratory factor analysis conducted by the scale developers indicated that the questionnaire accounted for 64.84% of the variance in risk-taking behaviors. Cronbach's alpha coefficients ranged from 0.74 to 0.93 for the subscales and 0.94 for the total scale, demonstrating strong internal consistency.

Interventions

Emotion-Focused Therapy: Emotion-Focused Therapy (EFT), based on the theoretical framework proposed by Johnson and Greenberg (2007), was administered to one experimental group. The intervention consisted of eight weekly group sessions, each lasting 90 minutes, conducted over a two-month period by the researcher. The therapeutic process emphasized emotional awareness, expression, validation, emotional restructuring, and the exploration of unmet attachment needs. The structure and content of the EFT sessions are summarized in Table 1.

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Table 1. Summary of Emotion-Focused Therapy Sessions

Activities	Content
1	General group discussion with members, introduction of the therapist, review of participants' motivation and expectations for joining the group, presentation of key concepts of Emotion-Focused Therapy, and initial familiarization with participants' problems.
2	In this session, the therapist encourages group members to express their fears, such as fear of death, rejection, or revealing personal flaws that may hinder the dynamics of their relationships.
3	In this session, secondary reactive emotions such as anger, frustration, and intense feelings related to illness are reflected and validated.
4	In this session, group members, with the assistance of the therapist, engage in externalization of their problems and examine their primary emotions and unmet attachment needs as key relational issues.
5	In this session, group members gain insight into various aspects of themselves and ultimately experience a sense of self-worth.
6	In this session, group members learn to trust newly emerging emotions and to experience new responses to their underlying motivations.
7	In this session, primary emotions identified in previous sessions are processed more thoroughly. The therapist initiates a protocol whereby the client expresses their desire for a new form of connection in a nearly explicit manner.
8	In this session, group members collaboratively generate new solutions to their problems, articulate new aspects of their issues, and work on redesigning them. They also reflect on the path they previously followed and how they found their way back.

Logotherapy: The Meaning Therapy intervention was adapted from Frankl's Logotherapy and structured according to the protocol developed by Schulenberg et al. (2008). This intervention was delivered to the second experimental group in eight weekly group sessions of 90 minutes each over a two-month period by the researcher. The sessions focused on meaning-making, existential awareness, responsibility, values clarification, freedom of choice, and purpose in life. A summary of the Meaning Therapy sessions is provided in Table 2.

Table 2. Summary of Logotherapy Intervention Sessions

Activities	Objectives	Session Content Summary
1	Establishing initial therapeutic rapport	Organization of sessions, orientation of participants, and familiarization of group members with one another.
2	Introduction and Familiarization with Meaning Therapy	Introduction to the Meaning Therapy approach and instruction of key terminology, clarification of therapeutic goals through enhancing awareness of the authentic self, presentation of Meaning Therapy techniques, facilitation of group dialogue among members, recognition and acceptance of emotions, and increasing participants' awareness of freedom and responsibility in making choices.
3	Facilitating increased self-awareness	Examination of meaning-seeking and methods of pursuing meaning with the aim of enhancing and deepening inner self-awareness, counselor support for members in facing fear and anxiety about moving toward the authentic self, and discussion of approaches to friendship, love, and suffering.
4	Applying existential awareness to manage negative thoughts	Finding meaning in various aspects of life, self-reconstruction, and existential analysis of the concepts of freedom and choice; clarifying the relationship between freedom and choice in participants' lives using techniques to enhance existential awareness in managing their negative thoughts and emotions.
5	Promoting personal responsibility	Training to enhance responsibility for meaning, assisting clients in listening to the voice of conscience; questioning participants about meaning and increasing responsibility toward themselves and others; familiarization with different types of values, choosing

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		values and accepting responsibility for them; meaning-making through experiential, attitudinal, and creative values.
6	Expanding horizons and fostering acceptance of loneliness	Training to broaden perspectives on the sources of meaning, understanding and accepting loneliness as an unavoidable reality, and recognizing the role of intimacy in coping with feelings of loneliness.
7	Engaging in meaning-making exercises	Training on understanding the meaning and purpose of life, the role of aimlessness in life, and its disruptive effects on psychological coherence; fostering coherence and commitment to specific life goals through existential analysis of purposefulness and meaning-seeking in life.
8	Training on self-actualization and paradoxical intention	Training on the concept of self-actualization, instruction in the paradoxical intention technique, and session summary.

