



## The Effectiveness of Self-Healing Training on Lifestyle and Symptoms' Management in Hypertensive Women

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### Abstract

**Introduction:** Hypertension is one of the most common health problems with chronic consequences which its management is mainly related to self-care status. One of the factors in achieving better psychological self-care is learning self-healing techniques. The aim of this study was to investigate the effect of self-healing method on lifestyle and improvement of symptoms in women with hypertension.

**Methods and Materials:** The present quasi-experimental study was conducted with pre-test, post-test and two-month follow-up on two experimental and control groups. Thirty female patients with hypertension were selected from one of the clinics in Isfahan province through available sampling and then randomly assigned to two groups (n=15). Data collected by valid questionnaire of Taghizadeh and Rezvani relaxed lifestyle questionnaire (2017) and a researcher made demographic form and then analyzed using repeated measures statistical method.

**Results:** The results showed that self-healing training had a significant effect on increasing relaxation-oriented lifestyle and reducing and stabilizing participants' blood pressure after the test and follow-up ( $P < 0.05$ ).

**Conclusion:** It seems that self-healing training by reducing physiological stress through the treatment of destructive cellular memories, lifestyle modification and training relaxation techniques, has increased relaxation and decreased blood pressure in patients. Therefore, this method can be used as a new approach with relatively lasting effects to increase the self-care skills of patients with hypertension in health-related centers.

**Keywords:** Self-Healing, Life Style, Hypertension.

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### Extended Abstract

Hypertension is one of the most common health problems with chronic consequences. Hypertension control is mainly related to self-care status. Self-care is considered an integral component of hypertension treatment and refers to a function in which each individual uses his/her knowledge, skills, and abilities to look after one's health independently. Learning the healing codes is one of the factors in achieving better self-care in the psychological field. In this regard, self-healing-one of the new approaches to positive psychology- was formally introduced as healing codes by Lloyd, a psychologist and alternative medicine therapist, and Johnson, an oncologist, in 2011 in the United States. The present study aimed to

investigate the effect of self-healing training on lifestyle and symptom management in women with hypertension.

### **Materials and Methods**

The research method was quasi-experimental with a pre-test, post-test, and two-month follow-up design and a control group. Thirty women with hypertension referred to one of the clinics in Isfahan were selected according to convenience sampling and randomly divided into experimental and control groups (n=15 per group). The research instruments included Ryff's Scale of Psychological Well-Being (RSPWB) (1989), Taghizadeh and Rezvani's Lifestyle Based-Relaxation Questionnaire (LBRQ) (2017), and complete the blood pressure information form under the supervision of a doctor. The experimental group received fourteen 90-minute sessions of self-healing training (once a week) by a psychotherapist in the psychiatric clinic. The repeated measures ANOVA was utilized to analyze the data.

### **Results**

The intergroup (0.53), intragroup (0.14), and interaction (0.23) effects revealed that self-healing training played an effective role in promoting at least one of the comfort-oriented lifestyle scales and managing hypertension symptoms. Also, the results indicated that self-healing training significantly increased relaxation, and had significant effects on reducing and stabilizing blood pressure in participants in the post-test and follow-up stages ( $p < 0.05$ ).

### **Conclusion**

Adopting an authentic trial-based methodology, the present study aimed to investigate the impact of self-healing training on promoting the comfort-oriented lifestyle and managing hypertension symptoms in female patients with hypertension. According to the findings, this program significantly increased comfort and improved and fixed blood pressure among the participants. In general, the effectiveness of self-healing training might be attributed to the following factors: Reduced physiological stress caused by muscle relaxation exercises, temple meditation and rose meditation, light body scanning, and specific healing code exercises, which were practically trained via audio files and followed by some assignments. The factors increased individuals' comfort and coping potentials by promoting tolerance and increasing resilience.

**Author Contribution:** All authors contributed equally in this research.

**Conflict of Interest/Funding/Supports:** No.

**Ethical Considerations:** All ethical concerns were respected in this study. This study was approved in National Ethics Committee in Biomedical Research (code: IR.PNU.REC.1398.071).

