

Effect of Self-healing Training on Marital Conflicts of Women Visiting Counseling Centers

Fahimeh Zarean¹(MSc), Ali Sheykholeslami¹(PhD), Esmaeil Sadri-Damirchi¹(PhD)

1. Department of Counseling, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran

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Corresponding Author:

Ali Sheykholeslami,
Department of Counseling,
Faculty of Educational Sciences and
Psychology,
University of Mohaghegh Ardabili,
Ardabil,
Iran
E-mail: sheykholeslamiali@gmail.com

Abstract

Introduction: Marital conflicts impose tensions and psychological pressures on couples, leading to devastating impacts on their relationship. The present study aimed to investigate the effect of self-healing training on marital conflicts of women visiting counseling centers in Isfahan (Iran).

Method: This was a quasi-experimental study with three stages (pre-test, post-test, and follow-up). The statistical population comprised of all women with marital conflicts visiting counseling centers in Isfahan in 2020. Sixty women were selected through convenience sampling and were randomly assigned to experimental (n=30) and control (n=30) groups. The experimental group received twelve (90-minute sessions per week) self-healing training sessions. The research instrument was the Marital Conflict Questionnaire (MCQ).

Results: Findings showed that self-healing training improved the components of marital conflicts in the areas of cooperation, sexual relationship, emotional reactions, attracting more support from children, and separation of financial matters ($p < 0.01$). Moreover, by considering the significant difference between the pre-test and follow-up stages, it can be stated that the effectiveness of the intervention remained stable after the end of the program.

Conclusion: According to the results, it can be concluded that self-healing training, as a new approach, can reduce marital conflicts.

Keywords: Mental Healing, Marital Conflicts, Emotions, Women

Introduction

Conflict occurs between couples with conflicting interests, views, and beliefs [1, 2]. It can take a variety of forms, including depression in one or both spouses, abuse of the spouse, and verbal and physical conflicts between them, resulting in divorce [3, 4]. Marital conflicts include the spouses' disagreement on most common issues in married life, such as relationships with others, sexual issues, child-rearing, economic issues, etc. The process does not disappear over time and has negative psychological and emotional impacts on their psychological and emotional health [5]. Systemic therapists describe marital conflict as a struggle over possession of the position and sources of power, and the elimination of others' privileges. Marital conflict often results from spouses' lack of understanding of different backgrounds of development, different personality traits, values, and attitudes, different thinking and interpretation styles, and different environmental conditions [6, 7]. Marital maladjustment creates tension in the friendly and warm atmosphere of the family and undermines the spouses' relationship, leaving them dispirited. Among the main factors that cause marital maladjustment and conflict are communication problems and incorrect or unsatisfactory communication in couples, which result from lack of appropriate and necessary skills to establish a healthy and sincere relationship [8-10]. Therefore, it is possible

to resolve many problems by accurately recognizing the effects of human values such as love, satisfaction, and forgiveness as well as intrapersonal factors such as intimacy, honesty, trust, and commitment that affect interpersonal behaviors [11].

Given the above-mentioned considerations and women's vulnerability in marital conflicts, it seems necessary to identify strategies that can help improve relationships and reduce conflicts in the family. One of the interventions that may affect these components is the self-healing approach [12]. Self-healing is a new therapy that targets managing and controlling physiological stress. It is one of the new approaches in positive psychology and was officially introduced by Alexander Loyd, and Ben Johnson in *The Healing Code* in the United States in 2011. The self-healing approach includes the following skills: memory retrieval, recognizing problematic personality traits, reducing harmful actions, teaching self-relaxation techniques, prayer, and healing code exercises [12, 13].

Persistent physiological stress can lead to mental distress, psychological disorders, and eventually, weakened immune system [14]. In addition, physiological stress decreases problem-solving process, rational reasoning, accurate planning, and sound judgment. In various diseases, the presence of negative emotions and believed lies caused by destructive cellular memories leads to mental and involuntary imbalance in the autonomic nervous system, weakening the body's immune system. Hence, the presence of destructive cellular memories can cause and aggravate various mental disorders such as resentment, narcissism, inability to control anger, irrational fears, depression, obsession, rejection and violence, low self-esteem, pessimism, idealism, inability to control impulse, addiction, procrastination, anxiety and distress, harmful actions, destructive communication, and reduced rational performance in addition to chronic physical disorders such as hypertension. According to Loyd and Johnson [14], all destructive problems and memories of an individual are rooted in one or several of the following: resentment, harmful actions, misconceptions, and negative emotions, selfishness, sadness and distress, anxiety and fear, anger, despair, and intolerance (impatience), rejection and violence, feeling of not being good enough, controlling and limiting, unhealthy pride, arrogance, deterrent image, and loss of control.

