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The effectiveness of self-healing (the healing codes) training on psychological capital and distress tolerance in women with addicted husbands

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Abstract

The present study aimed to investigate the effectiveness of self-healing on psychological capital and distress tolerance in women with addicted husbands. The research method was quasi-experimental with a pre-test, post-test and follow-up design and control group. The statistical population consisted of all women who had husbands with substance use disorder (SUD) as members of the anonymous addicts' family group (Nar-Anon group) in Isfahan, Iran in 2019. Among them, 30 women who were willing to participate in the project, were selected by convenience sampling and divided into experimental ($n = 15$) and control ($n = 15$) groups. The research instrument included Psychological Capital Questionnaire (PCQ) and Distress Tolerance Questionnaire (DTQ). The experimental group underwent 14 sessions (90-min session per week) of self-healing training; and both groups underwent the post-test a week after the intervention. The follow-up was performed after 45 days. Analysis of the data involved both descriptive and inferential statistics including mean, standard deviation, and the repeated measures ANOVA. Data analysis was done using SPSS version 24. The self-healing training had a significant effect on psychological capital and distress tolerance in women with addicted husbands ($p < 0.05$). The results also remained unchanged at the follow-up stage. In conclusion, self-healing was effective in promoting psychological capital and distress tolerance in women with addicted husbands and can be used as a new approach in the world to increase the mental and physical health of addicts' families in health centers.

Keywords Self-healing · Psychological capital · Distress tolerance · Substance use disorder · Women

Introduction

Substance abuse and its unpleasant consequences are important mental health problems in today's world and has association with most serious medical, psychological, familial, occupational, legal, spiritual, and ethical relationship problems. Substance abuse not only causes pain and suffering in its consumers, but also imposes a lot of damage to family and society (Andoh-Arthur et al. 2020; Moshavery and Latifi 2019). Family is the most important factor affecting social relations and help people to better interact with others. Many families are directly and indirectly affected by the phenomenon of addiction. Fathers' addiction is an important social harm that causes the family disintegration (Nikbakht Nasrabadi et al. 2016; Adams 2015). In such circumstances,

women face with serious damages and have fear and insecurity in the family. The addicts' families of have significant differences with normal families; and women with addicted husbands have no favorable mental, cognitive, emotional, and physical health (Askian et al. 2018).

Women, who have addicted husbands and are forced to take all responsibilities of families, usually face with many problems with psychological, physical and social health, especially in the perceived stress and daily life performance (Joolaei et al. 2014). Therefore, it seems necessary to identify variables that can help improve the psychological and physical health of women with addicted husbands. Shahbazirad & Azizi (2019) found that all people exposed to high levels of stress did not face negative consequences. There is no doubt that some people are able to adapt themselves with these stressful situations of life. Distress tolerance is a factor affecting the mental health of women with addicted husbands. People with low distress tolerance are involved in behavioral disorder in a wrong attempt to deal with their negative emotions, and seek to relieve emotional pain and avoid negative emotions by some destructive behaviors (Keough et al. 2010).

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Distress tolerance refers to an extent, which a person is able to tolerate negative psychological or physical states, and is considered as an important construct in the creation of new insights about starting and maintaining the psychopathology as well as their prevention and treatment (Vujanovic et al. 2017).

Women with addicted husband have higher stress and lower resilience and psychological capital against problems (Rajabizadeh et al. 2019; Naylor and Lee 2010). The psychological capital helps addicts' families, especially their wives to raise their abilities against living conditions. Positive psychological capital includes self-efficacy, optimism, hope, and resilience, indicating a positive assessment of situation and the probability of success based on hard work and perseverance (Mancenido et al. 2020; Vanno et al. 2015). Due to the vulnerability of women with addicted husbands and taking into account the role of psychological capital, skills to cope with stress, such as distress tolerance in the prevention of negative consequences of this class, there is a need to select an appropriate and updated intervention to improve psychosomatic complaints and psychological states of people involved in the substance abuse issue.