After obtaining the necessary permissions from educational authorities, eligible participants were identified through screening procedures and informed consent was obtained from both students and their parents. Participants completed the pretest measures prior to group assignment. The experimental groups then received their respective interventions, while the control group received no intervention during this period. Posttest assessments were administered immediately following the completion of the interventions, and follow-up assessments were conducted three months later to examine the stability of treatment effects.

Ethical Considerations

This study was conducted in accordance with ethical standards for research involving human participants. Approval for the study was obtained from the relevant institutional ethics committee and the local education authority. Participation was voluntary, and informed consent was obtained from all participants and their parents or legal guardians prior to data collection. Participants were assured of the confidentiality and anonymity of their responses, and they were informed of their right to withdraw from the study at any stage without penalty. All data were used solely for research purposes, and no identifying information was disclosed. Following completion of the study, the control group was offered access to psychological support services if needed.

Results

Table 3 presents the descriptive statistics (means and standard deviations) for cyberbullying variables—Internet Victimization, Internet Aggression, and total Cyber Aggression—across the pretest, posttest, and follow-up stages for the Control, Emotion-Focused Therapy, and Logotherapy groups.

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Table 3. Descriptive Statistics of Cyberbullying Variables across Research Groups

Group	Variable	pretest		posttest		Follow-up	
		Mean	Standard Deviation (SD)	Mean	Standard Deviation (SD)	Mean	Standard Deviation (SD)
Control	Internet Victimization	22.80	3.212	22.27	2.865	22.60	3.942
	Internet Aggression	25.53	2.475	25.07	2.549	25.33	2.992
	Cyber Aggression	48.33	4.685	47.33	4.203	47.93	5.725
EFT	Internet Victimization	22.60	2.324	17.27	3.058	17.40	3.225
	Internet Aggression	25.13	2.446	20.67	3.416	20.73	3.882
	Cyber Aggression	47.73	3.262	37.93	5.824	38.13	6.632
LT	Internet Victimization	22.13	3.067	13.33	4.981	12.73	4.949
	Internet Aggression	24.73	2.764	16.27	3.150	16.67	3.498
	Cyber Aggression	46.87	3.270	29.60	6.674	29.40	7.179

As shown in Table 3, the Control group exhibited relatively stable mean scores across all three measurement stages, indicating no substantial change in cyberbullying behaviors over time. In contrast, both the Emotion-Focused Therapy and Logotherapy groups demonstrated marked reductions in mean scores from the pretest to the posttest, which were largely maintained at the three-month follow-up. These descriptive trends suggest a potential treatment effect for both interventions. Prior to conducting repeated-measures analysis of variance (ANOVA), the assumption of normality was examined using the Kolmogorov–Smirnov test. This test evaluates whether the distribution of sample scores significantly deviates from a normal distribution.

Table 4. Results of the Kolmogorov–Smirnov Test for Normality of Score Distributions

Variable	Pretest		Posttest		Follow-up	
	Kolmogorov–Smirnov Z (K-S Z)	p-value	Kolmogorov–Smirnov Z (K-S Z)	p-value	Kolmogorov–Smirnov Z (K-S Z)	p-value
internet Victimization	0.282	0.061	0.187	0.075	0.154	0.214
Internet Aggression	0.123	0.463	0.110	0.605	0.107	0.638

As shown in Table 4, none of the Kolmogorov–Smirnov test results were statistically significant ($p > 0.05$), indicating that the distributions of Internet Victimization and Internet Aggression scores at the pretest, posttest, and follow-up stages did not significantly deviate from normality. Therefore, the assumption of normal distribution was satisfied. To assess the assumption of

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homogeneity of covariance matrices, Box's M test was conducted. The results indicated a violation of this assumption ($p < 0.05$). Consequently, the Greenhouse–Geisser correction was applied to adjust the degrees of freedom in the repeated-measures ANOVA, ensuring a more conservative and robust statistical analysis. A repeated-measures ANOVA was conducted to examine differences in cyberbullying variables across time (pretest, posttest, follow-up) and between groups (Control, Emotion-Focused Therapy, Logotherapy).