**Applicable Remarks:** To introducing the self-healing method for hypertensive patients to improving life style.

## Introduction

Hypertension is defined as systolic blood pressure greater than 194 mmHg and diastolic blood pressure above 19 mmHg [1]. Hypertension is one of the most important risk factors for cardiovascular disease, including the most important risk factor for atherosclerosis, the most common cause of heart failure, stroke and the most common cause of renal failure in many countries [2]. Due to the lack of obvious and recognizable symptoms, this chronic disease has been introduced as a silent killer and a very important factor in increasing mortality worldwide [9]. In Iran, as in many countries around the world, the prevalence of hypertension is increasing due to rapid social changes such as urbanization, lifestyle changes and also increasing the life expectancy of patients following the advancement of medical knowledge [4]. The overall prevalence of hypertension is estimated at 21%, in a meta-analysis study of the prevalence of hypertension between 1911 and 1939 in Iran [1]. Given the importance of hypertension as a chronic disease on the one hand and a risk factor for other chronic diseases on the other hand, the prevention and control of this disease seems very important. In addition to medication, lifestyle

modifications such as physical activity and proper diet, reducing or stopping alcohol and tobacco use, and reducing stress and anxiety can be effective in preventing and controlling the disease and reducing its complications. Therefore, health care providers can help improve the quality of life of patients, increase their tolerance for treatment and ultimately control the disease by providing appropriate care interventions and self-care training [6]. Self-care is an essential component of the treatment of hypertension [1] and is a practice in which each person uses their knowledge, skills and abilities to take care of their health independently.

Self-care training can help patients better understand the disease process, continue treatment, eat a healthy diet, exercise, and manage psychological and physiological stress [3]. The results of studies show that educational intervention significantly changes the lifestyle of patients with hypertension [1]. Relaxation refers to a positive and satisfying mental state despite problems in emotional, social and psychological aspects [19]. While some patients cope satisfactorily with the physical symptoms of hypertension, others show considerable restlessness and their personal functioning and mood are affected [11].

It seems that the perception of the severity of symptoms with restlessness in life and reduced quality of psychological well-being in people with hypertension has had disabling interactions for this group that has attracted the attention of physicians and psychologists at the same time. To date, conventional non-pharmacological therapies have focused on combining a variety of methods, including muscle relaxation, cognitive rehabilitation, effective coping training, self-care skills training, and lifestyle modification, to improve disease and stabilize blood pressure [12]. In this regard, self-healing is one of the new approaches to positive psychology, formally defined by Lloyd (psychologist and complementary therapist) and Johnson (cancer specialist) in the United States in 1921 as the Code of Healing. It is the ability to heal oneself and refers to the role that one plays in improving one's illness or problem [19]. The self-healing approach includes memorizing skills, recognizing problematic personality traits, reducing harmful actions, teaching self-relaxation skills, and praying and practising healing codes. Lloyd, Johnson, and Lipton, as cell-molecular biologists, believe that 11 percent of all physical and non-physical problems are related to stress and that there are generally two types of stress;

Situational stresses and physiological stresses. Situational stresses have a definite source, are mostly external and recognizable, but internal physiological stresses are overt and covert that are created and evoked by destructive cellular memories [14]. This type of stress causes diseases and illnesses that can not be changed based on the external condition of the person, but it is a hidden and very deep stress that is actually internal and is completely independent of the current situation of individuals. In fact, changing the state and relieving stressful situations (situational and external stresses) that psychologists have considered may have little effect on this type of stress (physiological stress). Physiological stress causes the autonomic nervous system to become out of balance. In this state, there is no balance between the state of Fight-or-Flight Response and the normal or calm state in the nervous system. Lloyd believes that "destructive cellular memory" is the main cause of physiological stress in the body. Destructive cellular memory is a memory that is stored in all cells of the body and reduces cellular energy and causes stress in the body [11] . Lipton attributes physiological stress to patterns of unhealthy cellular energy, useless fears, false images and beliefs stored in the body and mind. These

misconceptions in cellular memory lead people to mistakenly view their current situation as a threat. In reality, however, there is no threat, and this misinterpretation of the current situation triggers the unhealthy activation of the "Fight-or-Flight Response" system in the brain. Persistent physiological stress causes mental disorder and eventually weakens the immune system.