Self-healing is an intervention that may affect these components. Lipton (2016) believes that the genes, hormones and neurotransmitters do not control our body and mind, but our beliefs control our body and mind, and thus our lives. Positive thoughts have a profound effect on behavior and genes only when they are consistent with unconscious programs. Negative thoughts have similar intense effects. In Iran, Latifi and Marvi (2020) localized a therapy-training protocol based on cultural bases of localization. The ultimate goal of this therapy is to increase the individuals' relaxation by training and practicing the self-help skills to reduce involuntary responses to irrational fear and stop the war-escape state of nervous system. This therapy utilizes the findings of psychoanalytic, behavioral, cognitive and biological schools (Latifi et al. 2020; Loyd and Johnson 2005). Self-healing is a therapy in which practical brain management skills and exercises are taught for regular and proper functioning, strengthening the immune system, reducing physiological stress, and cellular and mental relaxation (Tzeng 2020). This therapeutic approach focuses on the individual efforts to treat cellular destructive images and memories, hidden memory, false memory, false belief understanding, understand the hidden fear, and find causes of physiological stress, eliminate unhealthy personal characteristics, and change environmental conditions and unhealthy lifestyles; and individual focus on asking God in prayer by focusing on oneself and one's brain functioning. This therapy has played a preventive-accelerating role in the process of recovery and rehabilitation (Latifi et al. 2020; Loyd and Johnson 2011).

Due to the importance and roles of women in society, there is a need for an effective intervention to improve the strength of this group against stress and improve psychological capital,

and distress tolerance. The self-healing updated approach is relatively simple and understandable to the public and is implemented in a lasting form by individuals. Since the rehabilitation of skills, beliefs, values, and ability to relax and self-care during the treatment help individuals to reduce effects of problems in their addicted husbands, it seems that using and teaching this approach is a strategy for individuals to cope with stressful conditions and it affects their psychological and physical health. Therefore, the present study sought to answer the research question whether self-healing affected the psychological capital, and distress tolerance in women with addicted husbands?

Methods

Participants

The research method was quasi-experimental with a pre-test, post-test, and follow-up design, and control group. The statistical population consisted of all women who had husbands with substance use disorder (SUD) as members of the anonymous addicts' family group (Nar-Anon group) in Isfahan, Iran in 2019. Among them, 30 women who were willing to participate in the project, were selected by convenience sampling and divided into experimental ($n = 15$) and control ($n = 15$) groups. After coordinating with the association of families of addicts in Isfahan, we invited women with husbands who were addicted to opium and industrial substances, to participate in the study. Inclusion criteria were: having a husband with substance use disorder for at least 4 years; and not receiving any simultaneous psychological or pharmaceutical treatment. Exclusion criteria were: Lack of cooperation; acute or chronic psychiatric disorders (through clinical interviews and tests by the counselor of center), and being under the drug therapy.

Procedure

After sampling, the experimental group received 14 sessions of self-healing training (once a week for 90 min) by the therapist in the clinic, while the control group received no intervention. In all sessions with an emphasis on confidentiality, all the group members were asked to participate actively in discussions and share their individual experiences with others. Introspection and finding destructive cellular memories and the ways to reduce the negative effects of these memories were the main issues of the sessions that were carried out through various Techniques that had to be to the appropriateness of any individual's taste. Participants had to do personal exercises in the sessions and the gaps between the sessions and answer the contemplative questions of the trainer of the course. Allocating time to isolation and contemplation were

among the most fundamental exercises. Participants were asked to train two members of the family or friends at the same time in order to achieve a better understanding of the training materials and present the challenges they faced in the sessions. In every session, the discussions of previous sessions were reviewed and doing the tasks was emphasized. The sessions were very interesting for participants because this course would greatly relate the person with their and others is personal life and everyone would reconsider the story of their lives.

