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Effects of self-healing training on perfectionism and frustration tolerance in mothers of single-parent students

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ABSTRACT

It is essential to focus on the variables that can empower mothers of single-parent students. The present study aimed to investigate the effects of self-healing training on perfectionism and frustration tolerance in mothers of single-parent students. The statistical population included all divorced mothers of elementary school students within the 2020–21 academic year. Sampling was performed in two stages, the first of which was multistage cluster sampling, whereas the second stage was purposive sampling based on inclusion and exclusion criteria. The study sample (n = 40) was divided into two groups of 20 (control and experimental). This quasi-experimental research adopted a pretest-posttest control group design with follow-up. The experimental group was trained in the self-healing protocol for fourteen weekly 90-minute sessions. The repeated measures ANOVA in SPSS-26 was then used for data analysis. The mean ± SD of perfectionism in the self-healing and control groups in the posttest was 67.75 ± 11.84 and 106.05 ± 22.01. Moreover, in the posttest stage, the mean ± SD of frustration tolerance in the intervention and control groups was 78.60 ± 7.93 and 99.45 ± 9.36, respectively. According to findings, self-healing training significantly affected the components of perfectionism including personal standards, concern over mistakes, and parental criticism. It also had significant effects on the components of frustration tolerance including discomfort intolerance, emotional intolerance, and achievement made by single mothers of students. The results were stable over time. However, self-healing training had no significant effects on perfectionism entitlement and subscales of frustration tolerance including discipline and organization, doubt about actions, and parental expectations.

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Introduction

The members of single-parent families manifest many symptoms such as anxiety, depression, despair, irresponsibility, psychasthenia, and the

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tendency for self-blame (Sangeet & Singh, 2022). In single-parent families, one parent assumes the responsibility for taking care of himself/herself and the child (or children. This type of family often emerges as a result of divorce or the death of another parent) (van der Wal, Finkenauer, & Visser, 2019). According to statistics in 2017, 7.2% of Iranian households are single-parent families, of which 17% are headed by a male, and 83% are headed by a female (Roghanchi, Jazayeri, Etemadi, Fatehizade, & Momeni, 2017). Since a family is a network of communications in which parents and children are in interaction through a mutual process, they can greatly affect each other. It is possible to perceive a mother's key role in her child's nurture by carefully analyzing the quality of parent–child relationship (Kennison, 2023). Single-parent families face various problems, especially when mothers are single parents. In this case, the most common structural problem is that mothers are under excessive pressure due to keeping away from adult relationships and becoming greatly involved with children (Daryanani, Hamilton, Abramson, & Alloy, 2016). Hence, mothers should simultaneously act as caregivers and nurturers. In response to these new conditions, they should also empathize with their children and allow them to unleash their emotions by expressing their sorrow and grief (Aslantürk & Mavili, 2020). Therefore, it is essential to focus on the variables that can empower single mothers of students.

Perfectionism is among the characteristics which divorced parents are faced (Kokkoris, 2019). In fact, perfectionism means the attempt at removing flaws, and perfectionists are individuals who try to be completely perfect in all aspects of life (Çimşir & Ülker Tümlü, 2022; Feizollahi et al., 2022). Considered a personality trait, perfectionism can affect a person's entire life, thereby leading to inefficiency (Fekih-Romdhane, Sawma, Obeid, & Hallit, 2023). Thus, perfectionistic parents usually tend to nurture perfectionistic children. As a result, these parents manifest their perfectionism in their parenting style (Wu, 2023).

Frustration is conceptualized as an obstructing event that blocks the way for goal-oriented activities or disrupts such activities (Schmitt, Gielnik, & Seibel, 2019). Failure or inability to reach such goals can lead to humiliation (Wang et al., 2021). In fact, frustration improves resistance to obstacles and stressful situations. In this regard, experts believe that individuals with higher levels of mental health employ tolerance as a technique of achieving their favorable goals in harsh conditions that lead to frustration (e.g., divorce or the deaths of loved ones) (Johnson, Panagioti, Bass, Ramsey, & Harrison, 2017).