In addition to the above, the prefrontal cortex will be less active and the emotional parts become more active during physiological stress, thus reducing the process of problem-solving, logical reasoning, and correct planning and judgment (factors that play an important role in rational thinking) [16]. Lloyd believes that the presence of negative emotions and believed lies caused by destructive cellular memories in various diseases cause a mental and involuntary imbalance in the autonomic nervous system and weakens the immune system against diseases. As a result, the presence of destructive cellular memories in addition to aggravating 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, detrimental

actions, destructive communication, and decreased logical functioning can also increase chronic physical disorders, including hypertension [11]. Lloyd believes that the source of all the destructive problems and memories that people face in their lives is related to one or more of the following: resentment, harmful actions, misconceptions and negative feelings, selfishness, sadness and distress, anxiety and fear, anger, frustration and impatience, rejection and violence, feeling not good enough, controlling and limiting, unhealthy pride, arrogance and restraining image and losing control [13]. The focus of this therapeutic approach is on the individual's efforts to treat destructive cellular memories, or cache memory, and to root out the causes of physiological stress. In this treatment, self-care, spiritual excellence, having a healthy lifestyle, correcting internal conversations, correcting unhealthy fears and beliefs, meditating, praying and performing exercises for healing codes are emphasized [11].

Although little research has been done specifically on the treatment of self-healing, this study shows the effectiveness of this method on some physical and psychological disorders.

Lloyd and John Sean have advised that self-healing practices are useful

in regulating blood sugar and blood pressure [29]. Researchers believe that in a world where people face many problems at any time, such as chronic early diseases such as high blood pressure and diabetes, difficulties and psychosocial pressures such as possible epidemics, it is necessary to learn self-healing to maintain existence and psychological and social well-being. [16]. Researchers inform that after training and correcting self-talk based on self-blame, several type of inadequacy, self-worth in depressed patients, self-acceptance, self-friendliness, and an increased sense of agency and improvement in coldness and mental well-being Cognition has accelerated [21]. Waits et al. Additionally implemented a self-help plan for Ugandan refugee women to reduce their psychological distress and increase their psychological well-being [22]. Ferrolich et al. Conducted an online self-help program for young Canadians who were experiencing alcohol abuse and emotional problems such as anxiety and depression at the same time. They concluded that the program not only decreased alcohol consumption in the experimental group but also increased quality of life and reduced anxiety and depression as well as abuse of other drugs [29]. After accompanying research on the importance of self-

healing with physical self-care, Russian researchers indicated the role of self-healing in physical health by emphasizing the type of nutrition, food, and sleep regulation [24].

Latifi and Marvi in 1916 in Iran, with the permission of Lloyd, translated works and audio files and taught this method and based on psychoanalytic studies, prepared an executive protocol according to the cultural, traditional and religious principles of Iran in 14 stages. It has then been approved by a number of psychologists and their advisors. The most obvious cases of localization are lifestyle modification based on the view of Ave Sina and spiritual excellence, prayer and meditation based on the religion of Islam [21]. Given the arguments raised, the main question of the researcher is whether self-healing education can be effective on a calm lifestyle and symptom management among female patients with hypertension?

### **Materials and methods**

This study is a quasi-experimental study with two groups (experimental and control) in three stages (pre-test, post-test and follow-up). The statistical population of the study involved all women with hypertension with a medical record in 2012. In the present study, after coordination

with the provincial deputy of treatment and the medical clinic in Shahreza and obtaining the ethical code 170.1398 IR.PNU.REC, from the National Ethics Committee in biomedical research, Patients with at least 9 years of history of hypertension with the approval of a specialist were invited to participate in the researcher's initial briefing session if they wished to participate in the research project.

