

## Research Paper

# The Effectiveness of Filial Therapy and Cognitive-Behavioral Art-Play on Meta-emotion View of Mothers of Single-parent Children During Coronavirus Quarantine



Nasim Esteki Azad<sup>1</sup> , Mohsen Golparvar<sup>1\*</sup> , Ilnaz Sajjadian<sup>1</sup>

1. Department of General Psychology, Faculty of Educational Sciences & Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran.



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## ABSTRACT

**Background:** Social distance, linked with negative emotional impacts, is one strategy to avoid COVID-19 disease, particularly for single parents and their children. This research aimed to see how Filial therapy and cognitive-behavioral art-play therapy can help single mothers' emotional perspectives.

**Methods:** A quasi-experimental study was conducted with three groups in two stages: pre-test and post-test. The study's statistical population included mothers of children aged 6 to 12 years living in Isfahan City, Iran, in 1400. A total of 54 mothers with single parent children were chosen via purposive sampling method based on the inclusion criteria. Then, they were randomly assigned to three experimental and control groups during public call in. The dependent variable was measured online using Evelynekehe (2011) meta-emotion perspective questionnaire. In ten consecutive sessions, mothers with children in the two groups received the intervention, whereas the control group received no intervention. Multivariate analysis of covariance was used to analyze the obtained data in SPSS software, v. 27.

**Results:** There was a significant difference in guidance beliefs between the art-play therapy group and the Filial therapy group, as well as between the two modalities of treatment ( $P < 0.01$ ). The findings also revealed a significant difference in views about sufficiency and competence between the art-play and the Filial control group ( $P < 0.01$ ), as well as between the Filial therapy and the control group ( $P < 0.01$ ). This finding suggests that art-play and Filial therapy boosted meta-emotion and its components in Evelynekehe.

**Conclusion:** Considering the effect of two interventions of art - play therapy and filial therapy on improving the mother 's meta-emotion perspective and the effect of art - play therapy on moderating ideas related to guidance and competence of mothers, it is necessary to pay attention to medical and educational planning. Consider the plight of single mothers in the COVID-19 epidemic and quarantine.

## \* Corresponding Author:

Mohsen Golparvar, PhD.

**Address:** Department of General Psychology, Faculty of Educational Sciences & Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran.

**Phone:** +98 (31) 35354001

**E-mail:** drmgolparvar@gmail.com

## 1. Introduction

The world's social developments in recent decades have presented the family system with new changes, problems, and requirements while also expanding the family's exposure to numerous factors [1]. The most challenging catastrophe a person may experience is the death of a close relative. If the family system fails to adjust to the new situation due to a lack of resources, it may be destroyed [2]. In the absence of either parent, the other parent's role in the child's development becomes more significant; as a result, the characteristics of maternal and paternal parenting may alter depending on the presence or absence of another parent [3]. Psychological characteristics in mothers may also influence the quality of parent-child connections [4]. The emotional condition of parents (primary caregivers) impacts children's emotions. Children who have a better relationship with their parents and whose parents show less stress and anxiety have fewer behavioral problems and follow better treatment plans [5]. Family support is also essential in coping with the loss [6]. Inadvertently, the single parent children gets embroiled in paradoxes that he cannot comprehend or deal with [7].

In this respect, "parents' cheerful viewpoint" is a novel concept that has lately been brought to the realm of psychology. The resident should be aware that emotions are split into two categories: primary emotions, which are felt automatically and intuitively, and secondary emotions, which are felt willingly in reaction to primary emotions. Sub-emotion, according to Greenberg, is a sub-scale of secondary emotions that encompasses basic emotions. Some scientists believe that people's mental impressions of feelings influence the quality of emotion. In other words, negative sensations (like shame and extra-anxiety) imply a rejection of a certain feeling or emotion, but good feelings (like hypersensitivity and hypersensitivity) are receptive and seem beneficial [8]. Meta-emotion perspective of parents are divided into two categories. The first variable is awareness that indicates parents' awareness of their own and their children's emotions and their ability to discuss the dimensions of emotions in the family [9].

