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Research Paper

Effectiveness of Self-Healing Training on Emotional Regulation and love trauma in Men and Women Experiencing Marital Infidelity

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ABSTRACT

Objective: The purpose of this research was to investigate the effectiveness of self-healing training on motional regulation and Love Trauma in men and women who had experienced marital infidelity.

Methods: The present study was a quasi-experimental study with a pretest-posttest design and a control group. The statistical population of this research was all women and men with the experience of infidelity who referred to counseling centers in the 1st district of Tehran in 2023-2024, that according to the purpose of the research, among them 30 people 15 people for each group (self-healing treatment and control group) were selected throug purposefully and available sampeling method And then they were randomly assigned in two groups. To collect information, Ross' (1999) Love Trauma Questionnaire and Gross and John (2003) cognitive regulation of emotion questionnaire were used. The data were analyzed by MANCOVA using SPSS21 software.

Results: The results indicated that self-healing training had a significant effect on reducing Love Trauma scores and increasing Emotion Regulation scores ($p < .005$).

Conclusion: Self-healing training can be considered an effective approach to reducing Love Trauma and enhancing Emotion Regulation in individuals with a history of infidelity.

1. Introduction

A happy marriage is a key factor in improving the physical and mental health of individuals. However, inattention to marital needs can lead to an unsuccessful marriage and negative outcomes such as marital infidelity and divorce within the family (Ayadi et al., 2022). Marital infidelity, defined as a breach of trust involving the failure of one or both partners to remain faithful, constitutes a violation of the relationship boundaries. This violation can be physical or emotional in nature (Scheeren et al., 2018). The patterns of infidelity vary depending on the affected couples and the relationships in which the infidelity occurs, but both clinical observations and empirical research confirm that the disclosure infidelity typically has destructive consequences, disrupting the behavioral and emotional functioning of both partners (Rezaei, 2024).

Marital infidelity can cause problems such as domestic violence, marital boredom, substance abuse, child abandonment, unemployment and sexually transmitted infections, which can lead to the breakdown of marriage

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(Khazaei & Bababei, 2022). Therefore, one of the most significant traumas that infidelity can cause to the victim is the experience of love trauma or emotional breakdown. Rosse (1999) was the first to introduce the concept of emotional breakdown, a phenomenon commonly encountered by individuals who suffer the loss of romantic and intimate relationships (Forket et al., 2021), thereby impairing their functioning across various situations (Khalafi et al., 2016). Both men and women who experience emotional breakdown frequently encounter difficulties with self-awareness, stress tolerance, problem-solving, happiness, and emotional intelligence (Sanamnejad et al., 2011). Additionally, some research suggests that the experience of emotional breakdown may contribute to a tendency toward extramarital relationships (Ghasemi, 2017).

Given that infidelity inevitably leads to emotional and psychological difficulties and affects individual and relational adjustment, a key factor that can enhance one's capacity to effectively cope with emotional harm is emotion regulation. Emotion regulation refers to the actions individuals take to modify or adjust emotional experiences, expressions, and intensity, as well as the events that trigger these emotions (Vucenovic, 2023). Married individuals with emotion regulation skills are likely to experience better psychological functioning and higher marital quality (Joormann & Stanton, 2016). Improved emotional regulation can reduce the intensity of stressful situations in relationships, enabling couples to address their problems and conflicts more calmly during trauma and challenging life events (Abbasi et al., 2016). In other words, emotion regulation plays a crucial role in adaptation to stressful life events (Khorshidi Mianaie et al., 2023).

Overall, the findings of various studies indicate a link between emotional regulation strategies, marital relationship quality, and the reduction of stress and tension in relationships affected by trauma (Horn et al., 2019). Individuals affected by infidelity experience emotional and psychological issues, leading to intense psychological reactions, including feelings of anger, guilt, hopelessness, loss of trust, low self-esteem, and prolonged periods of depression and anxiety (Shrout & Weigel, 2020). More broadly, the emotional problems resulting from infidelity and the lack of emotional regulation can expose the betrayed individual to cognitive difficulties, such as self-doubt, and obsessive and ineffectively seeking their role in the problems in their relationship (Ganz et al., 2022).