The self-healing focuses on the individual's efforts to treat destructive cellular memories, or hidden memory, and to identify the root causes of physiological stress. It emphasizes self-care, spiritual excellence, having a healthy lifestyle, correcting internal monologues, overcoming unhealthy fears and beliefs, meditating, praying, and practicing healing codes special exercises [15]. Research has indicated the effectiveness of this approach in improving some physical and psychological disorders. Latifi et al. [12] found that self-healing affects self-compassion and body image concerns in patients with skin cancer. Zarean et al. [13] showed the effect of self-healing on psychological capital and tolerance of distress and headache of addicts' spouses. Latifi et al. [16]

also reported the effect of self-healing on lifestyle in hypertensive women. Studies have reported the effect of self-healing on depression, intensity of perceived pain, and pain-related anxiety in patients with chronic headache [17]. Self-healing was reported to be effective in improving the mothers' Quality of Life (QoL) and the quality of parent-child interactions [18]. Frohlich et al. [19] found that the implementation of this program reduced alcohol abuse in the experimental group, improved the QoL, and reduced anxiety and depression as well as abuse of other drugs. After conducting a study on the importance of self-healing through physical self-care, Russian researchers highlighted the role of self-healing in physical health with a focus on the type of nutrition, food, and sleep regulation [20]. Vignesh et al. [21] concluded that individuals' level of arousal and energy was enhanced directly or indirectly when they were exposed to healing codes. The ultimate goal of this treatment is to increase peace of mind, love, trust, kindness, tolerance, and humility and to reduce destructive cellular beliefs by training and practicing self-help skills to abate irrational stress, stop the activity of brain's "fight or flight" system, boost the immune system, reduce physiological stress, and achieve cellular, mental, and physical relaxation. This therapeutic approach stresses recognizing hidden fears and identifying the root causes of physiological stress, eliminating unhealthy personality traits, improving lifestyle, and concentration on supplication before God via prayer. This preventive treatment accelerates the recovery and rehabilitation process [13, 15].

Given the importance of maintaining the foundation of the family and the mental health of its members, especially women who play a major role in creating a peaceful home environment and raising children and are highly affected by marital conflicts, it seems that the self-healing approach, which is a modern approach understandable for everyone, could be effective in reducing marital conflicts through the rehabilitation of the affected women. Accordingly, this study aimed to investigate the effect of self-healing training on marital conflicts of women visiting counseling centers.

Method

This research was a quasi-experimental study with three stages (pre-test, post-test, and follow-up). The statistical population comprised of all women with marital conflict who visited a counseling center in Isfahan in 2020. Sixty women, who had marital and family problems and were willing to participate in this research, were selected as the sample through convenience sampling, based on the inclusion and exclusion criteria. They were randomly assigned to experimental and control groups (30 individuals in each group). The inclusion criteria included a written informed consent to participate in the research by the participants, the age of 20-40, absence of simultaneous psychological or medical treatment, absence of any occupational or medical inhibition to receive psychological services, minimum middle school education, marital life history of more than one year and having marital conflicts based on the scores of the MCQ.

The exclusion criteria included lack of cooperation and failing to carry out the assigned tasks in sessions, being absent for more than two sessions, and having acute or chronic mental disorders. After sampling, the MCQ was used to obtain pre-test scores in both control and experimental groups in the presence of the researcher. Next, the experimental group received 12 self-healing training sessions (one 90-minute session per week) held by the therapist, while the control group was put on a waiting list. At the end of the sessions, both groups were evaluated for post-test scores and finally, after 45 days, they were re-evaluated for follow-up scores. The participants' willingness to participate in the research, ensuring that their information will remain confidential (the principle of confidentiality), and respecting their rights were the ethical considerations in this study. The study was approved by the Ethics Committee of Payame Noor University (code: IR.PNU.REC.1398.072).