The pre-test was performed at the beginning of the intervention. Post-test was performed after treatment sessions, and follow-up was performed 45 days after the intervention program. The following training-therapeutic protocol was prepared by Latifi and Marvi (2020) in Iran. Table 1 presents summary of sessions. The study was approved by the Ethical Committee of Payame Noor University (code: IR.PNU.REC.1398.072). For ethical considerations, the informed consent to participate in the research, ensuring the participants' information confidentiality, and respect for human rights were taken into consideration.

Research Instruments

Psychological Capital Questionnaire (PCQ) The questionnaire was designed by Luthans et al. (2007). It has 24 items and four subscales, namely hope, resilience, optimism, and self-efficacy in which each subscale consists of 6 items; and the participants respond to each item on a 6-point Likert scale (totally disagree to totally agree). Validity of the questionnaire has been confirmed in various studies (Luthans et al. 2007). Chen et al. (2019) reported the reliability of the questionnaire to be 0.88 based on the Cronbach's alpha.

Distress Tolerance Questionnaires (DTQ) The questionnaire was developed by Simons and Gaher (2005). It is a self-report index of emotional distress tolerance with 15 items and four subscales, namely the tolerance, absorption (absorption by negative emotions), evaluation (subjective distress estimation), and adjustment (adjusting distress relief efforts). Items of the questionnaire are scored on a five-point Likert scale (1- totally agree, 2-Slightly agree, 3-Neither agree nor disagree, 4- slightly disagree, and 5-totally disagree). High scores on this scale indicate high distress tolerance. Simons and Gaher (2005) reported alpha Cronbach coefficient of 0.82 for the whole scale. They also reported that the questionnaire had good criterion validity and initial convergence. Jamilian et al. (2014) reported that the whole scale had high internal consistency reliability ($\alpha = 0.71$).

The research instruments were provided to the participants in the Persian version.

Statistical Analyses

The Kolmogorov-Smirnov test was used to examine the normality of distribution of pre-test and post-test; and the Levene's test was utilized to investigate the equality of variances. Mauchly's test was used to examine the equality of covariance of self-healing intervention on psychological capital and distress tolerance. The hypothesis was not confirmed due to the significance of Mauchly's test of sphericity for psychological capital and distress tolerance ($p < 0.01$); hence, the Greenhouse-Geisser test was used for correction ($\epsilon < 0.75$). The repeated measures ANOVA was used to investigate the effectiveness of self-healing training on psychological capital and distress tolerance. The LSD post hoc test was utilized to investigate the difference between mean of psychological capital and distress tolerance between three measures of pre-test, post-test and paired follow-up. SPSS Statistics version 24.0 was further used for analyzing the data.

Results

The participants included 30 women with addicted husbands, aged between 20 and 50 years old. The mean age of the participants was 37.30 years with a standard deviation of 9.86 years. The mean duration of marriage of the sample members was 16.76 years with a standard deviation of 11.39 years. The mean duration of addiction in husbands of sample members was 11.80 years with a standard deviation of 6.67 years. The demographic characteristics of the participants are shown in Table 2.

The mean of psychological capital and distress tolerance pre-test were 79.42 and 58.21 for the experimental group, and the mean post-test were 97.00 and 44.28; and was 98.00 and 42.42 for the follow-up respectively. The mean of psychological capital for the pre-test, and distress tolerance for the control group were 80.13 and 58.33, and the mean post-test were 78.46 and 57.93; and also 80.20 and 58.33 for the follow-up (Table 3).

According to Table 4, the data distribution was in accordance with the normal distribution. None of the correlation coefficients of covariance variables were more than 0.80. Therefore, another assumption of analysis of variance as complete non-correlation between covariance variables was also established. None of the demographic variables- age, duration of marriage, duration of addiction, education, and number of children- were significantly correlated with the covariance variables.

