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# The Effectiveness of Transdiagnostic Parenting Training on Quality of Life and Acceptance and Action in Mothers of Lower Secondary School Children

Masoome. Azimi Gadikolae 10, Farideh. Dokaneheefarc 2, Sedigheh. Ahmad 0, Hassan. Piriae 104

- 1 Department of Psychology, Bo.C. Islamic Azad University, Borajerd, Iran.
- 2 Department of Counseling, Ro.C., Islamic Azad University, Roudehen, Iran.
- 3 Assosiate Professor of Counseling, Kharazmi University, Tehran, Iran.
- 4 Department of Mathematics, Bo.c., Islamic Azad University, Borujerd, Iran.

\*Corres pondence: Farideh. Do kaneifard@iau.ac.ir

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#### ABSTRACT

The aim of this study was to investigate the effectiveness of transdiagnostic parenting training on the quality of life and acceptance and action in mothers of lower secondary school children. This study employed a quasi-experimental design using a pretest–posttest method with a control group and a two-month follow-up. The statistical population consisted of mothers of elementary school children in Isfahan during the 2024–2025 academic year. Thirty participants were selected through convenience and voluntary sampling and were randomly assigned to the experimental group (n = 15) and the control group (n = 15). The research instruments included the World Health Organization Quality of Life Questionnaire (1989) and the Acceptance and Action Questionnaire developed by Bond et al. (2007). Parenting training was conducted in eight 90-minute sessions based on the transdiagnostic approach. Data were analyzed using repeated -measures analysis of variance and the Bonferroni post hoc test. The results of the analysis of variance indicated that transdiagnostic parenting training led to a significant increase in quality of life and a significant reduction in acceptance and action scores among mothers in the experimental group compared to the control group at both the posttest and follow-up stages. A significant interaction between time and group membership was observed for both main variables, indicating the sustained effectiveness of the intervention. Transdiagnostic parenting training enhances psychological indicators of mothers, including improved quality of life, greater flexibility, and reduced experiential avoida nce. Therefore, it can be applied as an effective approach in parent education.

Keywords: parenting training, acceptance and action, transdiagnostic, quality of life

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#### Introduction

Marriage as a central social institution has long been regarded as the foundation of family formation, interpersonal support, and emotional well-being. Scholars in psychology, sociology, and family studies have



emphasized that the health of marital relationships directly influences both individual and societal stability. Within this framework, concepts such as marital intimacy, marital commitment, and marital adjustment have emerged as critical determinants of marital quality and satisfaction. These constructs not only represent the psychological bonds between spouses but also operate as protective factors against relational deterioration and divorce (1).

Marital intimacy, often understood as the degree of closeness, emotional sharing, and mutual understanding between partners, plays a pivotal role in shaping the dynamics of a marital relationship. Couples who experience higher intimacy generally report greater satisfaction, lower levels of conflict, and more resilience in facing life stressors. Phenomenological investigations have highlighted that intimacy functions differently across contexts, such as dual-income families, where balancing professional demands and personal relationships presents unique challenges (1). Intimacy also interacts with commitment, a multidimensional construct encompassing personal, moral, and structural components. Commitment reflects an individual's willingness to maintain and invest in the marital bond, even during times of hardship (2). The interplay between intimacy and commitment is crucial for sustaining long-term marital stability.

Research has suggested that marital commitment is a strong predictor of whether couples remain together, experience emotional divorce, or engage in adaptive coping strategies. For instance, commitment and the power structure of the family can mediate the relationship between intimacy and emotional divorce, indicating that without commitment, intimacy alone may be insufficient to sustain the marriage (3). Other studies have conceptualized commitment as a mediating variable, through which self-differentiation or forgiveness can influence marital outcomes (4). Such perspectives underscore the importance of considering commitment as both a predictor and a mediator in models of marital satisfaction and adjustment.

The importance of marital intimacy and commitment has been further emphasized in cross-cultural research. Studies in China have shown reciprocal associations between commitment, forgiveness, and marital well-being, suggesting that cultural norms and expectations also shape these relational processes (2). Similarly, work on Iranian couples has demonstrated that intimacy and differentiation components strongly predict commitment levels, highlighting the universal yet culturally nuanced role of these factors (5). These findings point toward a cross-cultural consistency regarding the significance of intimacy and commitment, though the pathways and intensity of their effects may vary depending on cultural context and family structures.