The second variable is guidance, which refers to a level of parental intervention such as direct instructions and talking to children about their emotions. Because of their wide variety of contacts and activities, parents' extra-emotional styles (as a family component) impact their children's psychological performance. By highlighting

the relevance of parents' ideas and sentiments regarding emotions, the mother's transcendental viewpoint also protects children against the detrimental impacts of unbearable conditions [4]. Meta-emotion beliefs are an essential component of people's emotional regulation methods because they allow them to adapt to external events more flexibly [10]. State and Turner also emphasize the role of parents in the formation of emotions, as well as the impact of parental awareness and guidance in their children's emotional situations, and believe that receiving emotional training makes children feel more competent and adequate in the face of external obstacles and stress [11]. The function of parents' responses to their children's good and negative emotions in the establishment of positive and negative emotions in children was studied by Shewark and Blandon [12]. Their findings revealed an association between the child's emotional negativity and the parents' unsupported responses to the child's good feelings. Katz and Hunter also discovered that mothers who were more conscious of their emotions had better-adjusted children [13].

People with a negative attitude of emotions, according to Leahy, do not behave effectively or efficiently in coping with life situations and often employ unsafe tactics to control their surroundings [8]. Compared to Children whose parents don't see parents' meta-exciting philosophy as very efficient, children whose parents employ the emotional guidance approach have a high degree of emotional organization [14] and social skills [15]. After establishing meta-emotion as one of the factors associated with mental health [12], the critical question is how and via what means this variable can be promoted in single-parent women, improving their health and capacity. The mothers' mental health during the COVID-19 pandemic and the consequent quarantine must be taken into account in therapy and intervention plans. Play therapy combined with art therapy is one of the approaches that can help both mothers and children because therapeutic relationships are an essential component of children's therapy. The emotional relationship between parent and child is well established and maintained in a play-based interaction [16]. Play therapy, according to Farnam, Soltani Nejad, and Heidari, is a therapeutic strategy used to treat a broad variety of illnesses in children [17].

Previous research has found that play therapy, in the form, structure, and process described, can affect various problems in different samples, such as increasing the range of interpersonal relationships of girls with separation anxiety [18], the frequency of externalized behaviors of marginalized children [19], reducing symptoms of insecure attachment, separation anxiety in preschool chil-

dren [20], and self-confidence of children with mental disabilities [21], Social skills and academic achievement of students [22] demonstrate significant effectiveness.

Lantz and Rise employed art and play therapy to assist parents and their children enjoy a safe atmosphere by creating images, telling tales, and acting in a study entitled *The Use of Art and Play in the Treatment of Existential Trauma of Children and Their Parents*, Lantz and Rise, using art therapy and play method, helped parents and their children to succeed in a safe space by drawing pictures, telling stories, puppet shows and sandboxes to bring trauma from the unconscious to the level of awareness, to share trauma with the therapist and take over them [23]. In general, few studies have attempted to integrate the dimensions and powers of both treatments to address the concerns and requirements of mothers and their children by integrating both art therapy and play therapy based on the situations and needs of single mothers. Because of the increased load of duties single-parent moms face, positive therapies with long-term benefits are needed to sustain the mother's happiness and solid ties with her kid. On the other hand, essential findings may be accomplished to increase the quality of excitement and depleted functions of mothers by commencing research in this sector and propagating it in other psychological functions.

There is a significant lack of scientific knowledge and information on the combination of two methods of play and art therapy for single parent children, as is widely recognized in domestic and international research. This study will pave the way for closing the knowledge gap described before. As a result, it is feasible to address the difficulties of mothers and children via parent-child play (filial therapy) and art-play therapy, which is consistent with the inner dynamics of the children engaged in the parenting problem. This research focuses on using filial therapy in conjunction with a new integrated approach to cognitive-behavioral art-play so that single mothers address their parenting difficulties by playing with and connecting with their children. The study's major objective is whether Filial therapy and cognitive-behavioral art-play therapy impact the mothers of single-parent children's meta-emotion.