In recently proposed approaches, self-healing appears to be an effective intervention because it considers the pervasiveness of five human dimensions, i.e., body, mentality, social relationships, spirituality, and morality

(Zarean & Latifi, 2022). Self-healing is a positive psychology therapy method that aims to manage and control physiological stressors. This approach was officially proposed as healing codes by Loyd and Johnson (2011) in the US. Denoting the ability to treat and heal oneself, self-healing refers to the role that a person himself/herself plays in improving a disease or solving a problem in interpersonal relationships (Latifi & Marvi, 2020). Representing a healing ability in a person's essence, self-healing helps the body or the brain to retrieve its integrity and plays a key role in pursuing health in different stages of life and maintaining its independence (Latifi, Soltani, & Mousavi, 2020).

The self-healing approach includes different skills such as reminiscence, identification of problematic personality traits, mitigation of detrimental actions, instruction of self-soothing techniques, prayers, and healing codes exercises. According to Loyd and Johnson (2005), all physical and nonphysical problems stem mainly from situational stress and physiological stress. In fact, situational stress refers to a kind of stress with a specific source. This type of stress is mainly extrinsic and detectable. However, caused and stimulated by destructive cellular memories, physiological stress is intrinsic, unclear, and latent. In fact, switching between states and eliminating stressful factors (i.e., situational and extrinsic stress), which have so far been considered by psychologists, can have slight effects on physiological stress (Haykin & Rolls, 2021). This approach is mainly focused on improving calmness by training and practicing self-helping skills in order to reduce spontaneous responses to unreasonable fear, stop the fight-or-flight system, enhance the immune system, mitigate physiological stress, and improve cellular and mental calmness (Zarean & Latifi, 2021). Acquiring Loyd's permission, Latifi and Marvi (2020) translated, codified, and trained this method in Iran. Reviewing psychological studies, they designed an executive 14-session protocol based on the cultural, traditional, and religious foundations of Iran. Prayers and meditation are the most prevalent forms of localization and modification of lifestyle based on Ibn Sina's views and spiritual excellence in Islam.

Accordingly, the results of different studies indicated the positive effects of self-healing on various physical and psychological variables. For instance, Chu et al. (2022) concluded that self-healing improved the quality of life and alleviated anxiety and depression. Thompson, D'Iuso, Schwartzman, Dobson, and Drapeau (2020) reported that self-acceptance, self-loving behavior, and self-value increased among depressed patients after they were trained in correcting blameful self-talks, self-inefficiency, and self-devaluation. Tol et al. (2020) managed to alleviate psychological distress and improve psychological health among female asylum seekers by implementing a self-healing program.

Research studies have confirmed the effects of self-healing on self-efficacy and substance-related beliefs in people with dependence, anxiety, self-esteem problems, and fogginess among women with betrayal trauma (Esch, 2020; McSwan et al., 2021). Studies have also confirmed the impacts of self-healing on self-affection, body image concern, and treatment in patients with skin cancer (Latifi et al., 2020; Zarean, Sadri Damirchi, & Sheykholeslami, 2022; Zarean & Latifi, 2022). This approach has also affected psychiatric complications, distress tolerance, and headache in addicted spouses (Irani et al., 2021; Marvi et al., 2022; Zarean & Latifi, 2022).

Therefore, given the importance of single-parent families undergoing a divorce, it appears reasonable to instruct self-healing in order to help mothers who face psychological traumas. As a result, they can recover from the complications of these unpleasant events, improve their frustration tolerance, and reduce their multidimensional perfection. Accordingly, the present study aimed to investigate the effects of self-healing training on perfectionism and frustration tolerance in single mothers of students.