Marital infidelity is one of the most challenging family issues that, if not treated in a timely and appropriate psychosocial manner, can cause irreparable harm to family members, especially for the victim of betrayal that has consequences such as regret and self-blame, emotional problems, and psychological distress (Amani et al., 2019). Therefore, considering the negative consequences of infidelity on the continuity and stability of marital and family life, it seems necessary to identify the desired psychological interventions to reduce the consequences of this bitter marital experience. Given the negative individual and marital consequences of marital infidelity, one intervention whose effectiveness has been confirmed on both individual and couple dimensions in various research samples is Self-healing training, which improved the elements of psychological well-being and marital satisfaction (Zarean et al,. 2024). Self-healing, refers to the ability of individuals to heal themselves by actively improving their physical and mental well-being. This approach includes various skills, such as recalling important memories, recognizing problematic personality traits, reducing harmful behaviors, and learning how to calm oneself (Zarean & Latifi, 2020). Loyd and Johnson (2011) suggest that many physical and emotional issues are closely related to stress, which he categorizes into two types: situational stress, which is external and often easy to identify, and physiological stress, which is internal, hidden, and often triggered by negative cellular memories. According to Loyd and Johnson (2011), the underlying causes of many human problems that lead to physical and psychological illnesses include vengeance, harmful actions, false beliefs, negative emotions, selfishness, sadness, anxiety, fear, anger, hopelessness, impatience, rejection, violence, and feelings of loss of control (Bryndin, 2020; Nikmehr et al., 2021). Researchers have demonstrated the impact of self-healing and self-care therapies on improving mental health and emotional issues (Latifi et al ., 2022), reducing psychological distress (Asadollah Najafi et al., 2023), and increasing psychological resilience and emotional well-being (Moslehi & Latifi, 2022), and, in other studies, reducing alcohol consumption and improving emotion regulation (Frohlich et al., 2018).

Given the importance of psychological issues caused by infidelity for mental health, family dynamics, and how individuals cope with the experience of infidelity, it is essential to focus on educational interventions aimed at relationship repair and reducing psychological and emotional problems. However, a review of existing research literature in this field shows that despite, the numerous studies on marital infidelity and its treatment, no study has been conducted to examine the effect of self-healing training, on variables related to marital infidelity and to measure its effectiveness on variables such as emotional regulation and the love trauma. Therefore, considering the existing research gap on the one hand and the psycho-emotional consequences related to marital infidelity on the other hand, the present

study seeks to test this hypothesis: self-healing training is effective in reducing emotional trauma and regulating emotions in women and men who have experienced infidelity. the present study was conducted with the aim of investigating the following hypotheses:

- Self-healing training is effective on emotion regulation in men and women who have experienced spousal infidelity.
- Self-healing training is effective on love trauma in men and women who have experienced spousal infidelity.

2. Materials and Methods

This study employed a quasi-experimental pretest-posttest design with a control group. The target population comprised all men and women who sought counseling services for marital infidelity in District 1 of Tehran. A total of 30 participants (15 per group: 8 men and 7 women in the experimental group, and 8 men and 7 women in the control group) were selected using a purposive convenience sampling method and then randomly assigned to the two groups. The sample size was determined using G*Power software (α = .05, effect size = .15), based on similar previous quasi-experimental studies. In order to conduct the present study, after the objectives of the study were explained to the participants, they were asked to complete the research questionnaires in both groups, which is necessary as the first step in conducting the study (pre-test). Then, self-healing training was provided using the self-healing protocol of Loyd & Johnson (2011), and the control group members did not receive any intervention. Finally, after the sessions were completed, the research questionnaires were completed again by the members of both groups, and at the end, while appreciating the members of both groups and specifying a time for separate training of the control group members (in order to comply with research ethics), the questionnaires were entered into the SPSS21 statistical software for analysis.

Instrument:

Love Trauma Questionnaire: Developed by Rosse (1999), this scale measures the intensity of love trauma and consists of ten items on a four-point Likert scale. It provides an overall assessment of the physical, emotional, cognitive, and behavioral distress caused by love trauma. The cutoff point for this questionnaire is considered to be 20. The reliability of the original version of this questionnaire was reported as 0.86 in Rosse's (1999) study, and its validity was confirmed using exploratory factor analysis (Mordeh et al., 2022). The internal consistency coefficient (Cronbach's alpha) for this questionnaire is .83, and its validity in Iran, assessed through test-retest over one week, is also .83 (Ghasemi, 2017). The Cronbach's alpha coefficient of this scale in the present study was obtained 0.78.

