



# The Effectiveness of Hypnotherapy and Schema Therapy in Improving Emotional Control in People Affected by Marital Infidelity

Mahin Talaeizadeh <sup>1</sup>, Zahra Eftekhar Saadi <sup>1,\*</sup>, Alireza Heidari <sup>1</sup> and Reza Johari Fard <sup>1</sup>

<sup>1</sup>Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran

\*Corresponding author: Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran. Email: zeftekharsaadi@gmail.com

Received 2023 March 23; Revised 2023 April 23; Accepted 2023 April 29.

## Abstract

**Background:** Controlling emotions can be influential in increasing the quality of married life and coping with the outcomes of uncovering extramarital affairs.

**Objectives:** This study hence investigated the effectiveness of hypnotherapy and schema therapy in improving emotional control in people affected by marital infidelity.

**Methods:** This was a quasi-experimental study with a pretest-posttest control design and a three-month follow-up. The study population included all couples dealing with marital infidelity who visited Mehr-e-Taban Counseling and Psychological Services Center in Tehran, Iran in 2021. A total of 48 individuals were selected through convenient sampling and randomly assigned to the two experimental groups and the control group (n = 16). The first experimental group received eight 90-minute hypnotherapy sessions and the second received ten 90-minute schema therapy sessions. The research instrument included the Emotion Control Questionnaire (ECQ). The data were analyzed using ANCOVA and post hoc tests in SPSS-22.

**Results:** The mean  $\pm$  SD of the posttest score of emotional control in hypnotherapy and schema therapy groups was  $47.62 \pm 2.80$  and  $48.82 \pm 1.45$ , which was significantly different from the control group ( $P < 0.001$ ). The findings revealed that both therapeutic approaches were effective in improving emotional control and its four components including rehearsal, emotional inhibition, aggression control, and benign control in the participants ( $P < 0.001$ ). There was no significant difference between the effects of hypnotherapy and schema therapy in improving emotional control.

**Conclusions:** The results indicated that using both therapeutic approaches in counseling centers can be influential in helping maladjusted couples to improve and reduce their marital problems and increase their satisfaction, particularly in couples damaged by infidelity.

**Keywords:** Hypnosis, Schema Therapy, Emotions, Family Conflict

## 1. Background

Family is the fundamental group unit of society. A healthy and dynamic society depends on healthy families; the outcome of any threats to the family unit will surface in society (1, 2). The most important assumption in a romantic relationship is its uniqueness, which is the belief that the partners are committed to each other emotionally and sexually. Even a minor slippage in this commitment can prompt the damaging phenomenon of infidelity (3). Marital infidelity is a major cause of divorce and families falling apart. Despite that emotional and sexual commitment, as a key norm in regulating marriage, has a pivotal role in solidifying relationships, marital infidelity can potentially lead to marital dissolution

(4). Some believe that infidelity refers to extramarital sexual relationships and others see it as having a secret emotional relationship with a person other than one's spouse (5). Men and women respond differently to various types of infidelity. Women tend to show more jealousy towards emotional affairs and men towards sexual affairs (6). Betrayed spouses may experience emotional, psychological, and physical problems to which they might show severe mental responses including anger, guilt, hopelessness, loss of trust, low self-esteem, and long depressive and anxiety episodes (7, 8). Research has shown that couples with low emotional control suffer from many tensions in life roles (9, 10). An individual's ability to control emotions can help them relax, regulate emotional

arousal, and modify emotional experiences (11).

Emotional control is not only positively associated with intrapersonal outcomes, such as higher well-being and lower depression and anxiety, but it is also linked with interpersonal outcomes such as the quality of spouses' relationships and marital satisfaction (12). Emotional control skills can have behavioral, emotional, cognitive, and physiological outcomes in spouses' interactions (13). Spouses with lower emotional control may experience higher cardiovascular arousal in a normal conflict. Return to former intimacy after a conflict is easier in couples with balanced emotions (14). Emotion regulation is a strong predictor of the quality of marital life. In interspousal relationships, emotional control takes a complex form as the focus is no longer only on the emotions of the self but also includes the emotions of the spouse (15). A couple has the best performance when their emotional arousal is at a balanced and optimal level (16). Accordingly, emotion regulation in the context of marital relations is a reciprocal and mutual process, studying which requires attention to the emotions and behaviors of both spouses and their influence on the other (17). Considering the high levels of intimacy between spouses, it seems that emotion regulation processes have a crucial role in interspousal relationships (18). To effectively encounter these challenges, spouses need to be equipped with a set of emotional skills such as correctly recognizing and expressing emotions.