A critical factor in understanding marital quality lies in the broader context of external stressors. For example, the COVID-19 pandemic introduced unique challenges for couples worldwide. Research in Jordan demonstrated that marital compatibility and family stability were significantly affected during the pandemic, underscoring how global crises can strain intimate relationships (6). These findings highlight the necessity of examining not only individual and relational variables but also situational and environmental factors that interact with marital processes.

In addition to situational stressors, therapeutic interventions have been developed to strengthen marital commitment and intimacy. Acceptance and commitment-based therapy, for instance, has been found to enhance self-compassion, quality of life, and marital commitment among women seeking divorce (7). Similarly, interpersonal metacognitive therapy has demonstrated effectiveness in improving dysfunctional communication patterns among couples and enhancing marital adjustment (8). These therapeutic

approaches provide valuable evidence for the role of psychological interventions in mitigating marital distress and promoting relational health.

Intimacy and commitment also influence the capacity of couples to adapt to broader life roles and responsibilities. For example, nurses with fixed and variable work shifts demonstrated significant differences in marital satisfaction, intimacy, and sexual function, showing that work-related factors can directly influence relational dynamics (9). Furthermore, research on predictors of marital satisfaction in married men and women revealed that demographic, psychological, and interpersonal factors collectively shape the quality of marital life (10). These findings reinforce the need to investigate relational constructs like intimacy and commitment within the larger context of occupational, demographic, and societal influences.

Moreover, personality traits have been implicated in shaping marital commitment. Research indicates that the dark triad traits and the five-factor model of personality significantly predict marital commitment (11). Such findings emphasize that individual personality structures must be considered alongside relational variables in explaining marital stability and adjustment. These insights are important for developing predictive models of marital quality that integrate personal, relational, and contextual factors.

Intimacy also involves moral and empathic dimensions. Studies on military veterans and their partners found that empathy significantly contributed to marital adjustment, further illustrating the relational and psychological processes that foster resilience within couples (12). In another line of research, intimacy has been conceptualized as an outcome of self-differentiation and as a mediator between forgiveness and marital commitment (13). Together, these studies highlight intimacy's role not only as a predictor but also as a dynamic mediator that connects personal capacities with relational outcomes.

Interestingly, even in fields outside traditional family psychology, intimacy and commitment have been examined metaphorically or structurally. The stable marriage problem in economics, for example, has been explored through communication models, illustrating how coordination and negotiation are critical in establishing stable pairings (14). While grounded in a different discipline, these insights resonate with psychological theories emphasizing the communicative and negotiated nature of marital stability.

In applied research, phenomenological and causal modeling approaches have been utilized to explore the lived experiences of couples and to test theoretical predictions. Phenomenological studies have revealed how dual-income couples perceive and navigate intimacy (1), while causal models have tested the mediating role of intimacy in linking differentiation and forgiveness with marital commitment (4). Together, these approaches provide both subjective and structural insights into the mechanisms that underlie marital dynamics.

The literature also underscores the risks of neglecting intimacy and commitment in marital relationships. The phenomenon of emotional divorce, characterized by the loss of emotional connection while maintaining legal or structural ties, has been identified as a significant risk when intimacy and commitment are weakened (3). Likewise, studies on family power structures and self-differentiation highlight that imbalances in relational roles and lack of mutual emotional investment can exacerbate dissatis faction and relational breakdown (5).

In sum, marital intimacy, commitment, and adjustment form an interconnected triad that determines the overall health and sustainability of marital relationships. Empirical findings across diverse contexts, from

cultural studies to therapeutic interventions and from occupational influences to global crises, have consistently underscored their importance. By synthesizing insights from multiple approaches—phenomenological, causal, cultural, and therapeutic—scholars provide a more holistic understanding of how these constructs operate.

The current study, therefore, situates itself within this growing body of knowledge by investigating the direct and indirect effects of marital intimacy on marital adjustment, with marital commitment as a mediating variable. Building upon evidence that intimacy shapes commitment (13), that commitment predicts marital outcomes (11), and that contextual factors such as family structure, cultural norms, and stressors influence both (6, 9), this study seeks to clarify the mechanisms that sustain marital stability. By drawing on prior phenomenological and causal modeling research (1, 4), it contributes to both theoretical and practical discussions on promoting relational resilience.