Methods

This quasi-experimental research adopted a pretest-posttest control group design with follow-up. The statistical population included all divorced mothers of elementary school students in Shahin Shahr (Isfahan Province, Iran). Sampling was performed in two stages. Firstly, the stratified cluster sampling technique was employed to select the Education District of Shahin Shahr from all education districts. Secondly, the list of all elementary schools of Shahin Shahr District (96 schools) was analyzed within the 2020–21 academic year, and 10 schools were selected randomly as the sampling units. The students were then selected purposively, and 40 eligible mothers were selected as the research sample. Finally, the parents were randomly assigned to two groups of 20 (control and experimental) using a random number table. The sample size was calculated based on GPower software (alpha = 0.05, effect size = 1.08, and test power = 0.90). The inclusion criteria were as follows: having a healthy child aged 7–12 years old, meeting the necessary conditions for participating in the study, receiving no concurrent psychological therapies, having at least a junior high school education, and completing the informed consent form. The exclusion criteria were as follows: having acute or chronic psychological disorders, taking drugs, having other physical and psychosomatic disorders, showing no cooperation during the training process, neglecting to do the assignments given in sessions, and being absent for more than two sessions. The ethical considerations included knowing about the research purposes,

having voluntary participation, respecting privacy, maintaining confidentiality, not recording ID information, and having the right to exit the study in all data collection steps.

Instruments

Frost multidimensional perfectionism scale (FMPS)

Developed by Frost, Marten, Lahart, and Rosenblate (1990), the 35-item FMPS has six subscales: personal standards (regulation of high criteria for evaluation), concern over mistakes (negative reaction to errors), doubt about actions (the tendency for doubt about self-abilities), parental expectations (very high criteria considered by parents), parental criticism (excessive criticism by parents), and discipline and organization (importance of placing objects in order). The items are scored on a five-point Likert scale (ranging from 1 for "strongly disagree" to 5 for "strongly agree"). Hence, the minimum and maximum scores are 35 and 175, respectively. Higher scores indicate higher levels of perfectionism.

Harrington frustration tolerance scale (HFTS)

Designed by Harrington (2005), the 35-item HFTS is employed to measure a respondent's frustration tolerance in reaching goals. The HFTS has four subscales: discomfort intolerance (e.g., stress intolerance), emotional intolerance (e.g., intolerance of problems and hardships), achievement (e.g., intolerance of progress goals), and entitlement (e.g., intolerance of injustice and satisfaction). The items are scored on a five-point Likert scale (i.e., 5 = strongly agree, 4 = agree, 3 = no comment, 2 = disagree, and 1 = strongly disagree). The minimum and maximum scores are 35 and 175, respectively. They indicate a lack of the foregoing symptoms.

Intervention

The therapeutic intervention was implemented by the first author after the research procedure was explained to the participants. For this purpose, the experimental group received fourteen 90-minute training sessions. During this period, the control group did not receive any intervention program and remained on the waiting list. At the end of the final session, participants in both groups were reevaluated through the research questionnaires. After nearly 45 days, the research questionnaires were distributed to the members of both groups to implement follow-up and analyze the effects of self-healing on research variables. The training sessions on self-healing included the following contents in brief (Latifi & Marvi, 2020):

Session 1: making acquaintances with group members and establishing therapy relationships; setting the goals and rules of sessions; introducing situational stress and training on how to manage situational stress; explaining the immune system and effects of stress on the immune system performance
Session 2: explaining physiological stress, latent stress or destructive cell memory, and false memory
Session 3: training how to detect real or false problems, training the realistic or problem-oriented thinking method; training reminiscence with respect to failures, conflicts, failures, and confusions in a person's life; conducting the reminiscence test
Session 4: finding the roots of destructive cell memories; introducing three groups of grudges, false beliefs, and triangular negative feelings of detrimental actions
Session 5: implementing glass elevator technique; reminiscence about traumas and events affecting all stages of life; training and implementing the empty chair technique; talking about detrimental actions of members in the group
Session 6: explaining the puzzle of positive and negative feelings and training forgiveness techniques; changing the focus of group members from the past to the future; introducing the nine false beliefs and negative feelings; introducing the poor man's syndrome; training how to express feelings effectively; training beautiful distance; analyzing detrimental actions of group members; executing the light body scan meditation
Session 7: correcting detrimental actions, wrong habits, and destructive behaviors by training will-empowering techniques, a four-factor program, problem-solving, and changes in conditions and environments; training the inverted reminiscence
Session 8: improving first to fourth healing codes including love, happiness, peace, and patience; training how to treat selfishness (i.e., reduction of expectations, kindness, fair behavior, and human attitude); explaining real happiness (i.e., considering personal differences, improving communications, and enhancing enjoyable activities); training peace (i.e., self-nurture, time management, correct communication with the brain, and moderation of perfectionism); training patience (i.e., anger management, presentation of patience, and enhancement of resilience and hope)
Session 9: improving fifth to ninth healing codes including kindness, decency, trust, modesty, and continence; training how to improve relationships (with you, God, others, and nature); enhancing self-esteem (considering self-disclosure index, effective self-expression, and enhancing self-confidence and self-efficacy); treating loss of temper (i.e., improving continence, preventing responses, and knowing the tomorrow syndrome)
Session 10: explaining the role of actual requests, effects of prayers, and continuity of concentration on desires in life; explaining scientific evidence of