According to data of Table 5, the equality of covariant and dependent groups was confirmed; and all groups were homogeneous. Consequently, a conditional assumption was made for repeated measures analysis of variance. The results of Mauchly's test for equality of covariance of self-healing

Table 1 Self-healing session protocol (Latifi and Marvi 2020)

Sessions	Content of sessions
First	Meeting the group members and establishing the therapeutic relation, determining the purposes and rules of sessions, introducing occasional stresses, and teaching the management of occasional stresses, describing the body immune system Task 1: to examine the moods and preparing a more complete list of worries, problems and stresses by the group members
Second	Describing physiological stresses, hidden stresses or destructive cellular stresses and false memory Task 2: self-examination and examining the existing stresses and practical performance of proper breathing and relaxation for at least once a day (the audio file of the muscular-respiratory is presented to members)
Third	Teaching to distinguish between real and false problems, memorization considering the failures, conflicts, frustrations, and confusions of person Task 3: memorization through the memorization file about traumas and very effective incidents of life during all periods of life, shocks and PTSD considering the individual viewpoint, the practical exercise: meditation with rose
Fourth	Finding the roots of destructive cellular memories in 12 groups, introducing the unforgiveness, harmful actions, wrong beliefs and negative feelings Task 4: beginning to gain a more accurate knowledge of the dimensions of hidden beliefs and destructive cellular memories and concentrating on unforgiveness group
Fifth	Performing the glass elevator technique, memorization about traumas, traumas and very effective incidents of life during all periods of life, shocks and PTSD considering the individual viewpoint Task 4: performing the empty chair technique at home with the rest of memories, examining whether the emotions and resulted beliefs are healthy or unhealthy, contemplating about forgiveness, reading forgiveness materials
Sixth	Describing the puzzle of negative and positive feelings and teaching forgiveness techniques Task 6: continuing the mental challenge about the reduction of grudge and revenge feelings, introspection for the recognition of miserable me syndrome, examining unhealthy thoughts and believed lies, and recognizing problematic feelings, (anger, lust, pride, fear, grief, shame) and accepting the power of will, freedom and choice, and the responsibility for the consequences of personal behavior
Seventh	Describing the harmful actions group, and false and destructive habits, and teaching the practices of empowering the will and problem solving and changing the circumstances Task 7: examining the role of miserable me syndrome in destructive habits, registering the used successes and skills alongside the three preventative groups
Eighth	Introducing and explaining 1–4 self-healing codes including love, happiness, peace and patience Task 8: beginning the plan for creating and strengthening the 4 healing codes in daily life, and exercising the special healing codes and registering the successes and improvement
Ninth	Introducing and explaining 5–9 self-healing codes including kindness, righteousness, trust, humbling, self-restrain and teaching the reverse memorization technique Task 9: beginning the plan for creating and strengthening the 4 healing codes in daily life, and exercising the special healing codes and exercising the reverse memorization technique and registering the successes and improvement
Tenth	Describing the role of true demanding heartily, the effects of praying and focusing on demands in the course of life, and describing the scientific evidence related to prayer in self-healing, teaching the practical exercises of general healing codes Task 10: spending specific loneliness times praying, establishing relationship with God, praying (strengthening the spirituality, silence exercises, the isolation and physical and mental self-awareness, reviewing the effective exercises for people, acting based on self-worth system + creative imagination, positivity toward future)
Eleventh	Teaching the moderate lifestyle, modifying the lifestyle through the recognition of false habits and harmful actions, modifying the sleep pattern, food, eating, drinking and entertainment, travel, exercise, hygiene and cleaning habits Task 11: the practical performance of healing code along with praying and true concentrating sentences, beginning the modification of lifestyle through the recognition and reduction of false habits
Twelfth	improving quality of life regarding health, hygiene, intimacy and relationships (parents, spouse, children, relatives and others, educational growth, financial development, job improvement, improvement of home, neighborhood, society, social and useful activities Task 12: continuing the exercises of spiritual improvement, the recognition of dissatisfaction of particular fields, and acting to reducing the dissatisfaction
Thirteenth	Modification of inner conversation, reconsidering individual stresses, emphasizing constant self-care against physical and mental harms, managing the emotions and relations Task 13: continuing previous exercises and modifying the inner conversation and self-care
Fourteenth	Planning for eternity, spiritual purposefulness of life, increasing inner needlessness (to be useful and to take care of oneself and others, introspection and allocating time to self-examining and isolation, reviewing the entire therapy sessions, emphasizing the continuity of practicing healing codes Task 14: continuing previous exercises and recognizing the shortcuts to peace and spirituality for self