The tools used in this study were as follows:

Demographic Survey Questions: A researcher-made demographic survey questionnaire was used to collect demographic information of the participants. The item of this questionnaire were prepared to collect data related to age and education of the participants.

Marital Conflict Questionnaire (MCQ): The MCQ is a 42-item instrument developed by Boostanipoor and Zaker [22] to measure seven areas of marital conflicts, namely decreased cooperation, decreased sexual relations, increased emotional reactions, attracting more support from children, increased personal relationship with relatives, decreased relationship with the spouse's relatives and friends, and separation of financial matters. The questionnaire is scored based on 5-point Likert scale ranging from 1 (never) to 5 (always). Scores between 70 and 114 indicate normal marital conflicts, scores in the 115–134 range indicate over-normal conflicts, and the score of 135 and higher indicate intense conflicts or severely damaged relationships. Boostanipoor and Zaker [22] confirmed the validity of MCQ. The authors reported the reliability of this tool as 0.82 [23], and Bahari et al. [24] evaluated its reliability as 0.80. In the present study, the Cronbach's alpha coefficient was 0.81 for this questionnaire.

When the participants received a complete explanation of the purposes of the study and how the sessions are held, a pre-test evaluation was carried out before the beginning of the training course. The post-test evaluation was carried out after the participants completed their treatment sessions and the follow-up test was administered 45 days after the last session. A summary of the group treatment sessions is presented in Table 1. Self-healing sessions were performed in Isfahan Psychology Clinic by a psychotherapist who had received the necessary workshops and training. In all sessions, while emphasizing confidentiality, the researchers asked all the group members to actively participate in the discussion and share their personal experiences with others. Self-analysis, finding destructive cellular memories, and identifying how to reduce the adverse effects of these memories were foregrounded in the sessions. In each

session, the topics of the previous sessions were reviewed and completing the tasks was emphasized.

The repeated measures ANOVA was used to investigate the research hypothesis. SPSS version 26.0 was further used to analyze the data.

Results

The participants included 60 women with marital conflict, aged between 30 and 45 years old. The mean and Standard Deviation (SD) age of the participants in the experimental and control groups were 37.66 ± 5.95 and 38.40 ± 5.03 years respectively. In this study, 26 women (43.33%) had a middle school, 22 women (36.67%) had a high school education, and 12 people (20.00%) had a college education. The descriptive findings including the mean and SD of the studied components are presented in Table 2.

The results of Levene's test on the assumption of equal variances of the scores of the variables in the two groups and the results of Shapiro-Wilk test for the assumption of normal distribution of scores and the assumption of homogeneity of variances were confirmed. The data had normal distribution. None of the correlation coefficients of the covariates exceeded 0.80. Therefore, another assumption of the ANOVA, lack of complete correlation between covariates, was met. The results of Mauchly's test were significant for all components at 0.01; thus, Greenhouse-Geisser correction was used.

According to Table 3 and considering the significance of intra-group factors, a significant difference was confirmed between the pre-test, post-test, and follow-up for the components of marital conflict in the areas of reduced cooperation, reduced sexual relations, increased emotional reactions, increased support for children, and financial separation. Moreover, with the significance of the group source between the groups, there was a significant difference between the experimental and control groups in marital conflict components ($p < 0.05$). The intra-group Eta coefficient showed that 85% of the intra-group changes in marital conflicts were influenced by self-healing training. Also, 78% of inter-group changes in marital conflicts resulted from self-healing training. The Bonferroni post hoc test was used to evaluate the effectiveness of self-healing training in the three stages of pre-test, post-test, and follow-up.

As it can be seen in Table 4, self-healing training improved the marital conflict components in the areas of cooperation, sexual relations, emotional reactions, attracting children's support, and financial matters in the post-test compared with the pre-test stage. As a result, self-healing training was able to improve and reduce marital conflicts ($p < 0.01$). However, this training did not affect the relationship with relatives and with spouse's relatives. Additionally, due to the lack of significance between the post-test and follow-up stages, the effectiveness of this training can be said to have remained stable after the end of the training program.