prayers in self-healing; training creative imagination; training how to do specific exercises of healing codes in this session
Session 11: training the balanced lifestyle; modifying the lifestyle by knowing wrong habits and detrimental actions; correcting the sleep pattern and regulating the diet and eating and drinking habits; recreation; traveling; doing sports exercises; considering sanitation and hygiene
Session 12: training on how to improve the quality of life in health, hygiene, conviviality, and communications (between parents, spouses, children, relatives, and others); scientific development; financial development; professional development, useful social activities; improvements in home, neighborhood, and society
Session 13: correction and inner conversation; revision of stress in training power breathing; revision of personal stress; emphasizing persistent self-care against physical and psychological traumas; managing emotions and communications
Session 14: training spiritual excellence techniques, trust and delegation, spiritual purposiveness in life, and necessity of inner revision; setting aside time for meditation; planning for eternity; reviewing all therapy sessions and emphasizing perseverance in practicing healing codes.

Statistical analyses

The descriptive statistics and repeated measures ANOVA were used for data analysis in SPSS 26. The Shapiro–Wilk test was conducted to analyze the normality of data distribution in the pretest and posttest. Moreover, Levene's test was employed to analyze the homogeneity of variances.

Results

According to the descriptive statistics, 15% of the participants who had custody of their children were aged below 30 years old. Moreover, 22.5%, 32.5%, 17.5%, and 12.5% were aged 31–35 years old, 36–40 years old, 41–45 years old, and above 46 years old, respectively. The mean (± SD) age was 37.95 ± 6.21 years old among the research sample. Furthermore, 17.5% of participants had junior high school educations, whereas 30% had high school diplomas. In addition, 52.5% had academic education. Regarding financial status, 22.5% of participants were poor, whereas 50% had an average status. Moreover, 27.5% reported a good status. Regarding the number of children, 50% of participants had only one child, whereas the other 50% had two children. Both experimental and control groups were homogeneous in terms of demographic variables. Table 1 presents the mean (±SD) of scores in the pretest, posttest, and follow-up of multidimensional

perfectionism components (i.e., personal standards, discipline and organization, concern over mistakes, doubt about actions, parental expectations, and parental criticism), and components of frustration intolerance (i.e., discomfort intolerance, emotional intolerance, achievement, and entitlement) of mothers in the experimental group and the control group.

According to Table 1, the total mean score of perfectionism was 104.20, 67.75, and 61.55 in the pretest, posttest, and follow-up, respectively. Moreover, the total mean score of perfectionism was 107.10 for the control group in the pretest. The mean scores of frustration tolerance were 101.51, 78.60, and 75.00 in the pretest, posttest, and follow-up, respectively. In addition, the total mean score of frustration tolerance was 101.23 in the control group in the pretest. According to the results of analyzing the means of dependent variables, the means of pretest, posttest, and follow-up were so

Table 1. Mean and standard deviation (SD) of the variables in experimental and control groups.