Table 2 Demographic characteristics of the participants

Age	Experimental group		Control group		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
20 to 30 years	6	20.00	8	26.70	14	46.70
30 to 40 years	5	16.70	5	16.70	10	33.30
40 to 50 years	4	13.30	2	6.60	6	20.00
Total	15	50.00	15	50.00	30	100.00
Marriage period						
Less than 5 years	1	3.30	5	16.70	6	20.00
6–15 years	6	20.00	4	13.30	10	33.30
16–25 years	2	6.70	3	10.00	5	16.70
More than 26 years	6	20.00	3	10.00	9	30.00
Total	15	50.00	15	50.00	30	100.00
Number of children						
No children	1	3.30	2	6.70	3	10.00
One child	2	6.70	4	13.30	6	20.00
Two children	9	30.00	4	13.30	13	43.30
Three children	3	10.00	3	10.00	6	20.00
Four children	0	0.00	2	6.70	2	6.70
Total	15	50.00	15	50.00	30	100.00
Education						
Middle school	5	16.70	4	13.30	9	30.00
High school	8	26.70	8	26.70	16	53.30
College education	2	6.60	3	10.00	5	16.70
Total	15	50.00	15	50.00	30	100.00

intervention on psychological capital and distress tolerance are shown in Table 6.

According to Table 7 and values of 0.35, 0.25, and 0.19 for inter-group, intra-group and interaction effects, the self-healing training was effective on at least ones of psychological capital and distress tolerance scales. Table 7 presents the results of inter- and intra-group analysis of variance for the effectiveness of self-healing training on the psychological capital and distress tolerance with three measurements of the pre-test, post-test and follow-up.

Table 3 Descriptive findings of psychological capital and distress tolerance in two experimental and control groups

Scales	Phase	Experimental group		Control group	
		M	SD	M	SD
Psychological capital	Pre-test	79.42	16.74	80.13	20.77
	Post-test	97.00	8.79	78.46	20.46
	Follow-up	98.00	7.27	80.20	20.90
Distress tolerance	Pre-test	58.21	6.21	58.33	5.93
	Post-test	44.28	4.10	57.93	5.25
	Follow-up	42.42	4.11	58.33	4.90

According to Table 8 and significance of factors within groups, there were significant differences between three measurements of pre-test, post-test and follow-up for psychological capital and distress tolerance at a level of $p < 0.01$. The results also indicated a significant difference between the experimental and control groups in terms of psychological capital and distress tolerance at a level of $p < 0.05$. Therefore, self-healing training was effective in promoting the psychological capital and distress tolerance.

There were significant differences between pre-test, post-test and follow-up scores on psychological capital and distress tolerance (Table 9). Post-test scores remained relatively constant at the follow-up stage of scales; and the effect of the intervention period on self-healing training was stable. The results also indicated that the self-healing intervention improved the psychological capital and distress tolerance in women with addicted husbands.

Discussion

The present study aimed to investigate the effectiveness of self-healing therapy on psychological capital and distress tolerance in women with addicted husbands. According to