Then, 99 people who volunteered to participate in this research project were selected as a sample and available and were tested and controlled in two groups of 11 people based on entry and exit criteria using random assignment. The criteria for inclusion in the plan were as follows: female gender, having symptoms of hypertension for three years, age range 61 to 94 years, Failure to receive psychological treatment at the same time, having at least a Guidance school degree and completing an informed consent form and exit criteria; Having acute or chronic mental disorders (with the diagnosis of a clinical psychologist), taking medication, suffering from other physical illnesses, not cooperating during training and not doing homework presented in sessions and absence more than 2 sessions. After sample selection, the experimental group participated in a self-healing training course for 14 sessions (once

a week for 29 minutes) in the treatment clinic, while the control group was placed on a waiting list after the intervention. Conscious willingness to participate in the research, ensuring the confidentiality of the subjects' information (the principle of confidentiality) and respect for the human rights of the participants were also considered.

The tools used in the present study include a healthy lifestyle questionnaire including a questionnaire designed by Taghizadeh and Rezvani in 2017 which has 43 terms and three subscales of emotional calm, social calm and psychological peace. This tool uses a scale of 4 degrees Likert. Scores on this scale range from a minimum of 43 to a maximum of 172. In addition to face validity, content validity and psychometric indices of this questionnaire were confirmed by Taghizadeh and Rezvani using the internal consistency reliability method with Cronbach's alpha 0.83 [26].

**Blood pressure monitor (sphygmomanometer):**

This device was used to measure blood pressure. This device has an inflatable armband that is connected to a tube containing mercury and measures blood pressure in mmHg. As long as the pressure in the armband intercedes between

systolic and diastolic blood pressure, blood flows only at intervals of each heartbeat in the artery and produces these sounds.

In this study, the mean blood pressure was recorded in three stages (before and after the intervention) and two months after the intervention according to the available files by the associated staff in the clinic.

In the present study, research tests were performed before the intervention, after the training sessions (post-test) and 60 days after the last session (follow-up). The summary of the training sessions is shown in Table 1.

While insisting on confidentiality, all members of the group were asked to take an active part in the discussion and share their personal experiences with others in all meetings. It is noteworthy that self-examination and finding destructive cellular memories and how to reduce the adverse effects of these memories were the main items of the sessions that should be performed using various techniques suitable to each individual's taste. Participants were challenged to do the exercises individually in the session and in the interval between sessions, and be sure to answer the thoughtful questions of the instructor. Having privacy and individual thinking was an essential part of the exercises. Participants

were asked to start training their family members or two friends at the same time to better understand the content and also to discuss the challenges encountered in the meeting. In each session, a review of the topics of the previous sessions was done and homework was emphasized. The meetings were very interesting for the participants because this course strongly connected the persons with their personal life and the lives of others, and everyone reviewed their life story. Data analysis was performed using repeated measures analysis of variance with SPSS software version 24.

### **Findings**

The sample consisted of 99 women with a mean age of 50-66 years and a standard deviation of 7.92 years in both experimental and control groups. Among the sample members, 40% had a diploma or lower, 30% had an associate degree, 13.3% had a bachelor's degree and 16.7% had a master's degree or higher.

In the following, the mean and standard deviation of pre-test, post-test and follow-up scores, as well as relaxation-oriented lifestyle and blood pressure scales for the two experimental and control groups are given in Table 2.

**Table 1:** Latifi and Marvi self-healing group training protocol adapted from Lloyd and Johnson [20]

### **Session Summary**

1- Familiarity with group members and setting a therapeutic relationship, outlining the goals and rules of meetings, introducing situational stress and training in situational stress management, explaining the immune system and the role of stress on the functioning of the immune system.

Task 1: Review the situations and prepare a more complete list of worries, problems and stresses by group members.

2- Explaining physiological stresses, latent stresses or destructive cellular memories and false memory.

Task 2: Observe oneself and evaluate the existing stresses and perform respiratory muscle relaxation at least once a day (audio file of respiratory muscle relaxation was given to the members).

3- Training to diagnose real or false problem, training of realistic and problem-oriented thinking method, training to find memory according to the failures, conflicts and failures and confusions of a person in life, conducting online memory retrieval test, (Rose audio file was given to members )

Task 3: Examining real and fictitious problems in individual life by members, starting reminiscence - practical practice of meditation with roses.

4- Rooting out destructive cellular memories, introducing three groups of resentment, misconceptions and negative triangular feelings, harmful actions (audio file of memory retrieval was given to group members).