Table 1. Self-healing Session Protocol

Sessions	Content
First	Meeting group members and establishing a therapeutic relationship, outlining the goals and rules of the sessions, introducing situational stress and teaching how to manage them, and explaining the role of stress in the functioning of the immune system. Task 1: Examining the modes of concerns, problems, and stresses and preparing a complete list by the group members
Second	Explaining physiological stress, hidden stress, or destructive cellular memories. Task 2: Self-observation and identifying existing stress, and practicing proper breathing and relaxation at least once a day
Third	Teaching how to recognize a real or false problem, teaching realistic and problem-oriented thinking, teaching memory retrieval with regard to failures and conflicts, performing an online memory retrieval test. Task 3: Examining the real and made-up problems in life by the members, starting memory retrieval, practicing the rose meditation exercise
Fourth	Finding the roots of cellular destructive memory, introducing three groups: resentment; misconceptions and negative emotions, and harmful actions Task 4: Gaining a more accurate understanding of resentment, examining the dimensions of hidden beliefs and cellular destructive memories, finding related physical problems, performing meditation or respiratory muscle relaxation (as preferred by the group members)
Fifth	Implementing the glass elevator technique, retrieving memories of traumas and highly influential life events in all periods of life, shocks, and PTSD based on one's attitude, teaching and implementing the empty chair technique, discussing the harmful actions of the group members, performing the temple meditation Task 5: Performing the empty chair technique at home, studying forgiveness and thinking about choosing the part; examining harmful actions, performing meditation and respiratory muscle relaxation (as preferred by the group members)
Sixth	Explaining the puzzle of positive and negative emotions and teaching forgiveness techniques, redirecting the group members' focus from the past to the present, introducing the nine unhealthy beliefs and negative emotions, teaching how to express emotions effectively, analyzing the harmful actions of group members, and performing the white light body scan meditation. Task 6: Continuing the mental challenge of reducing the sense of resentment and revenge, examining unhealthy thoughts and believed lies, recognizing problematic feelings (anger, lust, pride, fear, sadness, and shame), and strengthening willpower and the ability to accept the responsibility for the consequences of behaviors, performing the white light body scan meditation
Seventh	Treating the harmful actions and wrong and destructive habits by teaching how to strengthen willpower, four-factor program, teaching problem-solving techniques and how to change conditions and environment, and teaching the reverse memory retrieval technique Task 7: Recording success and skills used in the three deterrent groups, performing the reverse memory retrieval technique, performing meditation or respiratory muscle relaxation (as preferred by the group members)
Eighth	Reinforcing healing codes one to four including love, happiness, peace, and tolerance, Selfishness treatment training, lowering expectations, compassion, fair behavior and humanistic attitude (understanding true happiness), paying attention to individual differences increasing communication and doing enjoyable activities, time management, accurate communication with the mind, tolerance training, and anger management Task 8: Starting a plan to create and reinforce the four healing codes in daily life, identifying the obstacles and recording success and progress, performing meditation or respiratory muscle relaxation (as preferred by the group members)
Ninth	Reinforcing the healing codes five to nine: kindness, goodness, trust, humility, and self-control, teaching how to improve communication (with oneself, God, others, and nature), increasing self-esteem (paying attention to signs of disease to please, effective self-expression, developing communication skills, treating unhealthy pride (self-care and caring for others, strengthening spirituality), treating loss of control (increasing self-control) Task 9: Creating and reinforcing nine healing codes in daily life, identifying the obstacles, and recording any success and progress
Tenth	Explaining the role of true request, the effects of prayer, persistence in focusing on wishes in the course of life, explaining the prayer-related scientific evidence in self-healing, teaching creative visualization, teaching how to perform the special exercises of self-healing codes Task 10: designating praying time and communicating with and thanking God (strengthening spirituality), exercises of silence and solitude and mind-body mindfulness, clarifying individual value system, and training creative visualization (positive attitude toward the future)
Eleventh	Balanced lifestyle training: modifying lifestyle by recognizing wrong habits and harmful actions, modifying sleep pattern and regulating eating, drinking, entertainment, traveling, exercising, and cleanliness and hygiene. Task 11: Practicing healing code exercises with praying and preparing true focus phrases
Twelfth	Modifying lifestyle via the recognition and reduction of false habits Teaching how to improve the QoL in terms of health, intimacy and communication (with parents, spouse, children, relatives and others), educational development, financial development, career advancement, useful social activities, and improving home, neighborhood, and community.