Table 4 The results of Kolmogorov-Smirnov test

Scales	Phase	Value	p
Psychological capital (total score)	Pre-test	0.200	0.11
	Post-test	0.124	0.20
Self-efficacy	Pre-test	0.208	0.08
	Post-test	0.170	0.20
Hope	Pre-test	0.139	0.20
	Post-test	0.102	0.20
Resilience	Pre-test	0.193	0.13
	Post-test	0.191	0.14
Optimism	Pre-test	0.155	0.20
	Post-test	0.148	0.20
Distress tolerance (total score)	Pre-test	0.161	0.20
	Post-test	0.149	0.20
Tolerance	Pre-test	0.113	0.20
	Post-test	0.112	0.20
Absorption	Pre-test	0.166	0.20
	Post-test	0.167	0.20
Evaluation	Pre-test	0.181	0.20
	Post-test	0.167	0.20
Adjustment	Pre-test	0.178	0.20
	Post-test	0.216	0.06

results and significance of the factors in groups, there were significant differences between three measurements of pre-test, post-test and follow-up for distress tolerance and psychological capital. According to the significant group source between the groups, there was a significant difference between the experimental and control groups in terms of psychological capital and distress tolerance. Therefore, self-healing was effective in promoting the psychological capital and distress tolerance. This finding is consistent with the research results of Liu et al. (2020), Shahbazirad and Azizi (2019), Moshavery

Table 5 Levene's test results for equality of variances between covariant and dependent groups

Scales	F	df1	df2	p
Psychological capital	2.72	1	28	0.10
Self-efficacy	0.33	1	28	0.56
Hope	2.64	1	28	0.11
Resilience	3.43	1	28	0.08
Optimism	4.44	1	28	0.06
Distress tolerance	0.05	1	28	0.81
Tolerance	3.09	1	28	0.09
Absorption	0.84	1	28	0.36
Evaluation	2.26	1	28	0.15
Adjustment	2.55	1	28	0.12

Table 6 Mauchly's test for equality of covariance of self-healing intervention on psychological capital and distress tolerance

Scales	Mauchly's W	Approx. Chi-Square	df	p
Psychological capital	0.35	27.65	2	0.01
Distress tolerance	0.41	23.77	2	0.01

and Latifi (2019), Khodayarifard and Sohrabpour (2018), Garland and Howard (2018), Sadeghi et al. (2015) and Abolghasemi et al. (2012) on improving distress tolerance and psychological capital in women with addicted husbands.

Wrong beliefs cause stress in the body, change cells into a defensive mode, and suddenly make the autonomic nervous system as a war-escape system. In fact, wrong beliefs such as "I am not lovely, I am disappointed, something bad would happen, people are abusing me, I am bad, people are controlling me" are like tumors inside the cell memories that spread disease throughout life. Due to these negative thoughts, the individuals forget their abilities and consider problems much bigger than their ability. This process leads to the frustration, low patience, poor performance, and a sense of inefficiency. The self-healing approach enhances the positive self-esteem leads to the functional improvement by strengthening memory and reducing the negative memory as well as lifestyle modification, intellectual excellence, creative visualization, and modification of self-talk. Furthermore, it gradually decreases the destructive cellular beliefs using the reverse memory-finding technique and reminding the personal strengths at different stages of life, being important, being appreciated, being responsible for work, being loved, and ultimately enjoying health as God's greatest blessings. Following the improved performance and positive feedback from the environment, the individual sense of self-efficacy and hope increase, and thus they become more patient against the problems and experience much resilience. Therefore, the self-healing training approach effectively improves the psychological capital (Loyd and Johnson, 2011).

Self-healing also means doing self-healing training by individuals such as correcting self-talk about unhealthy beliefs, and false fears and beliefs. Given that people with false beliefs will have frustration and subsequently unrest and impatience, the training in the form of praying and asking God seeks to

Table 7 Wilks' lambda test results for investigating the difference between psychological capital and distress tolerance mean

Source	Wilks' lambda	F	df	p	η_p^2	Statistical power
Inter-group	0.35	15.78	3	0.01	0.64	1.00
Intra-group	0.35	11.49	6	0.01	0.75	1.00
Interaction	0.19	16.23	6	0.01	0.80	1.00

Table 8 The inter- and intra-participant analysis of variance with three measurements of the pre-test, post-test and follow-up of the psychological capital and distress tolerance