Short Form of the Emotion Regulation Questionnaire: This questionnaire developed by Gross and John in 2003, consists of 10 items and includes two subscales: reappraisal (6 items) and suppression (4 items). Responses are measured on a seven-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (7). Cronbach's alpha coefficient of the initial version of this scale was reported in the range of 0.71 to 0.81 (Garnefski & Kraaij, 2006). in the another context, the internal consistency of this scale has been reported with a range .48 to .68 for the reappraisal subscale and .42 to .63 for the suppression subscale among state employees and Catholic university students in Milan (Balzarotti et al., 2010). This scale has been validated in the Iranian cultural context, with internal consistency (Cronbach's alpha ranging .60 to .81) and validity supported through principal component analysis with varimax rotation, showing a high correlation between the two subscales (r = .68) and strong criterion validity (Qasimpour, 2011). The Cronbach's alpha coefficient of this scale in the present study was obtained in the range of 0.74 and 0.80.

The criteria for inclusion in the study were as follows: participants had to be married, have not received any therapy in the past six months or during the intervention, and must provide informed consent to participate in the research. The exclusion criteria included divorce or separation during the study, not being married, receiving concurrent counseling or therapeutic services, and lack of willingness to continue participating in the study. The self-healing group was trained using the Self-Healing Protocol developed by Loyd and Johnson (2011). Meanwhile, the control group did not received no intervention.

Table 1. Self-Healing Training Protocol (Loyd & Johnson, 2011)

Session	Session content
1	Introduce group members and develop a close counseling relationship. Define session goals and rules, encourage exploration of negative emotions, discuss situational stressors, and explain the immune system's role, emphasizing stress's impact on immune function.
2	Explaining the effects of stress on the immune system and introducing the concept of physiological or latent stress, the formation of destructive cellular memories and false memories, the fight-or-flight response of the nervous system, and its impact on mental health, describing various types of destructive cellular memories (inherited, childhood, and traumatic) with examples, performing practical exercises in relaxation, and proper breathing techniques.

Session	Session content
3	Instructing how to distinguish between real and non-real problems, learning to manage situational stressors, and recalling memories related to personal failures, conflicts, and frustrations. Performing a practical meditation exercise using a rose.
4	Methods for discovering negative beliefs and destructive cellular memories. Explaining the underlying causes of these memories in groups, and the vengeance group, and conducting a body light scan.
5	Performing the glass elevator technique and exploring traumatic memories throughout life. Understanding false and unhealthy beliefs through practical exercises, including the Empty Chair technique and the temple meditation.
6	Defining the puzzle of positive and negative heart-based emotions and instructing forgiveness techniques to reduce feelings of vengeance. Creating a triangular rather than linear relationship and identifying deeply ingrained lies and beliefs.
7	Discussing harmful behaviors and destructive habits, and instructing methods to strengthen willpower (decision-making, care, evaluation, and punishment and reward). Learning problem-solving skills and environmental change.
8	Introducing the first four healing codes: love, joy, peace, and patience. Providing practical exercises for the healing codes and sharing audio files and visual materials for practicing these codes.
9	Introducing the next five healing codes: kindness, goodness, trust, humility, and self-control. teaching the reverse memory-recall technique.
10	Teaching spiritual elevation techniques to deepen faith in God and an infinite power. Emphasizing belief in eternity, trust, surrender, and letting go of worries that are beyond one's control. The session also involves constructing genuine prayer-focused statements without sharing the audio effects of prayer.
11	Educating on balanced living: refining lifestyle by recognizing harmful habits and actions, improving sleep patterns, and regulating diet, including the ways of eating, drinking, and engaging in recreation, travel, exercise, cleanliness, and hygiene. Enhancing quality of life across health and hygiene, increasing intimacy and connections with family (parents, partners, children, relatives, and others). Promoting academic growth, financial development, occupational progression, improvement in home, neighborhood, and community issues, and meaningful social activities.
12	Reforming internal dialogue (recognizing the planting of corrupt seeds) and revising stress management with the introduction of power breathing techniques. Reappraising individual stressors, emphasizing ongoing self-care against physical and psychological harm, and managing emotions and relationships. Planning for eternity, fostering a spiritually meaningful life, and enriching inner fulfillment by being useful and caring for oneself and others. Engaging in introspection, having moments of solitude for self-reflection and evaluation, and reviewing the entirety of the therapeutic sessions.