Table 2. Mean and SD of Studied Variables in Experimental and Control Groups in Pre-test, Post-test and Follow-up Phases

Variable	Phase	Experimental Mean \pm SD	Control Mean \pm SD
Marital conflicts	Pre-test	76.46 \pm 11.53	90.40 \pm 20.06
	Post-test	67.33 \pm 8.92	90.45 \pm 20.16
	Follow-up	58.40 \pm 8.99	90.26 \pm 20.00
Cooperation	Pre-test	8.60 \pm 2.19	9.66 \pm 2.67
	Post-test	8.00 \pm 1.77	9.73 \pm 3.33
	Follow-up	8.01 \pm 2.23	9.00 \pm 2.35
Sexual relations	Pre-test	11.46 \pm 2.76	10.93 \pm 2.66
	Post-test	7.40 \pm 1.72	11.40 \pm 2.70
	Follow-up	7.53 \pm 1.99	11.53 \pm 2.74
Emotional reactions	Pre-test	14.46 \pm 3.24	16.06 \pm 4.09
	Post-test	12.01 \pm 2.24	17.33 \pm 4.17
	Follow-up	12.20 \pm 2.50	17.66 \pm 4.54
Attracting more support from children	Pre-test	10.46 \pm 3.46	11.03 \pm 3.62
	Post-test	7.40 \pm 1.80	10.80 \pm 3.55
	Follow-up	7.06 \pm 1.53	10.60 \pm 3.49
Personal relationship with relatives	Pre-test	9.33 \pm 1.54	13.40 \pm 4.68
	Post-test	9.86 \pm 1.74	12.80 \pm 3.58
	Follow-up	9.73 \pm 1.63	12.73 \pm 3.50
Relationship with the spouse's relatives and friends	Pre-test	9.40 \pm 1.68	13.93 \pm 5.34
	Post-test	9.10 \pm 1.12	13.90 \pm 5.30
	Follow-up	9.01 \pm 1.09	13.60 \pm 4.88
Separation of financial matters	Pre-test	14.53 \pm 3.69	16.27 \pm 4.17
	Post-test	11.86 \pm 2.43	16.33 \pm 4.56
	Follow-up	11.73 \pm 2.30	16.40 \pm 4.61

Table 3. Repeated Measurement Results of Marital Conflicts in Pre-test, Post-test, and Follow-up Phases