		Self-healing group		Control group	
Variable	Phase	Mean	SD	Mean	SD
Perfectionism (total)	Pretest	104.20	16.56	107.10	24.74
	Posttest	67.75	11.84	106.05	22.01
	Follow-up	61.55	10.67	106.70	19.52
Personal standards	Pretest	21.55	3.83	19.45	6.26
	Posttest	13.15	3.03	21.40	5.71
	Follow-up	11.80	2.68	21.45	4.14
Discipline and organization	Pretest	19.85	2.77	18.00	4.67
	Posttest	14.60	2.60	18.01	4.16
	Follow-up	13.55	2.91	17.70	4.93
Concern over mistakes	Pretest	23.45	3.91	21.05	6.19
	Posttest	15.90	3.37	22.10	5.39
	Follow-up	14.75	3.25	22.50	4.90
Doubt about actions	Pretest	11.40	3.63	11.35	5.02
	Posttest	7.85	2.36	13.65	4.53
	Follow-up	7.10	2.12	14.75	3.85
Parental expectations	Pretest	16.10	5.40	15.60	6.19
	Posttest	14.35	4.09	17.45	6.13
	Follow-up	13.25	3.62	17.50	5.51
Parental criticism	Pretest	11.85	3.31	12.55	4.11
	Posttest	7.90	2.51	14.10	4.73
	Follow-up	7.10	2.19	13.70	4.20
Frustration tolerance (total)	Pretest	101.51	10.20	101.23	10.02
	Posttest	78.60	7.93	99.45	9.36
	Follow-up	75.00	6.33	100.80	9.77
Discomfort intolerance	Pretest	20.90	1.11	19.95	2.11
	Posttest	14.40	1.35	18.70	1.73
	Follow-up	13.50	2.03	18.95	2.32
Emotional intolerance	Pretest	25.10	5.21	22.80	3.45
	Posttest	11.30	1.97	22.10	3.69
	Follow-up	10.40	3.01	23.01	3.21
Achievement	Pretest	20.90	1.88	21.40	4.14
	Posttest	17.05	1.82	21.80	4.09
	Follow-up	17.20	2.19	21.10	4.19
Entitlement	Pretest	34.95	5.44	37.05	5.69
	Posttest	35.85	5.71	36.75	5.32
	Follow-up	33.90	5.34	37.75	4.95

much more different in the experimental group than in the control group for repeated measures.

The results of the Shapiro-Wilk test indicated that the assumption of normality of data distribution in the perfectionism and frustration tolerance variable was confirmed in the self-healing and control groups in the pretest, posttest, and follow-up stages. According to the results of Levene's test, dispersive and dependent groups were confirmed to be homogeneous. In fact, all pairs of groups had mutual homogeneity. Mauchly's test of sphericity was used as a presumption of the repeated measures. Given the significance of Mauchly's test of sphericity, the consistency of covariance was not confirmed. Hence, the Greenhouse–Geisser correction should be adopted. Overall, the repeated measures ANOVA was employed to analyze the effects of self-healing on multidimensional perfectionism and frustration tolerance of single mothers of students.

According to Table 2, there were significant differences between perfectionism and frustration tolerance in the pretest, posttest, and follow-up. There were also significant differences between the experimental group and the control group in subscales of perfectionism and frustration tolerance. The post hoc Bonferroni test was conducted to analyze differences in means of research subscales in a pairwise manner.

According to Table 3, there were significant differences between subscales of perfectionism and those of frustration tolerance in terms of differences among means of pretest, posttest, and follow-up. However, there were no significant differences between the means of posttest and follow-up for research variables, and the effects of the self-healing training course were persistent. These results indicated that self-healing training improved perfectionism and frustration tolerance in single mothers of students.