Task 4: More accurate knowledge of resentment, examining the dimensions of secret beliefs and destructive cellular memories, reminiscence with a reminiscence file focusing on resentment group, finding related physical problems, performing meditation or respiratory muscle relaxation selected by the group members.

5- Implementing the technique of glass elevator, memorising about traumas and very effective life events in all periods of life, shocks and PTSD according to the individual's perspective.

Task 5-performing empty chair technique, arguing about the harmful actions of group members, online test analysis of memories on selfhealings.ir. Performing Temple Meditation (The audio file of Temple Meditation is given to the members of the group). Forgiveness, review of harmful actions, meditations or respiratory

muscle relaxation of the group members' choice.

6- Explaining the puzzle of positive and negative heart emotions and teaching forgiveness techniques, changing the focus of group members from the past to the future, introducing 9 unhealthy beliefs and negative emotions, introducing my poor syndrome, teaching effective expression of emotions and teaching beautiful distance, analyzing actions Harmful to group members and performing light body scan meditation (body light scan audio file was given to group members).

Task 6: Continuing the mental challenge of reducing resentment and revenge, self-examination to recognize my poor syndrome, examining unhealthy thoughts and believing lies, and recognizing problematic emotions (anger, lust, pride, fear, sadness, shame) and strengthening the willpower, Freedom, authority and acceptance of responsibility for the consequences of their behaviours, performing light body scan meditation.

7- Treating harmful actions and wrong and destructive habits by teaching methods to strengthen the will, Four-factor program, teaching problem solving and changing conditions and environment, teaching reverse memory techniques.

Task 7: Investigate the role of my poor syndrome in destructive habits, record the successes and skills used in the three restraint groups, perform reverse memory retrieval technique, perform meditations or respiratory muscle relaxation selected by group members.

8- Strengthen the first to fourth healing codes, including love, happiness, peace and patience. Selfish treatment training (lowering expectations, affection, fair human behaviour), understanding true happiness (paying attention to individual differences, increasing communication and enjoyable activities), relaxation training (self-training, time management, correct communication with the mind, moderation of perfectionism (training Tolerance) Anger management, showing patience, increasing resilience and hope.

Task 8: Start a program to create and strengthen four healing codes in daily life, identify obstacles and record successes and improvements, perform meditations or relax respiratory muscles of the group members' choice.

9- Strengthen the fifth to ninth healing codes, including: kindness, goodness, trust, humility and self-control. Learn to improve communication (with yourself, God, others and nature), increase self-esteem

Paying attention to the index of affection, effective assertiveness, increasing self-confidence and self-efficacy (controlling therapy), reducing stubbornness, developing communication skills and positive thinking (treating unhealthy pride), taking care of oneself and others, strengthening spirituality (healing from loss Give control) Increase self-control, prevent response and recognize tomorrow's syndrome.

Task 9: Planning and strengthening 9 healing codes in daily life, recognizing obstacles and recording successes and progress.

10- Explaining the role of real request, the effects of praying and continuing to focus on desires in life and explaining scientific evidence related to prayer in self-healing, teaching creative visualization, teaching how to perform specific exercises of healing codes in the meeting (prayer audio file and audio file How to perform specific exercises Healing codes were given to group members)

Task 10: Spend special time alone to pray and communicate with God and give thanks, (strengthen spirituality) exercises in silence and solitude and mental and physical awareness, define value system, perform creative visualization (positivity to the future).

11- Balanced lifestyle training: lifestyle adjustment by identifying wrong habits and harmful actions,

improving sleep patterns and regulating food habits, how to eat, drink and have fun, travel, exercise, sanitation and health.

Task 11: Practical implementation of the healing exercise code along with praying and development of true concentration sentences, start lifestyle modification by recognizing and reducing wrong habits.

12- Training to improve the quality of life in the areas of health, intimacy and communication (parents, spouse, children, relatives and others), scientific growth, financial growth, career advancement, useful social activities and home, neighbourhood and community improvement.

Task 12: Continuing the exercises of spiritual excellence, recognize dissatisfaction in certain areas and take action to reduce disappointment.