Scales		Source	SS	df	MS	F	p	η_p^2	Statistical power
Psychological capital	Intra-group	Factor	1536.02	1.21	1260.28	32.16	0.01	0.53	1.00
		Interaction	1800.68	1.21	1477.43	37.70	0.01	0.53	1.00
		Error	1337.28	34.12	39.18				
	Inter-group	Group	3050.84	1	3050.84	3.66	0.05	0.12	0.45
		Error	23,283.11	28	831.54				
Distress tolerance	Intra-group	Factor	1104.95	1.30	847.32	44.31	0.01	0.61	1.00
		Interaction	1055.62	1.30	809.49	42.34	0.01	0.60	1.00
		Error	698.08	36.51	19.11				
	Inter-group	Group	223.04	1	2230.04	42.16	0.01	0.60	1.00
		Error	1480.84	28	52.88				

treat destructive cellular memory and images, and identify and false beliefs and hidden fears and show another aspect of life to individuals. People, who think that they end in death, seek to achieve all their wishes and want to materialize all their own and others' behavioral feedback, but because of the limited capacity of the world and humans, these wishes and dreams cannot be provided for people; hence, most people become nervous and impulsive and their distress tolerance drastically decreases in adverse events. This intervening approach creates a new gate called the relationship with the only creator of the universe as a safe support and gives meaning and a sense of wisdom to all events in the universe and the surrounding and enable people to give meaning and a sense of wisdom to any hardship and not limit the end of their power to material power. This process makes people more empowered against hardships and problems and improves their distress tolerance (Loyd and Johnson 2011).

In fact, the overall logic of the mindfulness-based and cognitive practices includes understanding the patients' attitude towards life stresses and correcting misinterpretations, guiding the negative self-talk, modifying irrational thinking and inefficient understanding patterns, with an aim to provide effective and adaptive responses along with biomedical therapies for pain management (Clark and Beck 2011). Assuming that genes, hormones, and neurotransmitters do not control

our body and mind, but hidden stresses and our beliefs control our body and mind and thus our lives, the self-healing approach causes individuals more control their mind and thoughts and lead them towards positive thoughts. On the other hand, positive thoughts will have a huge impact on behavior and genes only when they are in coordination with unconscious programs (Latifi et al. 2020).

Conclusion

In conclusion self-healing was effective in promoting psychological capital and distress tolerance in women with addicted husbands and can be used as a new approach in the world to increase the mental and physical health of addicts' families in health centers. Therefore, this approach creates physical training in addition to mental training and gives individuals the belief that how they can control their positive and negative biological beliefs and make efforts to create a life full of health and happiness. It is suggested considering men in further studies and using other therapeutic approaches along with the self-healing approach to compare and evaluate the power of self-efficacy of novel therapeutic approaches. Furthermore, the social injury care centers should utilize the new self-healing approach to increase the psychological capital such as hope,

Table 9 LSD post hoc test for paired comparison of the psychological capital and distress tolerance across time series

Scales	Phase A	Phase B	Mean difference (A-B)	SE	p
Psychological capital	Pre-test	Post-test	-8.00	1.30	0.01
		Follow-up	-9.36	1.62	0.01
	Post-test	Follow-up	-1.36	0.66	0.06
Distress tolerance	Pre-test	Post-test	7.13	1.00	0.01
		Follow-up	7.70	1.11	0.01
	Post-test	Follow-up	0.56	0.48	0.25

resilience and self-efficacy among damaged and vulnerable families and female household heads. It is suggested conducting longer studies with long-term and multi-stage follow-up to investigate the continuation of effectiveness and the stability of changes resulting from this model on women with addicted husbands.

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Compliance with Ethical Standards

Conflict of Interest All the authors declare that they have no conflict of interest.

Informed Consent Questionnaires were filled with the parents' satisfaction and written informed consent was obtained from the parents of the students to participate in this study.

Ethical Considerations The study was approved by the Ethical Committee of Payame Noor University (IR.PNU.REC.1398.072).

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