Discussion and Conclusion

The present study aimed to investigate the effects of self-healing training on perfectionism and frustration tolerance in single mothers of students. The results proved the effects of self-healing training on improvement in frustration tolerance and perfectionism mitigation among participants. This finding is consistent with the research results of previous studies (Latifi et al., 2020; Zarean & Latifi, 2022). Regarding the effects of self-healing training on perfectionism, we can argue that personal standards sometimes not only fail to improve performance but may also lead to detrimental actions. In this case, the person has no opportunity for amicable self-talk, thereby failing to make the right decision to exit this vicious loop (Feizollahi et al., 2022). In the self-healing technique, a four-factor process was employed to help participants know the irreversible loss of such

Table 2. The results of analysis of variance within and between groups in the pretest, posttest, and follow-up phases.

Variables	Within and between groups' effects	Source	SS	df	MS	F	*p*	η_p^2
Perfectionism (total)	Within- group	Time	6264.51	1.60	3910.18	83.30	0.01	0.68
		Group × time	16127.15	1.60	10066.25	214.45	0.01	0.84
		Error	2857.66	60.88	46.93			
	Between-group	Group	19431.07	1	19431.07	20.93	0.01	0.35
		Error	35275.18	38	928.29			
Personal standards	Within- group	Time	344.51	1.54	223.37	71.02	0.01	0.65
		Group × time	823.81	1.54	534.12	169.82	0.01	0.81
		Error	184.33	58.60	2.41			
	Between-group	Group	832.13	1	832.13	13.89	0.01	0.27
		Error	2275.06	38	59.89			
Discipline and organization	Within- group	Time	243.15	1.71	141.45	31.81	0.01	0.45
		Group × time	213.75	1.71	124.35	27.96	0.01	0.42
		Error	290.43	65.31	4.44			
	Between-group	Group	108.30	1	108.30	3.03	0.09	0.07
		Error	1354.06	38	35.63			
Concern over mistakes	Within- group	Time	342.26	1.46	233.62	60.99	0.01	0.61
		Group × time	564.20	1.46	383.98	100.24	0.01	0.72
		Error	213.86	55.83	3.83			
	Between-group	Group	410.07	1	410.07	6.98	0.02	0.15
		Error	2234.33	38	58.79			
Doubt about actions	Within- group	Time	8.31	1.53	5.43	1.35	0.26	0.04
		Group × time	323.11	1.53	211.10	52.49	0.01	0.58
		Error	233.90	58.16	4.02			
	Between-group	Group	598.53	1	598.53	16.69	0.01	0.30
		Error	1362.10	38	35.84			
Parental expectations	Within- group	Time	43.85	1.46	21.92	3.49	0.07	0.15
		Group × time	724.21	1.46	495.05	78.94	0.01	0.67
		Error	348.60	55.59	6.27			
	Between-group	Group	1159.40	1	1159.40	15.75	0.01	0.29
		Error	2796.25	38	73.58			
Parental criticism	Within- group	Time	67.20	1.91	35.03	10.05	0.01	0.21
		Group × time	217.40	1.91	113.34	32.51	0.01	0.46
		Error	254.06	72.88	3.34			
	Between-group	Group	607.50	1	407.50	18.48	0.01	0.32
		Error	1249.03	38	32.86			
Frustration tolerance (total)	Within- group	Time	4575.41	1.51	3026.74	89.28	0.01	0.70
		Group × time	3954.51	1.51	2616.00	77.16	0.01	0.67
		Error	1947.40	57.44	33.90			
	Between-group	Group	7053.33	1	7053.33	36.32	0.01	0.49
		Error	7279.30	38	194.19			
Discomfort intolerance	Within- group	Time	432.15	1.22	325.51	169.47	0.01	0.81
		Group × time	235.61	1.22	177.47	92.39	0.01	0.70
		Error	96.90	50.44	1.92			
	Between-group	Group	264.03	1	264.03	35.10	0.01	0.48
		Error	285.80	38	7.52			
Emotional intolerance	Within- group	Time	1401.66	1.76	792.55	123.06	0.01	0.76
		Group × time	1322.86	1.76	748.00	116.14	0.01	0.75
		Error	432.80	67.20	6.44			
	Between-group	Group	1484.03	1	1474.03	55.67	0.01	0.59
		Error	1013.00	38	26.65			
Achievement	Within- group	Time	94.01	1.57	59.76	21.24	0.01	0.35
		Group × time	101.15	1.57	64.30	22.85	0.01	0.37
		Error	168.16	59.77	2.81			
	Between-group	Group	279.07	1	279.07	10.26	0.01	0.21
		Error	1033.58	38	27.20			
Entitlement	Within- group	Time	4.61	1.70	2.70	0.28	0.71	0.01
		Group × time	44.01	1.70	25.75	2.74	0.08	0.06
		Error	608.70	64.94	9.37			
	Between-group	Group	156.40	1	156.40	2.17	0.14	0.05
		Error	2737.05	38	72.02			