13- Improving internal dialogue, reviewing stress and strength breathing training, reviewing individual stresses, maintaining continuous self-care against physical and psychological injuries, and controlling emotions and communication.

Task 13: Maintenance of previous exercises and improvement of internal dialogue and self-care. Teaching the techniques of spiritual excellence, trust and surrender,

14. Explaining the triangular relationship, the spiritual goal of life, the need for meditation and having hours of solitude with oneself, planning for perpetuity. Reconsidering all treatment sessions

and emphasize the continuity of healing code exercises.

Task 14: Maintaining the previous exercises and identifying the shortcuts to peace and individual spirituality

**Table 2:** Descriptive Findings of Relaxation Lifestyle Scales and Blood Pressure by Experimental and Control Groups

control group		examination Group			Stage	Scale
standard deviation	Mean	standard deviation	Mean	Mean		
1\16	119/99	19/99	19/26	19/26	Pre-test /	Relaxation-oriented lifestyle
11/99	111/29	1/12	11/19	126/19	post-test /	
1\31	111/99			191/19	follow-up	
2/13	29/69	9/99	9/21	29/69	Pre-test /	Emotional peace
9/21	21/99	9/13		23/99	post-test /	
9/99	21/99			91/96	follow-up	
9/91	22/96	9/21		13/39	Pre-test /	Social peace
9/69	22/19	2/19	1/16	29/19	post-test /	
1/16	21/19			21/99	follow-up	
3/96	69/99	1/29	1/11	61/36	Pre-test /	Psychological peace
1/16	61/26	6/61		19/99	post-test /	
	69/96			39/96	follow-up	
3/99	12/99	121/99	1/96	122/99	Pre-test /	Systolic blood pressure
11/39	126/66		1/96	116/99	post-test /	
	129/99			119/99	follow-up	
1/96	19/99	3/16	3/99	19/99	Pre-test /	Diastolic blood pressure
1/13	12/99	1/99		69/66	post-test /	
1/13	12/99			61/99	follow-up	

**Table 3:** Levin test to examine the homogeneity of variance of covariance and dependent groups

Significance level	df 2	df 1	Homogeneity of covariance group and dependent scales group
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9/91	23	1	9/62	Relaxation-oriented lifestyle
9/99	23	1	9/16	Emotional peace
9/91	23	1	2/19	Social peace
9/93	23	1	9/99	Psychological peace
9/31	23	1	9/99	Systolic blood pressure
9/46	23	1	9/14	Diastolic blood pressure

results of this test are shown in Table 3.

As shown in Table 3, and considering the significance level of the scales, none of which is less than 0.05, the null hypothesis of the Levin test based on homogeneity between the covariance and dependent groups was confirmed and all these pairs of groups were homogeneous. As a result, another conditional assumption is provided for repeated measures analysis of variance. Repeated measurement analysis was used to evaluate the effectiveness of self-healing training on a relaxed lifestyle and blood pressure. One of the presuppositions of the statistical test is the repeated measurement of the Croithmacelli test. The results of this test are shown in Table 4.

Table 4: Machley test for uniformity of covariance of self-healing intervention on relaxation-oriented lifestyle and blood pressure

According to Table 2, the mean total pre-test score of relaxation-oriented lifestyle scales and systolic and diastolic blood pressure in the experimental group was 104.26, 122 and 73.33, respectively, and for the control group, this total mean score was 110.40, 125.33 and 74, respectively.

Also, the findings of the table show that the mean total score in the post-test stage in the experimental group was equal to 126.13, 116.00 and 64.66, respectively, and in the control group was equal to 115.20, 126.66 and 72.33. Also, in the follow-up stage in the experimental group were equal to 141.53, 114 and 65.33, respectively, and in the control group, 111.00, 124.00 and 72.33, respectively.