Ultimately, understanding these relational dynamics is not only significant for academic discourse but also has practical implications for therapists, counselors, and policymakers seeking to support family wellbeing. In a rapidly changing social landscape—characterized by occupational stress, global crises, and shifting cultural norms—the ability of couples to cultivate intimacy and sustain commitment remains central to the endurance of marital relationships. This study, therefore, contributes to filling g aps in the literature by empirically examining the pathways through which intimacy influences adjustment via commitment, providing both theoretical enrichment and practical guidance for strengthening marital bonds.

#### **Methods and Materials**

#### Study Design and Participants

This study, based on its objective, is applied research. In terms of data collection and analysis, it follows a descriptive design of the correlational type and employs structural equation modeling. It is also a quantitative study. Considering the use of confirmatory factor analysis, 275 respondents were selected as the sample size, and questionnaires were distributed among them. Five questionnaires were excluded due to incompleteness, and statistical analysis was carried out on 270 respondents. For sample selection, a two-stage sampling method was used. At the first stage, a multi-stage cluster random sampling was applied: from among the 22 districts of Tehran, 7 districts were randomly selected; from each district, 3 neighborhoods were chosen, and in each neighborhood, 3 health houses were considered. At the second stage, non-random convenience sampling was applied, and from each health house, 8 married individuals who visited the health houses and met the inclusion criteria were selected on a convenience basis.

#### Data Collection

Dyadic Adjustment Scale (DAS): This questionnaire was developed by Spanier (1976) to assess adjustment in marital relationships. It includes 32 items rated on a Likert scale and covers four components: dyadic satisfaction (items 16–23), dyadic cohesion (items 24–28), dyadic consensus (items 1, 2, 3, 5, 8, 9, 10, 11, 21, 31, 41, 15), and affectional expression (items 4, 6, 92, 30). Some items are reverse-scored to increase reliability. The total score ranges from 0 to 150, with scores below 101 indicating maladjustment. The overall Cronbach's alpha for the scale has been reported as 0.96 (Zaeiri Irani et al., 2016).

Dyadic Commitment Inventory (DCI) – Adams & Jones (1997): This questionnaire, developed by Adams and Jones in 1997, includes 44 items and measures three dimensions of marital commitment: personal commitment (commitment to the spouse based on attractiveness), moral commitment (commitment to marriage based on sanctity and respect for the marital bond), and structural commitment (commitment to the spouse and marriage based on a sense of obligation, continuation of the relationship, or fear of the consequences of divorce). It is rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The total score ranges from 44 to 220, with higher scores reflecting stronger commitment. Subscale scores are computed by summing the relevant items. In a study by Mohammadi et al. (2014), Cronbach's alpha was reported as 0.66 for personal commitment, 0.76 for moral commitment, 0.78 for structural commitment, and 0.87 for the overall scale.

Marital Intimacy Questionnaire (MIQ): This questionnaire was developed by Wunden-Brook and Bertman and consists of 56 items that measure five indices of intimacy in marriage: intimacy, marital agreement, honesty, affection, and adherence to commitments. Items are rated on a Likert scale from 0 to 4. Each index score is obtained by summing the relevant items. In this study, Cronbach's alpha reliability coefficients were reported as follows: intimacy (0.82), agreement (0.83), honesty (0.73), affection (0.74), adherence to commitments (0.71), and total scale (0.93).

#### Data Analysis

For data analysis, SPSS version 27 and SmartPLS version 3.3 were used. Structural equation modeling was employed to test the research hypotheses.

### Findings and Results

The descriptive findings of the study variables are presented in Table (1).

Table 1. Descriptive statistics of the study variables

Variable	Mean	Standard Deviation	Skewness	Kurtosis
Marital Intimacy	3.54	0.81	-0.33	-0.08
Marital Commitment	3.38	0.72	0.08	0.18
Marital Adjustment	3.21	0.89	-0.08	0.09

The information in the above table shows statistical characteristics such as mean, standard deviation, skewness, and kurtosis for the study variables. Furthermore, considering that the values of skewness and kurtosis fall within the acceptable range (-2 to +2) for assuming the normality of data, the assumption of normality can be proposed and accepted.