## 2. Methods

The current research was a quasi-experimental study with a pre-test-posttest design and three study groups: a cognitive-behavioral art-play group, a Filial Therapy group, and a control group. In the spring of 1400, all mothers with a single child aged 6 to 12 years living in Isfahan City, Iran, who joined the study procedure by a call were

included in the statistical population. Purposive sampling based on the inclusion and exclusion criteria was used to pick 54 eligible mothers and their children (18 persons for each study group). They were then divided into three groups using a simple random approach (lottery). After the research, one member of the cognitive-behavioral art-play therapy group and three members of the Filial therapy group dropped, reducing the sample size to 17 and 15 participants, respectively. The group decline was attributable to coronary heart disease throughout the sessions. The exclusion criteria included reluctance to participate in the study, participating in alternative psychological or psychiatric treatment, and absence of more than 2 sessions of treatment. The inclusion criteria included having a single child in the age group of 6 to 12 years, not being placed in other psychological or psychiatric treatments, lacking psychological disorders, and having full consent to participate in treatment and research. Ethical considerations included the observance of the principle of confidentiality, the use of data only for the research without mentioning the names of individuals, the freedom and full authority of participants to cancel their participation in the research if desired, and to get accurate information about the research at the request of participants. Written consent was obtained from the participants. Besides, after the treatment was completed, the control group could ask for and receive either program of the cognitive-behavioral art-play therapy or Filial Therapy.

## Research Instruments

The Parental Meta-Emotion Scale (PMES) was utilized to gather data online. The short form of the Parental Meta-Emotion Scale was prepared in 2006 by Evelynekehe. In this survey, parents are asked to share their ideas and feelings about their own and children's anger, sorrow, and worry. The original version of this questionnaire included 30 items, but three items were eliminated, and the total number of questions was lowered to 27 when Parsayi and Foadchang [24] translated and examined the psychometric features of the questionnaire in Iran in 2010. So, this questionnaire has 27 items in two subscales: leadership beliefs (18 items, questions 1–18) and competency beliefs (18 items, questions 1–18). (9 terms, questions 19 to 27). The answers are scored on a 5-point Likert scale from "strongly agree=5" to "strongly disagree=1." The total scores vary from 27 to 135. Higher scores imply that parents have a strong viewpoint and style. Ivlinico used factor analysis to test the questionnaire's validity [8]. Parsaei and Foadchang tested the validity of this questionnaire utilizing factor analysis with the main components approach and varimax rotation [24]. The questionnaire's reliability was 0.98 for the

guidance subscale, 0.85 for the sufficiency and competence subscale, and 0.79 for the whole scale using the Cronbach alpha. The Cronbach's alpha method has been used in the study of Parsayi & Foadchang to determine reliability. In this research, Farahijan's Cronbach alpha, attitudes about leadership, and beliefs about acceptability and competence were 0.93, 0.92, and 0.87, respectively.

Two groups of art - cognitive-behavioral play therapy and Filial therapy and a control group, art - play therapy [25] and Filial therapy [26] during sessions received the treatments in person and complementary to the groups formed in virtual networks. A weekly session with play therapy equipment was held in person in the play therapy room of a psychological counseling center in Isfahan, with the participation of mother and child at the same time, under the supervision of a master therapist with official credentials and a hygienist. During this time, the control group was on the waiting list and did not get any treatment. Then, after the end of the post-test treatment sessions, it was performed for all three groups. Tables 1 and 2 provide the treatment sessions and a short description of each session for the two therapies employed in the research.

**Statistical analyses**

The obtained data were analyzed by multivariate analysis of covariance and Bonferroni post hoc test in SPSS software, v. 27.

**3. Results**

The findings of the Chi-square test showed no significant difference between the experimental and control groups regarding the child age, mother's education, child gender, number of children in the household, and years of single parenting. In two phases of research, the Mean±SD of meta-emotion components for experimental and control groups revealed that the two groups of art-play therapy and filial therapy exhibited more significant changes in the post-test stage than the control group (Table 3).

In addition to validating the normality of the data distribution, Levene's test revealed error variance equality (P=0.05) before starting the analysis of covariance. The slope of the regression lines was equal after the interaction of group membership with the pre-test. The Box's M test for the equality of the variance-covariance matrix was also tested (Table 4).

Parent meta-emotion has a normal distribution (P<0.01) and error variance equality (P<0.01) in all