Assumptions of analysis of variance included examining the normality of pre-test and post-test distributions by the Shapiro-Wilkes test. The complete lack of correlation between the variables of covariance and homogeneity of variance was confirmed by the Levin test. The

Significance level	Degrees of freedom	$\chi^2$ test	Machley	scale
9/21	2	9/91	9/31	relaxation-oriented lifestyle
9/19	2	1/2 $\xi$	9/11	Systolic blood pressure
9/1 $\xi$	2	1/2 $\eta$	9/11	Diastolic blood pressure

Table 5: Wilkes Lambda test to examine the difference between relaxed lifestyle averages and blood pressure

Statistical power	Eta	Significance level	Degrees of freedom	F value	Source	
1/99	9/56	9/91	2	1/96	9/19	between-group
1/99	9/36	9/91	3	16/2 $\xi$	9/1 $\xi$	Intergroup
1/99	9/16	9/91	3	3/53	9/29	Interactive effect

Table 6: Analysis of variance between subjects with three measurements of pre-test, post-test and follow-up of relaxation-oriented lifestyle and blood pressure

Statistical power	Significance level	F	Mean squares	Degrees of freedom	Total squares	Source	scale
9/11	9/99	9/91	1 $\xi$ /21	2	2393/9 $\xi$	Interactive effect factor of error	relaxation-oriented lifestyle
9/11	9/91	9/91	12/19	2	212 $\xi$ /3 $\xi$	Intergroup	
				16	113/11		
9/16	9/91	9/91	11/99	1	9121/11	Interactive effect factor of error	between-group
				23	299/19		
1/99	9/62	9/91	56/91	2	1619/99	Interactive effect factor of error	Systolic blood pressure
9/13	9/11	9/91	5/11	2	199/99	Intergroup	
				16	91/99		
9/31	9/11	9/91	1/11	1	1 $\xi$ 19/99	Interactive effect factor of error	between-group
				23	291/12		
9/1 $\xi$	9/22	9/91	3/19	2	519/99	Interactive effect factor of error	Diastolic blood pressure
9/66	9/11	9/99	9/1 $\xi$	2	111/11	Intergroup	
				16	11/99		
9/16	9/1 $\xi$	9/92	5/31	1	512/5 $\xi$	Interactive effect factor of error	between-group
				23	35/69		

Table 5 and values of 0.53, 0.14 and 0.23 for intergroup, intragroup and interactive effects, respectively, showed that self-healing training was effective on at least one of the scales of relaxed lifestyle and management of hypertension symptoms. Is. The results of intergroup and intragroup analysis of variance for the effect of self-healing training on relaxed lifestyle and management of hypertension symptoms with three pre-test, post-test and follow-up measurements are shown in Table 6.

This hypothesis has been confirmed due to the insignificance of Machley sphericity for relaxation-oriented lifestyle and management of hypertensive symptoms ( $p > 0.05$ ).

Therefore, self-healing treatment has been useful for the relaxation-oriented lifestyle and management of hypertensive symptoms.

## **Discussion**

The aim of this study was to evaluate the effectiveness of self-healing object training on restful life and management of Archeon symptoms in female patients with hypertension. In order to analyze the findings, repeated measures analysis of variance was used. The results showed a significant difference between the three measurements of pre-test, post-test and follow-up, as well as the effectiveness of self-training in increasing relaxation-oriented lifestyle and reducing and stabilizing echocardiography among participants. These results are consistent with the findings.

These results are in line with the findings of other studies such as Babaei et al. [1]; Mohammadian et al. [9]; Hosseini et al. [1]; in terms of improving relaxation-oriented lifestyle variables and managing the symptoms of echocardiography in people with hypertension. Findings also Have been aligned with the results of other studies such as Latifi, Soltani and Mousavi [21]; Soltani, Latifi and Mousavi [23]; Shahbazi and Latifi [21]; Gramian [31] on the effect of self-education in the fields of psychology that have been studied with different statistical samples.

Cardiovascular coronary problems, especially hypertension, is one of the disorders of straw strength and resistance, which stress and psychological issues have a significant impact on the occurrence and occurrence, persistence and even reduction of its symptoms. Explaining the above findings of increasing a relaxed lifestyle and lowering and stabilizing blood pressure, it can be said that since the main focus of self-healing training is to recognize and treat destructive cellular memories and these memories knowingly or unknowingly stress the body, change cells to a defensive state. The data de-balances the autonomic nervous system and causes gentrism and confusion; Participants are likely to learn techniques such as forgiving and letting go of resentment, stopping harmful actions, correcting believed lies, spiritual excellence, modifying lifestyles and internal conversations, learning to manage situational and physiological stresses, creative visualization and reverse memory, praying and doing

Practical exercises of healing codes have been able to help balance the autonomic nervous system and stop the gentrotic activity of their brain by creating relaxation, and this relaxation has increased the management of blood pressure symptoms in the person.