Table 5. Results of Repeated-Measures ANOVA for Group Differences in Cyberbullying across Measurement Stages

Variable	SS	MS	DF	MS	F	P	Effect size
Internet Victimization	Time	723.615	1.320	548.177	87.962	0.001	0.677
	Group	948.859	2	474.430	15.263	0.001	0.421
	Time * Group	386.874	2.640	146.539	23.514	0.001	0.528
Internet Aggression	Time	567.570	1.568	361.899	104.308	0.001	0.713
	Group	834.415	2	417.207	18.471	0.001	0.468
	Time * Group	315.230	3.137	100.500	28.967	0.001	0.580

As presented in Table 5, the main effect of time was statistically significant for both Internet Victimization ($F = 87.96$, $p < 0.001$, $\eta^2 = 0.677$) and Internet Aggression ($F = 104.31$, $p < 0.001$, $\eta^2 = 0.713$), indicating significant changes in scores across the three measurement stages. The main effect of group was also significant for Internet Victimization ($F = 15.26$, $p < 0.001$, $\eta^2 = 0.421$) and Internet Aggression ($F = 18.47$, $p < 0.001$, $\eta^2 = 0.468$), suggesting that approximately 42% and 46% of the variance in these variables, respectively, was attributable to group membership.

Furthermore, the interaction effect between time and group was statistically significant for both Internet Victimization ($F = 23.51$, $p < 0.001$, $\eta^2 = 0.528$) and Internet Aggression ($F = 28.97$, $p < 0.001$, $\eta^2 = 0.580$). These interaction effects indicate that the pattern of change in cyberbullying scores over time differed significantly across the three groups.

Given the significant interaction effects, Bonferroni post-hoc tests were conducted to examine pairwise comparisons of cyberbullying scores across the pretest, posttest, and follow-up stages within each group.

Table 6. Bonferroni Pairwise Comparisons of Cyberbullying Means across Measurement Stages

Group	Variable	Stage	Stage	Mean difference	Standard error	P

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Control	internet Victimization	pretest	post-test	0.533	0.820	1
			Follow-up	0.200	0.900	1
		post-test	Follow-up	-0.333	0.404	1
	Internet Aggression	pretest	post-test	0.467	0.595	1
			Follow-up	0.200	0.729	1
		post-test	Follow-up	-0.267	0.450	1
EFT	internet Victimization	pretest	post-test	5.333	0.820	0.001
			Follow-up	5.200	0.900	0.001
		post-test	Follow-up	-0.133	0.404	1
	Internet Aggression	pretest	post-test	4.467	0.595	0.001
			Follow-up	4.400	0.729	0.001
		post-test	Follow-up	-0.067	0.450	1
LT	internet Victimization	pretest	post-test	8.800	0.820	0.001
			Follow-up	9.400	0.900	0.001
		post-test	Follow-up	0.600	0.404	.434
	Internet Aggression	pretest	post-test	8.467	0.595	0.001
			Follow-up	8.067	0.729	0.001
		post-test	Follow-up	-0.400	0.450	1

As shown in Table 6, in both the Emotion-Focused Therapy and Meaning Therapy groups, significant reductions were observed between pretest and posttest scores, as well as between pretest and follow-up scores, for both Internet Victimization and Internet Aggression ($p < 0.01$). No significant differences were found between posttest and follow-up scores in these groups ($p > 0.05$), indicating stability of treatment effects over time. In contrast, none of the pairwise comparisons in the Control group were statistically significant ($p > 0.05$), suggesting no meaningful change in cyberbullying behaviors across the study period.

Between-Group Comparisons

To further examine differences between the Control and experimental groups, Bonferroni post-hoc tests were conducted for between-group comparisons.