Table 3. Results of pairwise comparison of the research variables across time series.

Subscale	Phase (A)	Phase (B)	Mean difference (A-B)	SE	*p*
Perfectionism (total)	Pretest	Posttest	1.75	1.38	0.01
		Follow-up	16.52	1.63	0.01
	Posttest	Follow-up	1.77	1.02	0.09
Personal standards	Pretest	Posttest	3.22	0.37	0.01
		Follow-up	3.87	0.41	0.01
	Posttest	Follow-up	0.65	0.24	0.32
Doubt about actions	Pretest	Posttest	3.25	0.34	0.01
		Follow-up	3.85	0.47	0.01
	Posttest	Follow-up	0.60	0.28	0.37
Parental expectations	Pretest	Posttest	1.20	0.43	0.01
		Follow-up	1.80	0.42	0.01
	Posttest	Follow-up	0.60	0.36	0.39
Frustration tolerance (total)	Pretest	Posttest	12.50	1.23	0.01
		Follow-up	13.62	1.32	0.01
	Posttest	Follow-up	1.12	0.75	0.15
Discomfort intolerance	Pretest	Posttest	3.82	0.23	0.01
		Follow-up	4.20	0.32	0.01
	Posttest	Follow-up	0.37	0.17	0.19
Emotional intolerance	Pretest	Posttest	7.25	0.54	0.01
		Follow-up	7.27	0.59	0.01
	Posttest	Follow-up	0.02	0.03	0.87
Achievement	Pretest	Posttest	1.72	0.33	0.01
		Follow-up	2.00	0.39	0.01
	Posttest	Follow-up	0.27	0.24	0.26

behavior for himself/herself and others through conceptualization. The four-factor process was implemented in four steps: 1) subjective planning and betting to moderate personal standards; 2) self-awareness during the day to leave detrimental behavior and adopt useful behavior; 3) overnight evaluation to analyze daily behavior and determine the success percentage; 4) self-encouragement for success and self-punishment for failure (Loyd & Johnson, 2011).

Another effective factor in personal standards for self-healing is to adopt certain approaches to selfishness treatment. In this case, clarifying personal values can lead to standardization of personal values. An individual should have the right perception of his/her standardized values and strikes a balance between hedonism and compliance with values and morality. This is possible for the members of a group if they pay attention to the values and purposes of life in a spiritual dimension (Latifi & Marvi, 2020). Another factor in moderation of personal standards can be analyzed in self-healing treatment, i.e., strategies for treating fear and anxiety (Chu et al., 2022). In fact, a perfectionist or an idealist loses peace and calmness either willingly or unwillingly. This kind of person also has little frustration tolerance (Wu, 2023). Hence, there are various steps in the subset of perfectionism moderation. Reviewed briefly here, these steps can be efficient in helping group members find peace: idealistic change of attitudes; freeing from unattainable standards; considering the motto "diligence yes, tension no". There is another solution to moderation of personal standards in self-healing

treatment (i.e., creative imagination in the future). This solution is to adopt imagination or creativity. For this purpose, an individual should imagine that he/she has an extraordinary life (without comparing it with those of others and with his/her status quo). He/she now visualizes the ideal conditions and tries practically to achieve those conditions by adopting appropriate personal standards (McSwan et al., 2021).