Any therapeutic program used to help betrayed spouses with psychological problems should provide an appropriate solution to each part of the problem with a full picture of its effects. Hypnotherapy is a harmless effective intervention that uses the positive healing powers of the client's subconscious, utilizing powerful mental imagery, stress management, anxiety reduction, and substantial and stable boosting of self-confidence (19). Hypnosis is an altered state of consciousness with three elements, namely absorption, dissociation, and suggestibility, which are used in the process of hypnotherapy (19). In this special state of consciousness, the therapist's suggestions enter the conscious and unconscious of the client and are recorded in their mind. This quality grants hypnotherapy excellent and stable results (20). Moreover, many researchers currently observe that hypnosis can have a complementary effect combined with other therapeutic methods (21, 22).

Schema therapy is another intervention used for reducing tensions and conflicts in a marital relationship (23). Unlike different forms of cognitive therapy that emphasize the present, schema therapy focuses on

self-destructive thinking patterns as well as feelings and behaviors rooted in childhood and resurfacing throughout a person's life (24, 25). It can be helpful in treating people with anxiety disorders and personality disorders. The positive effects of schema therapy in increasing intimacy, reducing marital conflicts and decreasing the intensity of early maladaptive schemas and anxiety symptoms (26). A schema therapist first helps the client to learn about their maladaptive schemas using standardized tests. Then, they encourage them to gradually let go of the ineffective early patterns and adopt more efficient thinking and behaviors to manage their negative feelings through combined cognitive-emotional and behavioral techniques (27).

Every year, couples therapists work with several couples dealing with the problem of infidelity. In this regard, therapists have dedicated more attention to reducing psychological problems in these couples in recent years. Extramarital relationships are the chief cause of destroyed marriages and can bring about numerous marital conflicts. Therefore, marital infidelity can be a crucial factor in exposing marital life to the emotional and behavioral outcomes of divorce.

## 2. Objectives

Evaluation and comparison of two hypnotherapy interventions and schema therapy of people affected by marital infidelity are one of the most important innovations of the present study. Accordingly, this study aimed to investigate the effectiveness of hypnotherapy and schema therapy in improving emotional control in people affected by marital infidelity.

## 3. Methods

This was a quasi-experimental study with a pretest-posttest control group design and a three-month follow-up. The study population included all couples dealing with marital infidelity who visited Mehr-e-Taban Counseling and Psychological Services Center in Tehran, Iran in 2021. Totally, 48 individuals were selected through convenient sampling and randomly assigned to the two experimental groups and the control group ( $n = 16$ ). In the present study, the adequacy of the sample size was determined using G-Power software (with an effect size of 1.08, a test power of 0.90, and  $\alpha = 0.05$ ). The first experimental group received eight 90-minute hypnotherapy sessions and the second received ten 90-minute schema therapy sessions. Intervention