**Table 1.** Summary of art-play therapy

Sessions	Summary of Contents
1 <sup>st</sup>	Setting up playroom rules and preparing a poster called "Our playroom rules," beginning the games based on identifying and naming the feelings and engaging the child in painting and art activities, as well as providing homework worksheets.
2 <sup>nd</sup>	Using art therapy techniques to teach fear and anxiety control, cognitive reconstruction of the beliefs caused by the anxiety of loneliness and separation using hand effect on the heart with collage and storybook.
3 <sup>rd</sup>	Using art-play therapy techniques to teach emotional and behavioral management, practicing the non-violent communication using giraffe heart imagery with collage, creating the child's unique ability to express feelings using the Little Bear World card.
4 <sup>th</sup>	Using art-play techniques to reconcile with anger and express it without violence, the play of leaving your mission in making the angry monster hungry! Using some tools and clay to model and giving away the clay.
5 <sup>th</sup>	Use art-play therapy techniques to reduce clinical symptoms and teach behavioral management to siblings and parents through the techniques, including paper shredding and reversing techniques using illustration and making a map of habit returning and finger painting, mandala.
6 <sup>th</sup>	Using art-play therapy techniques to identify dysfunctional beliefs and cognitive reconstruction through the techniques such as emotion cookies, weights, and balloons, coloring geometric shapes using the technique of perfect flower is God, the story of the black cloud, and activity of "lighten the color of your cloud."
7 <sup>th</sup>	Using art-play techniques to promote desirable social behaviors and skills, as well as the enrichment of communication with parents and peers using the techniques, such as yarn drawing games, inviting to a childish meeting using dolls.
8 <sup>th</sup>	Using art-play therapy techniques to gain knowledge using the techniques, such as the use of artistic and verbal metaphor in the form of storytelling with imagination before and after experiencing loss through activities such as everything is changing, life is a journey, this death was not the result of your mistake, commemorating the memory of a loved one, paint your life.
9 <sup>th</sup>	Using the techniques of art-play therapy requires enjoyable and exciting activities through the techniques, such as the use of magic tricks like volcanoes and coming to the surface.
10 <sup>th</sup>	Using art-play therapy techniques for increasing physical strength and sleep quality, and summarizing the use of techniques such as the strong animal technique.



**Table 2.** Summary of the Filial Therapy

Sessions	Summary of Contents
1 <sup>st</sup>	Expressing the essential topics, such as encouraging and strengthening parents, empathy with parents, and showing communication problems between parents and their children as normal.
2 <sup>nd</sup>	Identifying the four main emotions. Teaching the empathetic response to the child and practicing empathetic response.
3 <sup>rd</sup>	Teaching the four principles of play. The child is the guide in play sessions, considering the child's feelings through facial expressions, body, tone of voice, and speech of the child.
4 <sup>th</sup>	Preparation of toys: toys related to real-life, toys related to the expression of anger, and some toys for creativity. Teaching the dos and don'ts of play sessions, playing in a specific place and time, putting the same toys next to each other, the child being the guide
5 <sup>th</sup>	Teaching restraint skills for children's inappropriate behaviors, applying the three steps of limitation, including empathetic and intimate reflection of the child's feelings
6 <sup>th</sup>	How to talk to the child, the significance of recognizing their feelings, and list play session skills, such as maintaining structure, empathy, following, avoiding questions, and giving guidance
7 <sup>th</sup>	Methods of giving the right to select (the right to select simply and empower the child, the right to select as a positive outcome, and the right to select to strengthen the rules of the house)
8 <sup>th</sup>	Increasing self-confidence in children, the consequences of reducing self-confidence, and ways of increasing self-confidence, such as the opportunity of dealing with problems
9 <sup>th</sup>	Teaching how to encourage and its difference from praise, the need to encourage instead of praising
10 <sup>th</sup>	Reviewing the skill of the right to choose, limiting and encouraging, setting restrictions as advanced in the form of explaining the consequences of work, generalizing the restrictions outside the session



three phases of pre-test, post-test, and follow-up (Table 5), except for the post-test and follow-up periods (which have not been observed). The variance-covariance matrix equivalence (by Box's M test) ( $P < 0.05$ ) and sphericity default (via Mauchly's or Maxwell test) were not detected. The Greenhouse-Geisser statistic in the final analysis tables may be used when the sphericity default is not observed. As a final resort, the slope of the regression lines was checked.

After testing the hypotheses, a multivariate analysis of covariance revealed that, after controlling for the pre-test, the factor of group membership (art-play, cognitive-behavioral therapy, Filial Therapy, and the control group) in the variable meta-emotion ( $P < 0.01$ ,  $F = 54.19$ ) is significantly different from leadership ( $P < 0.01$ ,  $F = 47.31$ ) and adequacy and competence ( $P < 0.01$ ,  $F = 44.76$ ). This finding suggests a substantial difference in meta-emotion, leadership views, and adequacy and competence beliefs, at least between the two groups of the three study groups (Table 5).