Table 2. Path coefficients, significance values, and their status

Path	Path Coefficient	t-v alue	Status
Marital Commitment to Marital Intimacy	0.782	22.091	Confirmed
Marital Adjustment to Marital Commitment	0.785	22.145	Confirmed
Marital Adjustment to Marital Intimacy	0.765	21.870	Confirmed
	0.7 00	=11.070	commune

The software provides the path coefficients and significance values corresponding to each coefficient. At a 95% confidence level, significance values greater than 1.96 indicate the confirmation of the related hypothesis. Table (2) presents the research hypothesis along with the correlation coefficients and their

significance values. It should be noted that when the significance value is greater than 2.58, the relationship is also significant at the 99% confidence level.

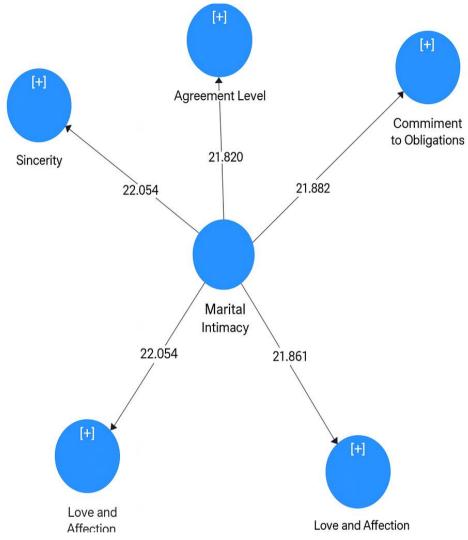


Figure 1. Significance model of marital intimacy

#### Discussion and Conclusion

The findings of this study revealed that marital intimacy exerts both direct and indirect effects on marital adjustment, with marital commitment playing a significant mediating role. Specifically, the results demonstrated that marital intimacy positively predicts commitment, and in turn, commitment significantly predicts adjustment. Furthermore, the direct pathway from intimacy to adjustment was also confirmed, indicating that intimacy is not only a precursor to commitment but also an independent determinant of adjustment. These results align with the proposed hypothesis that intimacy enhances adjustment both directly and indirectly through strengthening commitment, thereby providing a more integrated understanding of the relational processes that sustain marital stability.

The direct effect of intimacy on adjustment underscores the importance of emotional closeness, trust, and mutual disclosure in sustaining marital quality. Couples who cultivate deeper intimacy experience greater satisfaction, resilience against conflicts, and more adaptive communication patterns. This is consistent with

phenomenological research that highlighted the centrality of intimacy in dual-income couples' lived experiences of marriage, where balancing professional and personal lives requires maintaining strong emotional bonds (1). Similarly, empirical work on predictors of marital satisfaction has emphasized intimacy as a critical factor influencing both men's and women's perceptions of relationship quality (10). Our results extend these findings by demonstrating that intimacy's role is not confined to satisfaction but also extends to adjustment, the broader capacity of couples to adapt to stressors and relational challenges.

The mediating role of commitment between intimacy and adjustment also provides an important theoretical contribution. When intimacy fosters greater commitment, couples are more willing to invest in the relationship, remain resilient during conflict, and sustain the marriage despite challenges. This aligns with the theoretical position that commitment is not merely a static trait but a dynamic outcome of relational processes such as intimacy (2). Research on Iranian couples similarly revealed that intimacy and differentiation are strong predictors of commitment, further confirming that intimacy is a key antecedent to commitment (5). The mediating function of commitment is also consistent with findings that self-differentiation, forgiveness, and empathy enhance marital quality indirectly through their effects on commitment (4, 12, 13). Taken together, these convergent results support the theoretical model in which intimacy contributes to adjustment both directly and via its role in strengthening commitment.

Another notable aspect of the findings is the strength of the direct pathway from commitment to adjustment. Couples with higher levels of commitment reported significantly higher adjustment, supporting the view that commitment stabilizes the marital bond even when intimacy is challenged by stressors. This result resonates with studies on emotional divorce, which found that reduced commitment and weakened intimacy were key predictors of relational breakdown (3). Commitment serves as both a protective factor against emotional estrangement and a motivator for couples to persist in problem-solving, thereby maintaining adaptation to life demands. Furthermore, research has shown that moral and structural forms of commitment, beyond personal attraction, contribute to the endurance of marital bonds even when intimacy fluctuates (11). The present study provides empirical evidence for these theoretical claims, highlighting commitment's indispensable role in linking intimacy to adjustment.