**Table 1.** A Summary of Hypnotherapy Sessions

Sessions	Contents
1	The participants were introduced to the therapeutic method and hypnotherapy was conceptualized. Spiegel's eye-roll test for hypnotizability was conducted.
2	After entering the trance state, suggestions were provided to participants for further relaxation, stress, and anxiety reduction, deep trance state. The therapist worked on conditioning participants to enter a trance state by counting to ten and the sleep command in order to reduce the time of entering the trance state in the next sessions.
3	More suggestions were provided to the participants to deepen the trance state and focus on mental imagery for ten minutes. The imageries were first pleasant and relaxing and later directed at the target problems.
4	The dialogue about the problems was created using mental imagery after entering hypnosis. The participants received further suggestions for relaxed focused thinking. Imageries of positive suggestions and dialogues were added to the suggestions to reinforce their effectiveness.
5	Hypnotic suggestions were combined with the mental imagery of the suggestions to increase their effectiveness. The contents of previous sessions were reviewed and a discussion was held on the experiences of a trance state under hypnosis.
6	Imageries of the ego suggestions were made and the participants received hypnotherapy on increasing self-esteem and improving positive relationships with others.
7	Self-hypnosis was taught (to prevent relapse) and the participants received hypnotherapy on emotional control, reducing negative and distressing emotions, and boosting positive emotions.
8	The participants were conditioned to count to ten signals and take three deep and slow breaths to use the conditioning signal to relax, minimize stress and anxiety, and address problems. The posttest was conducted at the end of the session.

sessions were conducted in groups by the first author at Mehr-e-Taban Counseling. The summary of the sessions is presented in Tables 1 and 2. The inclusion criteria were having an extramarital relationship experience, minimum high school education, no history of psychological disorders and hospitalization in a psychiatric ward, and not using medications, drugs, and alcohol. The exclusion criterion was being absent from the therapy sessions more than twice. The follow-up was three months after the last intervention session. Written informed consent was obtained from the participants. Moreover, the participants were ensured of the confidentiality of their personal information and the significance of conducting this study. The participants were free to leave the study at any point they wanted.

### 3.1. Measurement Tools

#### 3.1.1. Emotion Control Questionnaire

The 56-item Emotion Control Questionnaire (ECQ), developed by Roger and Najarian (28), was used to measure emotional control in couples. The ECQ is designed in four sub-scales including rehearsal, emotional inhibition, aggression control, and benign control. Each sub-scale has 14 true or false items. The range of scores in this questionnaire is 0 to 56; In addition, the minimum and maximum score for each subscale is 0 and 14, respectively. The reliability of the ECQ was estimated to be 0.72 (29).

### 3.2. Statistical Analyses

The data were analyzed by analysis of covariance (MANCOVA) in SPSS-22.

## 4. Results

The descriptive results including the mean and standard deviation (SD) for emotional control and its components are shown in Table 3. The mean and standard deviation of the posttest score of emotional control in hypnotherapy and schema therapy groups was  $47.62 \pm 2.80$  and  $48.82 \pm 1.45$ , which was significantly different from the control group ( $P < 0.001$ ).

The required assumptions for ANCOVA were examined. The Levene's test for emotional control and its four components confirmed the assumption of homogeneity of variance. Moreover, Box's M was not significant for emotional control and its components, confirming the equivalence of covariance matrices. The Shapiro-Wilk test showed the normal distribution of the scores in the experimental groups and the control group in the pretest, posttest, and follow-up stages. The results of the ANCOVA are reported in Table 4. There was a significant difference between betrayed women and men in hypnotherapy and schema therapy groups in terms of rehearsal ( $F = 8.26$ ,  $P = 0.001$ ), emotional inhibition ( $F = 73.89$ ,  $P = 0.001$ ), aggression control ( $F = 27.54$ ,  $P = 0.001$ ), and benign control ( $F = 69.07$ ,  $P = 0.001$ ).

There was a significant difference between the two experimental groups and the control group in the reduction of four components of rehearsal, emotional inhibition, aggression control, and benign control ( $P < 0.001$ ). In addition, there was no significant difference between hypnotherapy and schema therapy in the four emotional control components. This indicated the