**Table 3.** Mean±SD of meta-emotion components of research groups in two time stages

Variables		Mean±SD		
		Art-Play Therapy	Filial Therapy	Control
Meta-emotion	Pre-test	80.82±24.112	79.53±31.128	80.17±30.40
	Post-test	45.76±13.64	33.60±6.41	26.05±12.96
Guiding	Pre-test	58.35±18.13	54.53±21.34	57.27±21.78
	Post-test	86.82±4.21	68.26±11.65	57.16±21.56
Adequacy and competence	Pre-test	22.47±7.45	25±10.21	22.88±9.63
	Post-test	41.41±4.71	32.33±8.36	23.88±9.48



**Table 4.** The shapiro-wilk, levene’s, m. box, and mauchly’s test results in meta-emotion variable

Variable	Test	Shapiro-Wilk test		Levene’s test	
		Statistics	Significance	Statistics	Significance
Parent meta-emotion	Pre-test	0.95	0.51	0.37	0.68
	Posttest	0.89	0.09	9.88	0.001
	Consistency	0.88	0.06	10.94	0.001

  

Variable	Box’ M test		Mauchly’s test	
	Statistics	Significance	Statistics	Significance
Parent meta-emotion	48.961	0.00	0.048	0.000



The results of Bonfroni’s follow-up test in order to compare the two groups of the research showed that in the overall meta-emotion scale and its components including beliefs related to guidance and beliefs related to adequacy and competency between art-play therapy and phillial therapy with the group There was a significant difference ( $P<0.01$ ), and there was a significant difference between the two interventions ( $P<0.01$ ) so that two groups was used for Both dimensions of beliefs related to guidance, competence and competence were much more effective (Table 5).

#### 4. Discussion

This research aimed to examine the efficacy of Filial therapy and cognitive-behavioral art-play therapy on the meat-emotion of single-parent children’s mothers during myocardial quarantine. Between the control group and the two therapy methods, there is a considerable difference. The results also showed that there is a significant difference between art-play group with pillial therapy and control group, and between filial therapy group and

**Table 5.** Results of the analysis of covariance in the text of multivariate analysis of covariance for meta-emotion components

Work Reference	Characteristics	TSS	d <sub>f</sub>	Mean	F	Sig.	μ	Test exponent
Meta-emotion	Pre-test	16384.862	1	16384.862	93.00	0.001	0.67	1
	Member of group	19093.619	2	9546.809	54.19	0.001	0.70	1
	Error	7927.610	45	176.169	-	-	-	-
	Total	571372.00	50	-	-	-	-	-
Guiding	Pre-test	7644.705	1	7644.705	97.82	0.001	0.68	1
	Member of group	7395.414	2	3697.707	47.31	0.001	0.67	1
	Error	3516.554	45	78.146	-	-	-	-
	Total	266969.00	50	-	-	-	-	-
Adequacy and competence	Pre-test	1645.873	1	1645.873	54.10	00.1	0.54	1
	Member of group	2723.80	2	1361.540	44.76	00.1	0.66	1
	Error	1368.851	45	30.419	-	-	-	-
	Total	57973.00	50	-	-	-	-	-



control group. This finding suggests that cognitive-behavioral art-play treatment and later Filial therapy enhanced meta-emotion and its components single parent children mothers. These findings are generally in line with prior research findings. There are two types of research in the meta-emotion area of parenting that have been conducted so far: correlation and experimental studies (very few). However, in terms of causal limitations, the results of correlation studies cannot be directly compared with experimental and quasi-experimental studies such as the current study. However, considering that the results of correlation studies are the result of pre-experimental studies (such as qualitative-quantitative studies that are performed through the first quantitative stage based on path analysis or structural equation modeling), the results of correlation studies can be directly compared with the results of experimental and quasi-experimental studies [27].

According to this point, the results of studies on the relationship between meta-emotion styles Parents with things like self-efficacy and emotional intelligence students [9, 24, 28] Children's emotional regulation and anxiety [14], formation of positive and negative emotions in children [12], depression [13], shows alignment.