Table 7. Pairwise Comparisons between Control and Experimental Groups on Cyberbullying Variables

Variable	Group 1	Group 2	Mean difference	standard error	P
Internet victimization	Control	Emotion-Focused Therapy	3.467	1.175	0.016
		logo therapy	6.489	1.175	0.001
	Emotion-Focused Therapy	logo therapy	3.022	1.175	0.041
Internet Aggression	Control	Emotion-Focused Therapy	3.133	1.002	0.010
		logo therapy	6.089	1.002	0.001
	Emotion-Focused Therapy	logo therapy	2.956	1.002	0.016

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The results presented in Table 7 indicate that both experimental groups differed significantly from the Control group on Internet Victimization and Internet Aggression scores ($p < 0.05$). Additionally, significant differences were observed between the Meaning Therapy and Emotion-Focused Therapy groups, with the Emotion-Focused Therapy group demonstrating greater reductions in cyberbullying scores. These findings suggest that while both interventions were effective in reducing cyberbullying behaviors, Emotion-Focused Therapy yielded comparatively stronger effects.

Discussion

The present study sought to compare the effectiveness of Emotion-Focused Therapy and Meaning Therapy in reducing cyberbullying among adolescents exhibiting high-risk behaviors. The findings demonstrated that both therapeutic approaches resulted in significant reductions in cyberbullying behaviors; however, differences were observed in the magnitude and pattern of their effects across the examined variables.

The results indicated that Emotion-Focused Therapy was more effective than Meaning Therapy in reducing cyberbullying behaviors. This finding is consistent with prior research emphasizing the central role of emotion regulation difficulties, uncontrolled anger, emotional dysregulation, and deficits in emotional empathy as key contributors to aggressive and hostile behaviors, particularly in online contexts (Greenberg, 2015; Pascuale et al., 2018). Cyberbullying often occurs in emotionally charged situations where impulsivity and limited emotional awareness impair adolescents' ability to regulate their responses. By facilitating the identification, expression, and transformation of maladaptive emotional experiences, Emotion-Focused Therapy provides adolescents with adaptive strategies to manage intense emotions, thereby reducing impulsive and aggressive online behaviors (Greenberg, 2006).

Moreover, the findings of this study are consistent with both national and international research demonstrating the effectiveness of emotion-focused interventions in decreasing aggression, antisocial behaviors, and behavioral problems among adolescents (Hosseini et al., 1400). Enhancing emotional awareness and strengthening emotion-regulation capacities appear to be particularly influential mechanisms through which Emotion-Focused Therapy exerts its effects. As adolescents become more capable of recognizing and regulating their emotional responses, they

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are better able to anticipate the consequences of their behaviors and inhibit maladaptive reactions in digital environments (Elite, 2020).

In contrast, Meaning Therapy was also found to significantly reduce high-risk behaviors, although its impact on cyberbullying was comparatively less pronounced than that of Emotion-Focused Therapy. This finding is consistent with Frankl's existential framework (1985) and related empirical studies that underscore the protective role of meaning in life, personal values, and a sense of purpose in mitigating high-risk behaviors, aggression, and self-destructive tendencies. By fostering responsibility, value clarification, and goal-directed behavior, Meaning Therapy may reduce adolescents' engagement in risky behaviors by strengthening their existential orientation and commitment to meaningful life pursuits.

Nevertheless, the results of the present study are in line with some studies reporting that meaning-centered interventions may exert more gradual and indirect effects on aggressive behaviors. Such interventions often influence deeper cognitive and attitudinal processes, with behavioral changes emerging over longer periods. Variability in findings across studies may be attributed to differences in intervention duration, participant characteristics, cultural context, or the sensitivity of measurement instruments used to assess behavioral outcomes.

Overall, the findings suggest that Emotion-Focused Therapy exerts a stronger influence on the emotional and behavioral components of cyberbullying by directly targeting emotional dysregulation and impulsivity, whereas Meaning Therapy appears to play a more substantial role in reducing high-risk behaviors through the reconstruction of adolescents' sense of meaning, values, and responsibility. These differential effects highlight the importance of selecting and tailoring therapeutic interventions based on the dominant psychological and behavioral challenges faced by adolescents. Integrating emotion-focused and meaning-centered approaches may offer a comprehensive framework for addressing both the emotional and existential dimensions of high-risk and cyberbullying behaviors.

Data availability statement

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The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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