**Table 2.** Schema Therapy Sessions Framework

Sessions	Contents
1	Creating a secure mutual relationship, empathy, and acceptance to facilitate reunion; Teaching schema-focused therapy approach
2	Persistent identification of early learnings and experiences associated with the current problem
3	Identifying and assessing coping modes, empathy, and early maladaptive schemas; Experimental techniques to identify developmental roots and schemas and understand maladaptive strategies for satisfying emotional needs
4	Analyzing the state of mind with spouses, tracing the durations of state of mind, and identifying and naming states; Conceptualizing client's problems based on schema therapy and discrediting their dominant schemas
5	Using current complaints as leverage to continue the therapy; Encouraging the client to continue the therapy and emphasizing the negative outcomes of narcissism
6	Introducing participants to cognitive, emotional, and behavioral state; Exploring developmental roots of states by making mental imageries
7	Teaching negotiation between states and using cognitive techniques to discredit dominant schemas; Creating a positive atmosphere of attention
8	Staying with the lonely state and working to satisfy basic emotional needs and connecting with the vulnerable state
9	Emphatic confrontation and moving towards modifying and reducing the effects of defective schemas
10	Encouraging participants to let go of maladaptive coping and practice adaptive behaviors; Creating a list of learned skills in therapy and preventing relapse; Concluding sessions and presenting recommended strategies

**Table 3.** The Mean and Standard Deviation of Emotional Control in Experimental and Control Groups<sup>a</sup>

Variables and Phases	Hypnotherapy	Schema Therapy	Control Group
<b>Emotional inhibition</b>			
Pretest	10.32 ± 0.89	10.44 ± 1.03	10.25 ± 1.43
Posttest	12.50 ± 0.84	12.47 ± 0.69	9.75 ± 1.27
Follow-up	12.48 ± 0.86	12.14 ± 0.83	9.81 ± 1.50
<b>Aggression control</b>			
Pretest	10.16 ± 0.81	10.69 ± 0.70	10.52 ± 0.93
Posttest	11.44 ± 1.06	11.60 ± 0.74	10.34 ± 0.75
Follow-up	11.64 ± 0.91	11.37 ± 0.69	10.49 ± 0.81
<b>Rehearsal</b>			
Pretest	10.61 ± 0.83	10.82 ± 0.92	10.03 ± 0.64
Posttest	9.32 ± 0.89	9.72 ± 0.86	10.97 ± 0.81
Follow-up	9.13 ± 0.84	9.69 ± 0.79	10.20 ± 0.77
<b>Benign control</b>			
Pretest	10.72 ± 1.08	10.85 ± 1.01	10.62 ± 1.11
Posttest	12.88 ± 0.81	13.25 ± 0.36	10.69 ± 1.16
Follow-up	12.57 ± 0.92	12.92 ± 0.81	10.89 ± 1.27
<b>Emotional control (total)</b>			
Pretest	41.50 ± 2.50	42.45 ± 2.44	42.41 ± 2.99
Posttest	47.62 ± 2.80	48.82 ± 1.45	41.75 ± 3.07
Follow-up	46.85 ± 2.04	47.69 ± 2.11	42.34 ± 3.21

<sup>a</sup> Values are expressed as mean ± SD.

similar effectiveness of the therapeutic approaches in all components of emotional control (Table 5).

## 5. Discussion

This study hence investigated the effectiveness of hypnotherapy and schema therapy in improving emotional control in people affected by marital infidelity.

**Table 4.** Results of ANCOVA on Research Variables in Experimental and Control Groups

Variables	SS	df	MS	F	P	$\eta^2$	Power
<b>Emotional inhibition</b>	288.21	2	144.10	73.89	0.001	0.78	1.00
<b>Aggression control</b>	78.16	2	39.08	27.54	0.001	0.57	1.00
<b>Rehearsal</b>	19.011	2	9.55	8.26	0.001	0.29	0.95
<b>Benign control</b>	253.51	2	126.75	69.07	0.001	0.77	1.00
<b>Emotional control (total)</b>	2201.01	2	1100.51	88.65	0.001	0.80	1.00