Following the sessions were completed, both groups were asked to fill out the research questionnaires again. At the end of the study, participants were appreciated for their participation, and another time was arranged for the control group to receive the same training to maintain ethical standards in the research. The data were then entered into SPSS.21 for statistical analysis.

3. Results

Most of the participants were in the age range of 20–25 years. In the experimental group, the largest proportion of participants held a diploma or post-diploma degree (each accounting for over 33%), whereas in the control group, the highest proportion had a middle school education (40%). The mean duration of marriage was 7.33 years (SD = 1.04). Additionally, the chi-square test results for gender (p = .915), age (p = .550), education (p = .970), and having children (p = .765) indicated no significant differences between the groups.

Table 2. Descriptive indices of dependent variables in the pre-test and post-test phases, separated by exprimental and control groups

dependent variables		Self-Healing Training Group		Control Group	
		Mean	S.D	Mean	S.D
emotional regulation	pre-test	31.80	9.48	30.40	7.75
	post-test	47.73	10.78	31.40	8.56
emotional trauma	pre-test	13.86	4.08	13.66	2.96
	post-test	10.26	3.30	13.06	2.54

As Table 2 shows, the mean scores for emotion regulation and Love Trauma in the self-healing group decreased from pre-test to post-test. In contrast, the control group's post-test scores showed little change across these variables.

Examination of the assumptions for covariance analysis showed that the Kolmogorov-Smirnov test was not significant for any of the study variables at pre-test or post-test (p > .05); the interaction effect of group and pre-test on the variables was also non-significant (p > .05). Thus, the assumption of homogeneity of regression slopes was met. Additionally, Levene's test for the F-statistic was non-significant for both emotion regulation and Love Trauma (p > .05).

Table 2. **Results of multivariate analysis of covariance (MANCOVA) to compare differences between groups**

	Effect	Value	Hypothess df	Error df	F	Sig.	Eta
group	Pillai's Trace	0.429	2	25	9.392	<0.001	0.429
	Wilks' Lambda	0.571	2	25	9.392	<0.001	0.429
	Hotelling's Trace	0.751	2	25	9.392	<0.001	0.429
	Roy's Largest Root	0.751	2	25	9.392	<0.001	0.429

The table above indicates that there is a significant difference between the two groups in terms of emotion regulation and emotional trauma scores (P<0.001). To further elucidate these differences, the results of the between-group effects are outlined in Table 4.

Table 3. **The results of covariance analysis of the effect of self-healing on emotional regulation and emotional trauma**

variable	dependent	Sum of Squares	df	Mean Squar	F	p	Eta
Emotional Regulation	Pre-test	0.032	1	0.032	0.132	0.986	0.002
	group	1762.929	1	1762.929	17.929	0.000	0.399
	erorr	2654.501	27	98.315	-	-	-
	total	79618.000	30	-	-	-	-
Emotional Trauma	Pre-test	44.368	1	44.368	6.005	0.021	0.182
	group	61.746	1	61.746	8.357	0.007	0.236
	erorr	199.498	27	7.389	-	-	-
	total	4386.000	30	-	-	-	-

The results of the analysis of covariance showed that after adjusting for pre-test scores, self-healing therapy significantly increased emotion regulation scores and reduced Love Trauma scores ($p < .005$). The effect sizes for self-healing therapy on emotion regulation and Love Trauma were 0.399 and 0.236, respectively.