In addition to the correlation studies mentioned above, studies on the effectiveness of art therapy and play therapy in increasing the range of interpersonal relationships of girls with separation anxiety [18], the frequency of externalized behaviors of marginalized children [19], and reducing insecure attachment symptoms of separation anxiety [20] have been conducted. Self-confidence of children with intellectual disabilities [21], achievement of students [22], parental acceptance [29], emotion regulation [30-31], internalizing problems [32], emotional-functional [33-34], reducing symptoms of post-traumatic stress disorder [35], parental stress children with functional abdominal pain, also noted. Although the statistical population of the current study (mothers of a single child) differs significantly from that of the experimental studies mentioned, the results can be compared because some techniques in play therapy and art therapy are included in the package of art-play-cognitive-behavioral therapy. The experimental investigations were somewhat similar to the current study's findings on the usefulness of art-cognitive-behavioral play therapy in enhancing mother enthusiasm.

Several significant processes contribute to the better efficacy of cognitive-behavioral art-play therapy in enhancing mother enthusiasm. The general content and structure of the cognitive-behavioral-art-play therapy

course are based on creating positive interactions, establishing a relationship based on empathy, being friendly and warm with the child, identifying and naming emotions, and expressing conflicts, desires, and emotions (emotional discharge and fear and anxiety control). To teach emotional coping methods, proper expulsion and communication without causing injury to others, reconciling with rage and expressing it without violence, teaching emotional control and practicing communication without violence, and behavioral management training with siblings and parents to reduce clinical symptoms identification is essential. The focus of the therapy is on the repair of dysfunctional ideas and cognitive abilities, the development of desired social behaviors and skills, and the enrichment of communication with parents and peers. The cultivation of pleasant emotions such as attachment and transcendence represents the individual's reality in embracing their feelings and higher meta-emotion. Children's answers based on acceptance of their grief and rage raise the mother's value of their emotions, and enhance the parent's emotional understanding. Sub-emotional beliefs are a key aspect of people's emotional regulation techniques, allowing them to adapt to external events more flexibly [13].

Considering the increase in parental excitement in terms of using play therapy based on parent-child relationships (Filial Therapy) in mothers of single children, it must be mentioned that recognizing emotions and understanding how they work plays a crucial role in ongoing family interactions. The dimension of the parenting perspective as a family element and increasing knowledge, acceptance, and guidance in recognizing and regulating emotions is a window to move towards a more harmonious family life. It facilitates the creation of interpersonal and individual interactions. The role of the parent in the formation of emotions, as well as the impact of parental awareness and guidance in children's emotional situations, is always acknowledged because children who receive emotional training from their parents feel more competent in the face of external obstacles and stress. Parents who are sympathetic and consoling to their children through challenging emotional situations such as the death of a parent develop a greater bond with their children. They educate their children on how to handle their emotions in the case of a traumatic situation by sharing their experiences and recommendations. One of the critical objectives of Filial therapy is for parents to become more conscious of their own and their children's emotions, as well as be able to talk about the many aspects of emotions in the family. Two-person play is led by the child and accompanied by the mother, and both provide the foundation for the development of interpersonal skills, emotional self-regulation, and extra-emotional skills [8].

Concern for emotions, respect for it, and acceptance of their children's emotional experiences provide the basis for developing interpersonal skills, emotional self-regulation, and extra-emotional skills.

A few of the study limitations are the imbalance of personality traits of participating mothers, mothers' absence from several training sessions due to limitations imposed by the spread of coronavirus, lack of follow-up due to time constraints, and inability to control social and economic class variables of parents. As a result, it is recommended that new research be conducted, considering the constraints above, to assess the therapeutic benefit of coordinated treatments by the therapist, family, and school in distinct groups. These strategies should also be investigated in other places and connected to the father's parent households.

## 5. Conclusion

Considering the effect of two interventions of art - play and filial therapy on improving the meta-emotion of mother and the effect of this therapies on moderating beliefs related to guidance, adequacy and competence of mothers, it is necessary to pay attention to the meta-emotions of mothers of single parent children in the COVID-19 epidemic.

## Ethical Considerations

### Compliance with ethical guidelines

The Scientific Research Committee of the Islamic Azad University, Isfahan branch (Khorasgan), approved the current research (IR.IAU.KHUISF.REC.1399.060).

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### Authors' contributions

Writing – original draft, and writing – review & editing: Nasim Esteki Azad; Data collection and data analysis: Mohsen Golparvar; Methodology: Nasim Esteki Azad; Investigation: All authors.

### Conflict of interest

The authors declared no conflict of interest.

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