**Table 5.** Results of Pairwise Comparison of the Emotional Control in the Posttest Phase

Variables and Groups	Mean Difference	SE	P-Value
<b>Emotional inhibition</b>			
Hypnotherapy - schema therapy	-0.03	0.27	0.913
Hypnotherapy - control	-2.75	0.38	0.001
Schema therapy - control	-2.72	0.36	0.001
<b>Aggression control</b>			
Hypnotherapy - schema therapy	0.16	0.32	0.624
Hypnotherapy - control	-1.1	0.33	0.002
Schema therapy - control	-1.26	0.26	0.001
<b>Rehearsal</b>			
Hypnotherapy - schema therapy	0.05	0.31	0.873
Hypnotherapy - control	1.65	0.30	0.001
Schema therapy - control	1.25	0.29	0.001
<b>Benign control</b>			
Hypnotherapy - schema therapy	0.37	0.22	0.105
Hypnotherapy - control	-2.19	0.35	0.001
Schema therapy - control	-2.56	0.30	0.001
<b>Emotional control (total)</b>			
Hypnotherapy - schema therapy	1.20	0.79	0.138
Hypnotherapy - control	-5.87	1.04	0.001
Schema therapy - control	-7.07	0.85	0.001

The results showed that hypnotherapy improved components of emotional control in the participants. It was revealed that hypnotherapy alone could be effective in helping emotional control in women and men affected by marital infidelity. This is consistent with the findings of previous studies (30). Rostami et al. (30) reported that the use of hypnotherapy is an effective method to increase coping self-efficacy in women with obesity.

Hypnotherapy can improve emotion regulation and individual responses to external stimuli and situations. Some of the advantages of hypnotherapy include relaxation, improved sleep quality, and peace of mind (19). Like other therapeutic approaches, it can assist

in discovering, processing, and recognizing layers of symptoms or outward behaviors in order to uncover and address the main problems or early damages constantly entering the unconscious and affecting behavior (30). As a result, hypnotherapy can help the client regulate their feelings and be more relaxed and stable when exposed to stimuli (19). How much one believes they have control over the effective events of their life is a valuable agent in maintaining health. Individuals who see themselves as unable in controlling events show avoiding responses to these events instead of active confrontation. Perception of the uncontrollability of the environment is a cognitive vulnerability. In hypnotherapy, increasing the feeling of

control in the clients facilitate their improvement (30).

The results also indicated that schema therapy had positive effects on improving emotional control in the clients. This is consistent with the findings of Mohammadi et al. (25). Using cognitive therapy techniques, schema therapy can curtail interpersonal problems and emotional instability, consequently showing emotion regulation. In fact, schema therapy to cope with problems can lead to better emotion management and regulation strategies by replacing maladaptive emotion management strategies (25). Relying on changing maladaptive schemas formed in childhood and maladaptive coping mode as well as describing their effects in confronting and processing life events, schema therapy gives the client the opportunity to leave avoiding and negative assessments, and adopt adaptive strategies (31). Such strategies can improve the mental capacity of the individual, enhance problem-solving skills, and lead to emotion regulation. Furthermore, working on psychological themes or early maladaptive schemas in individuals who have a negative view of their abilities and emotions, schema therapy can be effective in modifying and changing their thoughts and beliefs (27). It challenges cognitive beliefs closely knit with emotional beliefs with regard to experimental strategies, resulting in the recognition of unsatisfied emotional needs that have led to the formation of maladaptive schemas and emotion maladjustment. This encourages the individual to look for correct solutions to their problems (32).

Uncontrolled intervening variables such as economic, social, and intellectual status and personality were a limitation in this study. The limited population of the study also necessitates generalizing the results and explanations with caution.

### 5.1. Conclusions

The results demonstrate the effectiveness of hypnotherapy and schema therapy in controlling emotions in women and men affected by marital infidelity. The findings can be used at both theoretical and practical levels. Theoretically, the results can help understand effective therapies for marital problems better. Additionally, by explaining the effectiveness of hypnotherapy and schema therapy, it can facilitate resolving problems in couples that suffer from communicational and emotional problems. This description of the approach and comparison with other methods used for emotional control can expand the knowledge, concepts, and models in this field, paving the way for further research to develop couples therapy.

Practically, the results can be a good experimental basis to prepare therapeutic programs for spouses dealing with infidelity and suffering from emotional problems. Couples and family therapists can use the findings clinically in their treatment programs for emotion management.