An effective treatment strategy for mitigating parental concern over mistakes can be to reduce detrimental actions in addition to changes in environments and conditions to decrease people's mistakes. When mistakes decrease, concern over mistakes will consequently be alleviated. In this case, participants should identify inappropriate occasions and locations that weaken their wills. They should not expose themselves to such conditions. If so, they will make fewer mistakes. In self-healing treatment, members of the experimental group learned to change their self-valuation criteria into humane and ethical criteria, which resulted in humane attitudes (Zarean & Latifi, 2021). Once attitudes become humane, people allow themselves and others to make mistakes and stop believing that they are free of errors. Hence, they will be less worried about their mistakes.

To enhance material criticisms of students in self-healing sessions, some strategies were adopted to treat insufficient goodness, improve self-esteem, enhance self-confidence, and boost self-efficacy. Effective self-expression was explained in learning. The group members learned to respect their and each other's desires and need as humans. They also learned to express themselves. Generally, the self-expression tool includes four stages: expressing feelings; making remarks regarding what a person thinks he/she knows about without being worried about other people's judgments; asking for help at the time of need or repeating and insisting on requests by maintaining calmness; and having the ability to decline unreasonable requests (Zarean et al., 2022).

When an individual learns the self-expression skill, he/she criticizes himself/herself and others less often than ever before because he/she can express himself/herself much better by improving self-confidence and self-esteem. Such a person is not worried about what others think. In self-healing treatment, the group members learned to strengthen their relationships with God by saying prayers or making purely amicable requests to God for healing, which is possible through spiritual rehabilitation (Loyd & Johnson, 2005). In fact, they learned to solve their problems through payers and worship, which are among the most powerful events. For this purpose, they first needed to consider what problems they had and then ask God to solve those problems.

Regarding the effects of self-healing on frustration tolerance, we can argue that therapeutic solutions to mitigation of detrimental actions in self-

healing as well as diligence and perseverance in the dimension will be managed to improve affective tolerance among participants. This finding is ascribed to the fact that low levels of affective tolerance could indicate their weak will to change habits. An individual is aware of having low levels of affective tolerance; however, the individual himself/herself and environmental conditions can sometimes obstruct the path. In treatment sessions, the proposed solution was to allow participants to identify and admit their bad habits. They were also supposed to identify the strengthening factors of their bad habits to replace them with positive factors in addition to concentering on only one bad habit (Marvi et al., 2022). This process helps them mitigate their bad habits.

An effective solution to improve affective tolerance is to adopt certain strategies for controlling and restricting treatments and building trust in control by nurturing life skills and communication skills. In this case, participants learned to manage emotions in order to improve their affective tolerance. In the experimental group, members were trained in learning to manage emotions. In self-healing, therapeutic solutions to false and unhealthy beliefs and negative feelings in the self-analysis of false beliefs and believed lies can be employed to understand emotional tolerance (Zarean et al., 2022). This approach is based on the idea that if people have the right beliefs, they have healthy feelings, thoughts, and behavior. Hence, they are able to tolerate various emotions. This approach includes three steps: perception of feeling–thought–behavior relationships, detection of unreasonable thoughts, and behavioral modification. These steps were explained completely to the members by practice. There are also some solutions to the treatment of sorrow and distress in self-healing (Latifi et al., 2020). When an individual cannot tolerate any emotions or experiences a low level of emotional tolerance, he/she should learn to live in the moment. This means expanding awareness about making the current moment pleasant and using it for life.

This study faced certain limitations, one of which was the gender of all participants. They were all female. Moreover, since the study was conducted in Shahin Shahr (Iran), there are some constraints on the generalization of results to other cities due to differences in cultural, local, and religious conditions.

Hence, it is recommended that arrangements be made with counseling centers and other institutions for psychological services in order to adopt the self-healing approach by making appropriate adjustments to the characteristics of other groups of society. If possible, the self-healing approach should also be presented as multimedia training suites to people in cultural centers and institutions that deal with maternal problems so that users can benefit effectively from this approach online.

Ethical Approval

The Ethics Review Board of Payame Noor University, approved the present study (code: IR.PNU.REC.1400.044).

Informed Consent

All participants provided informed consent prior to participation in the study.

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