Variable	Within and between subjects' effects	Source	SS	df	MS	F	p	η_p^2	Power
Marital conflicts	Within-subjects	Phase	14470.28	1.01	14592.88	324.61	0.01	0.85	1.00
		Group \times Phase	17661.62	1.01	17568.43	390.79	0.01	0.85	1.00
		Error	1265.42	28.14	44.95				
	Between-subjects	Group	46013.61	1	46013.61	85.46	0.01	0.78	1.00
		Error	15074.17	28	538.36				1.00
		Phase	1160.28	1.02	1132.78	179.07	0.01	0.86	
Cooperation	Within-subjects	Group \times Phase	1306.95	1.02	1275.97	201.71	0.01	0.87	1.00
		Error	181.42	28.68	6.32				
		Phase	579.62	1.01	575.05	17.80	0.01	0.38	0.98
	Between-subjects	Group	2035.37	1	2035.37	172.60	0.01	0.86	1.00
		Error	230.17	28	11.79				
		Phase	692.42	1.01	686.96	21.28	0.01	0.43	0.99
Sexual relations	Within-subjects	Group \times Phase	911.28	28.22	32.29				
		Error	4737.87	1	4737.87	33.36	0.01	0.54	1.00
		Phase	3975.77	28	141.99				
	Between-subjects	Group	1060.28	1.02	1039.49	184.96	0.01	0.76	1.00
		Error	1206.95	1.02	1183.28	210.54	0.01	0.77	1.00
		Phase	161.42	28.68	5.62				
Emotional reactions	Within-subjects	Group	2135.37	1	2135.37	192.89	0.01	0.76	1.00
		Error	310.17	28	11.07				
		Phase	4380.80	1.01	4358.10	319.61	0.01	0.91	1.00
	Between-subjects	Group \times Phase	5077.42	1.01	5051.12	370.44	0.01	0.93	1.00
		Error	383.77	28.14	13.63				
		Phase	2361.34	1	2361.34	11.67	0.01	0.29	0.91
Attracting more support from children	Within-subjects	Group	5661.55	28	202.19				
		Error	10.28	1.01	10.16	4.09	0.06	0.12	0.50
		Phase	0.68	1.01	0.38	0.28	0.60	0.01	0.08
	Between-subjects	Group	70.35	28.35	2.48				
		Error	2700.54	1	2700.54	12.45	0.01	0.31	0.92
		Phase	6071.77	28	216.86				
Personal relationship with relatives	Within-subjects	Group \times Phase	33.86	1.29	26.14	8.03	0.01	0.22	0.85
		Error	39.46	1.29	30.46	9.36	0.01	0.25	0.90
		Phase	118.00	36.27	3.25				
	Between-subjects	Group	3.60	1	3.60	0.56	0.46	0.02	0.11
		Error	179.46	28	6.41				
		Phase	1060.28	1.02	1039.49	184.96	0.01	0.76	1.00
Relationship with the spouse's relatives and friends	Within-subjects	Group	1206.95	1.02	1183.28	210.54	0.01	0.77	1.00
		Error	161.42	28.68	5.62				
		Phase	2135.37	1	2135.37	195.89	0.01	0.76	1.00
	Between-subjects	Group	310.17	28	11.07				
		Error							
		Phase							

Table 4. Bonferroni Post-hoc Test for Pairwise Comparison of Marital Conflicts in the Pre-test, Post-test and Follow-up Phases

Variable	Phase A	Phase B	Mean difference (A-B)	SE	p
Marital conflicts	Pre-test	Post-test	-13.43	0.71	0.01
	Post-test	Follow-up	-14.90	0.62	0.01
Cooperation	Pre-test	Post-test	-1.46	0.31	0.07
	Post-test	Follow-up	-7.63	0.57	0.01
Sexual relations	Pre-test	Post-test	-7.60	0.55	0.01
	Post-test	Follow-up	0.03	0.04	0.99
Emotional reactions	Pre-test	Post-test	-5.40	1.29	0.01
	Post-test	Follow-up	-5.36	1.25	0.01
Attracting more support from children	Pre-test	Post-test	0.03	0.10	0.99
	Post-test	Follow-up	-4.80	0.52	0.01
Personal relationship with relatives	Pre-test	Post-test	-4.75	0.55	0.01
	Post-test	Follow-up	0.01	0.04	0.99
Relationship with the spouse's relatives and friends	Pre-test	Post-test	-14.80	0.82	0.01
	Post-test	Follow-up	-14.80	0.83	0.01
Separation of financial matters	Pre-test	Post-test	0.01	0.04	0.99
	Post-test	Follow-up	-5.40	1.29	0.20
	Pre-test	Post-test	-5.36	1.25	0.09
	Post-test	Follow-up	0.03	0.10	0.99
	Pre-test	Post-test	0.70	0.35	0.18
	Post-test	Follow-up	0.72	0.33	0.13
	Pre-test	Post-test	0.03	0.03	0.97
	Post-test	Follow-up	-13.81	0.75	0.01
	Pre-test	Post-test	-14.80	0.78	0.01
	Post-test	Follow-up	0.01	0.03	0.99

Discussion

This study aimed to investigate the effect of self-healing training on marital conflicts of women visiting counseling centers. The results showed that self-healing had a significant effect on improving the components of marital conflict in the areas of cooperation, sexual relationship, emotional reactions, attracting the support of children and friends, and separation of financial matters in women with marital conflict. However, it did not affect relationship with relatives and with spouse's relatives. Overall, it can be said that self-healing training reduced conflicts in women with marital conflict. This finding is consistent with the research results of Vignesh et al. [21] and Zarean and Latifi [13].