In addition, part of the impatience of patients with hypertension is due to false assessments of the symptoms and their consequences. In self-healing training, recognizing unnecessary fears, accumulated lies and unhealthy thoughts are identified and reduce impatience and stress.

In this regard, it seems that creating and strengthening healing codes such as codes of patience, forbearance and self-control, as well as lifestyle modifications such as regulating sleep and wakefulness and nutrition, as well as practical exercises and special healing codes, meditation and prayer increase peace of mind and greater adaptation. With these chronic symptoms, the function has improved and blood pressure has stabilized.

On the other hand, considering that relaxation-oriented lifestyle is a general orientation towards understandable and manageable and meaningful life path events, each person's personality traits are among the factors that determine how he performs in stressful situations.

When a person acquires general beliefs that he or she can anticipate and understand the facts of his or her life and that he or she has the ability to face what lies ahead, he or she feels valued. Thomson et al. also reported that after training and correcting self-blame-based self-blame, inadequacy, and devaluation in depressed patients, self-acceptance, self-friendliness, and sense of agency increased, and recovery from depression accelerated.

Therefore, in explaining the cause of self-efficacy, it can be said that emphasizing the spiritual purposefulness of life and increasing inner richness is useful and taking care of oneself and others (introspection, explaining the creation of a triangular relationship instead of a Linear relationship and having hours of solitude with yourself and self-assessment and planning for eternity along with increasing communication with God, praying and having a thoughtful solitude about the values and meaning of life have been found in increasing the sense of peace and well-being. Also, the role of Poor Syndrome in destructive habits, successful recording of skills and abilities used in the three deterrent groups have been effective in improving this factor.

## **Conclusion**

This study tried to examine the question of the effectiveness of self-healing training on relaxed lifestyle and management of hypertension symptoms in female patients with hypertension in the framework of a valid methodology based on experimental work. The results of this study showed that this program has been able to significantly

increase relaxation and improve and stabilize stress among participants. It seems that memorizing and reviewing the story of an individual's life increases and improves self-care and reduces physiological stress. In addition, providing educational audio files and assignments has been effective in increasing people's peace of mind and coping ability by creating a code of tolerance and increasing resilience.

### **Acknowledgment**

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### **Ethical considerations**

The present study has been approved by the ethics code IR.PNU.REC.1398.071 adopted by the National Ethics Committee in Biomedical Research. In the training sessions held before the start of the project, participants learned how to conduct research and keep their personal information and information about their disease confidential, permission to leave the research at any time, obtain written consent and questionnaires before the intervention and they became aware of their own legal explanation.

### **Restrictions**

One of the constraints of this study is the gender of the sample members, all of whom were female. Despite the emphasis on not taking the drug, the researcher speculates that during the training period some members may have used painkillers to control their blood pressure temporarily (once or twice during the course).

### **Recommendations**

It is suggested that in future research, other therapeutic approaches be used in addition to the self-healing therapeutic approach to compare and evaluate the effectiveness of different therapeutic approaches. It is also suggested that the effectiveness of this method to be considered in future research on other diseases such as headache, gastric ulcer, gastrointestinal reflux, sleep disturbance, chronic fatigue, low back pain, etc., especially for certain diseases of unknown origin for which no definitive treatment has been found. Besides, Longitudinal studies and long-term and multi-stage follow-up studies are recommended to evaluate the persistence, effectiveness and stability of the changes caused by this model in people with chronic physical pain.

### **Participation of authors**

Initial version and final review: Dr Zohreh Latifi; Data Interpretation: Reyhaneh Gharghani; Main idea: Dr Zohreh Latifi; Study design and data collection: All authors.

### **Conflict of interest**

The authors of this article do not have any conflict of interest in the article and it is done at personal expense.

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