The findings are also consistent with research conducted in diverse cultural contexts. For instance, a longitudinal study in China demonstrated reciprocal associations between commitment, forgiveness, and marital well-being, illustrating how commitment operates as a mediator between positive relational processes and overall adjustment (2). Similarly, research in Jordan during the COVID-19 pandemic found that marital compatibility and stability were closely tied to relational variables such as intimacy and commitment (6). These cross-cultural findings strengthen the generalizability of our results by showing that the processes identified here are not limited to a single cultural context but are instead universal in sustaining marital quality.

Moreover, the strong effect of intimacy on adjustment observed in this study echoes earlier findings that therapeutic interventions designed to enhance intimacy and communication improve marital satisfaction and stability. Acceptance and commitment-based therapy, for example, has been shown to increase marital commitment among women who had filed for divorce, indirectly fostering relational resilience (7). Likewise, interpersonal metacognitive therapy has demonstrated efficacy in reducing dysfunctional communication patterns and improving marital adjustment (8). These intervention-based findings confirm that intimacy

and commitment are not only predictors of adjustment but also malleable constructs that can be strengthened through the rapeutic work.

The results also highlight the interactive nature of intimacy and commitment, echoing insights from economic and communication models. For instance, studies of the stable marriage problem in game theory revealed that communication and negotiation are indispensable for sustaining stable partnerships (14). While developed in a different discipline, these findings mirror the current study's results by emphasizing that relational stability depends on mutual investment, clear communication, and sustained commitment, all of which are facilitated by intimacy.

The present findings also resonate with occupational and demographic research. Studies of female nurses working in fixed versus variable shifts demonstrated that intimacy, satisfaction, and sexual functioning were significantly influenced by occupational patterns (9). Such results underscore the contextual sensitivity of intimacy and adjustment, showing that broader life circumstances interact with relational processes. Our findings suggest that commitment may serve as a buffer in such situations, enabling couples to adapt to external stressors more effectively when intimacy is nurtured.

Collectively, these findings make three major contributions. First, they confirm intimacy as a direct predictor of marital adjustment, underscoring its importance for relational resilience. Second, they identify commitment as a mediator, clarifying the mechanisms through which intimacy exerts its effects. Third, they align with cross-cultural, therapeutic, and occupational research, reinforcing the generalizability and applied significance of these constructs. Together, they provide a comprehensive understanding of how intimacy and commitment work in tandem to sustain marital adjustment.

Despite the valuable insights provided, this study is not without limitations. First, the use of self-report questionnaires introduces potential biases such as social desirability and subjective interpretation, which may affect the accuracy of responses. Second, the study was conducted on a geographically specific sample, which may limit the generalizability of the findings to other cultural or demographic contexts. Third, while structural equation modeling provides strong evidence for mediation, the cross-sectional nature of the data limits causal inference. Longitudinal or experimental designs would be more robust in establishing causality. Fourth, the reliance on quantitative measures may not fully capture the nuanced and dynamic experiences of intimacy and commitment in marital relationships, which could be better explored through qualitative or mixed-methods approaches.

Future studies should address these limitations by employing longitudinal designs that track couples over time to better establish causal relationships between intimacy, commitment, and adjustment. Expanding the sample to include diverse cultural, socioeconomic, and occupational groups would enhance generalizability and provide richer comparative insights. Qualitative studies could explore how couples perceive and negotiate intimacy and commitment in different life stages, providing a deeper understanding of the lived experiences behind the quantitative patterns. Additionally, future research should examine the role of moderating variables such as gender, personality traits, and family power structures, which have been shown to shape the dynamics of intimacy and commitment. Experimental interventions that deliberately manipulate intimacy-building or commitment-enhancing exercises could also provide direct evidence of causal mechanisms and practical applications.

The findings have significant implications for clinical and practical work with couples. Therapists and counselors should prioritize interventions that strengthen both intimacy and commitment, as these constructs jointly foster adjustment and relational resilience. Educational programs for couples could incorporate skills in communication, empathy, and negotiation to enhance intimacy while simultaneously reinforcing commitment. Workplaces and policymakers should also recognize the impact of occupational and societal stressors on marital quality and provide supportive structures, such as flexible work arrangements, to help couples sustain intimacy and commitment. Ultimately, strengthening these relational foundations can contribute not only to marital stability but also to broader family and community wellbeing.

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#### **Authors' Contributions**

All authors equally contributed to this study.

#### 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.

#### **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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