4. Discussion and Conclusion

The aim of the present study was to investigate the effectiveness of self-healing training on emotional regulation and love trauma in women and men with the experience of marital infidelity. The results indicate that self-healing training significantly improwed the emotional regulation scores of women and men in the experimental group. This finding is consistent with previous studies. For instance, Frohlich et al. (2018) founded that the self-healing training not only reduced alcohol consumption but also improved emotional regulation and reduced substance abuse. Similarly, Latifi et al. (2022) found that self-healing training significantly improved mental health and emotional issues.

To explain the effectiveness of self-healing training on the emotional regulation of individuals who have experienced spousal infidelity, we can refer to two main dimensions related to emotion regulation: the intrapersonal and interpersonal dimensions. Experts suggest that in the intrapersonal dimension, emotion regulation involves cognitive restructuring through strategies like positive reappraisal, reducing self-blame, and minimizing rumination. At the interpersonal dimension, improving interactions with others and seeking support are essential strategies for emotional regulation. These strategies align with some of the healing codes and practices needed to strengthen them, such as codes of love, peace, patience, and self-control (Nasresfahani et al., 2022). Therefore, self-healing training, by addressing unhealthy pride through self-care, care for others, and spiritual enhancement, and by instructing improved communication (with oneself, others, and God), can enhance the interpersonal aspect of emotional regulation. Additionally, this approach, by using strategies like boosting self-esteem, reducing control issues (such as stubbornness and fostering communication skills and positive thinking), and improving self-control, can positively impact the intrapersonal aspect of emotional regulation. Indeed, the self-healing approach aims to promote a healthy lifestyle and correct unhealthy and irrational beliefs, helping individuals solve their problems themselves (Asadollah Najafi et al., 2023). Supporting this finding, Nasresfahani et al. (2022) also showed that self-healing training reduces cognitive distortions and increases forgiveness.

Another finding of current study indicates that self-healing training significantly reduced the emotional trauma scores of participants in the experimental group. This finding is consistent withprevious studies. For instance, Asadollah Najafi et al. (2023) found in a study that self-healing training significantly reduced psychological distress. Additionally, Moslehi & Latifi (2022) found that self-healing training increased psychological resilience and emotional well-being.

From the perspective of the healing model, one of the main reasons for reduced quality of life is cellular memories, which decrease emotional and cognitive flexibility. These memories manifest in feelings of

helplessness, pessimism, harmful behaviors, and unnecessary resistance (Latifi et al., 2021). Therefore, men and women who have been victims of infidelity and are influenced by the negative emotions resulting from spousal betrayal are highly vulnerable to negative memories from past traumas. This vulnerability can strengthen and extend destructive cellular memories to other aspects of their lives, such as their occupational, social, and interpersonal relationships. In such circumstances, self-healing training, by focusing on healing codes such as kindness, goodness, trust, humility, and self-control, helps individuals reassess past negative memories and associated emotions. It encourages them to employ reverse memory techniques and focus on positive aspects of life, leading to a more realistic cognitive evaluation of themselves, others, and the world, and adopting a more desired attitude. This adjustment in vulnerability to past traumas also reduces the intensity of negative emotions related to past emotional failures.

This study has limitations, such as being specific to men and women in Tehran who have experienced spousal infidelity, which may caution against generalizing the results. Additionally, some variables, such as the type of infidelity and the length of the marriage, were not controlled. It is suggested that in order to increase the generalizability of the findings, similar research should be conducted on participants from other cities in future research. It is also suggested that follow-up steps should be implemented at different time intervals in future research to control for the effect of time.

The findings of this study, consistent with previous research, indicate that self-healing therapy has a significant effect on the emotional regulation and reduction of emotional trauma in men and women who have experienced spousal infidelity. Therefore, it is recommended that counselors and psychologists working in various educational and therapeutic centers consider using this therapy to assist clients who have experienced spousal infidelity, prevent decisions and tendencies toward divorce, and support individuals who have experienced loss, emotional failure, and other forms of interpersonal relationship disappointments.

5. Ethical Considerations

Compliance with ethical guidelines

The participants were informed about the purpose of the research and its implementation stages. They were also assured about the confidentiality of their information and were free to leave the study whenever they wished, and if desired, the research results would be available to them.

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Authors' contributions

All authors have participated in the design, implementation and writing of all sections of the present study.

Conflicts of interest

The authors declared no conflict of interest.

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