To explain the effect of self-healing training, overall, it can be stated that the self-healing model propounds that the main cause of anxiety are destructive cellular memories that reduce emotional-cognitive flexibility and ultimately lead to interpersonal conflicts. These destructive cellular memories manifest themselves by creating certain states such as feelings of pessimism, harmful actions, unexplained resistance, perfectionism, and destructive communication in behavior. Women with marital conflicts, like many ordinary people, have destructive cellular memories. These memories cause stress in the body, change the cells to a defensive state, and put the autonomic nervous system out of balance and into a state of fight or flight, thereby making the individual confused and weakening the healing codes. This indirectly affects interpersonal relationships, including marital relationship. In fact, irrational fears, believed lies, and unhealthy thoughts are like tumors within cellular memories that lower the performance of an individual in various aspects of life. Perceived conflict and lack of empathy with spouse extremely reduces a woman's feeling of security and leads to the over-activation of destructive cellular memories,

decreasing her ability to manage life and have a healthy interaction with children and other family members. The process of destructive cellular memories and subconscious coping with them cause a feeling of inefficiency in various aspects of married life. By improving lifestyle and modifying internal monologues and through spiritual excellence and creative visualization, self-healing increases individuals' self-confidence and thus, improves their performance in their relationships [15]. Moreover, using the reverse memory retrieval technique and recalling individual strengths in different stages of life, being appreciated by spouse, handling a task, being loved and caressed by spouse, and finally enjoying health, as one of the greatest blessings bestowed by God, gradually lead to reduced destructive cellular beliefs. When a person improves their performance and gets positive attitudes from the environment, they will attain greater self-efficacy and hope and consequently, they will experience more resilience and effective communication. Thus, the self-healing training approach is effective in improving marital conflicts.

Self-healing is aimed at redirecting women's attention and effort from futile goals and lifestyle (such as reducing negative emotions, unpleasant thoughts, and changing their spouse) toward what they desire in their married life (love, kindness, tolerance, humility, trust, happiness, etc.). It can be said that due to a series of internal and cellular conflicts, women with marital conflicts face problems that lead to problems in communication with their husbands, progressively increasing their conflicts [18]. Self-healing refers to an individuals' practicing healing exercises for themselves. These exercises, which are performed via prayer and supplication before God, aim to show another aspect of life by treating destructive cellular memories, images, and false memory and recognizing false beliefs

and hidden fears [12]. The effectiveness of the techniques of this approach in improving cooperation and emotional reactions of the participants can be explained in the following way. Self-healing training can help the participants increase their self-efficacy and establish better communication and more useful activities by foregrounding increasing self-esteem, modifying bad and harmful habits, strengthening their willpower (decision, care, evaluation, punishment and reward), learning problem-solving techniques, having a balanced lifestyle with an emphasis on constant self-care, learning self-love, and managing their emotions and communication [25]. In this study, the participants practiced examining the physiological problems and signs of the body, reducing physiological stress by performing respiratory muscle relaxation exercises, temple meditation and rose meditation, white light body scan meditation, and the special healing code exercise. These exercises reduce anxiety, thereby proving effective in increasing their desire for their spouse. Regarding the positive effect of therapeutic intervention on attracting children's support and financial matters in women with marital conflicts, it can be stated that this program involved creating and strengthening healing codes, including love, i.e., an individual leads their loved ones to the world by love and enables them to fully experience their true selves. One of the limitations of this study was that the target population was limited to Isfahan, Iran with its own cultural conditions. Therefore, the results of this study must be generalized with caution. It is hence suggested that future studies examine other communities in order to compare the results and evaluate them in a meta-analysis. It is also suggested to use other therapeutic approaches along with the self-healing approach to facilitate comparing and evaluating the effectiveness of different therapeutic approaches.

Conclusion

Overall, the results of this study indicated the significant effect of the training on improving relationships and resolving marital conflicts, which ultimately led to marital satisfaction. Therefore, it is suggested that related institutions adopt a series of programs offered before and after marriage to increase marital skills through self-healing training.

Conflict of interest

All the authors declare that they have no conflicts of interest.

Ethical Approval

To observe the ethical principles in the research, in addition to explaining the objectives of the research to the participants, they were assured that their details would be kept confidential, and finally, a written informed consent was obtained from the participants in the present study.

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