### Footnotes

**Authors' Contribution:** Mahin Talaiezadeh & Zahra Eftekhar Saadi: Study concept and design, acquisition of data, analysis and interpretation of data, and statistical analysis. Zahra Eftekhar Saadi & Alireza Heidari: Administrative, technical, and material support, study supervision. Zahra Eftekhar Saadi & Reza Johari Fard: Critical revision of the manuscript for important intellectual content.

**Conflict of Interests:** There are no conflicts of interest regarding the publication of the current research.

**Ethical Approval:** The study was approved by Islamic Azad University- Ahvaz Branch.

**Funding/Support:** Self-funding.

**Informed Consent:** Written informed consent was obtained from the participants.

### References

1. Barnes MD, Hanson CL, Novilla LB, Magnusson BM, Crandall AC, Bradford G. Family-Centered Health Promotion: Perspectives for Engaging Families and Achieving Better Health Outcomes. *Inquiry*. 2020;57:46958020923537. [PubMed ID: 32500768]. [PubMed Central ID: PMC7278332]. <https://doi.org/10.1177/0046958020923537>.
2. Mollborn S, Rigles B, Pace JA. "Healthier Than Just Healthy": Families Transmitting Health as Cultural Capital. *Soc Probl*. 2021;68(3):574-90. [PubMed ID: 34381314]. [PubMed Central ID: PMC8341485]. <https://doi.org/10.1093/socpro/spaa015>.
3. Gonzalez-Rivera JA, Aquino-Serrano F, Perez-Torres EM. Relationship Satisfaction and Infidelity-Related Behaviors on Social Networks: A Preliminary Online Study of Hispanic Women. *Eur J Investig Health Psychol Educ*. 2019;10(1):297-309. [PubMed ID: 34542486]. [PubMed Central ID: PMC8314247]. <https://doi.org/10.3390/ejihpe10010023>.
4. Shahverdi J, Bakhtiari M, Rezaei M, Khamoshi F. A comparative study of the level of mental health, happiness, inferiority feelings, marital satisfaction and marital conflict in fertile and infertile women in Kermanshah. *J Clin Res Paramed Sci*. 2015;4(3).
5. Haseli A, Shariati M, Nazari AM, Keramat A, Emamian MH. Infidelity and Its Associated Factors: A Systematic Review. *J Sex Med*. 2019;16(8):1155-69. [PubMed ID: 31196837]. <https://doi.org/10.1016/j.jsxm.2019.04.011>.
6. Pichon M, Treves-Kagan S, Stern E, Kyegombe N, Stockl H, Buller AM. A Mixed-Methods Systematic Review: Infidelity, Romantic Jealousy and Intimate Partner Violence against Women. *Int J Environ Res Public Health*. 2020;17(16). [PubMed ID: 32781565]. [PubMed Central ID: PMC7459695]. <https://doi.org/10.3390/ijerph17165682>.

7. Riveros-Munevar F, Prieto-Patino LE, Marroquin-Ortegon L, Cardona-Rodriguez M, Delgado-Zapata C, Rodriguez-Nino Y. Validation of the Multidimensional Inventory of Infidelity (IMIN) in Colombian Population. *Int J Psychol Res (Medellin)*. 2021;**14**(1):33-47. [PubMed ID: 34306577]. [PubMed Central ID: PMC8297579]. <https://doi.org/10.21500/20112084.4710>.
8. Naimi L. Effect of Spiritual-Religious Interventions on Increasing the Sense of Calmness and Forgiveness in Women Who Have Experienced Marital. *Health Spiritual Med Ethics*. 2019;**6**(4):16-22. <https://doi.org/10.29252/jhsm.6.4.16>.
9. Rusu PP, Nussbeck FW, Leuchtmann L, Bodenmann G. Stress, dyadic coping, and relationship satisfaction: A longitudinal study disentangling timely stable from yearly fluctuations. *PLoS One*. 2020;**15**(4). e0231133. [PubMed ID: 32271854]. [PubMed Central ID: PMC7145192]. <https://doi.org/10.1371/journal.pone.0231133>.
10. Busch AK, Fringer A. Psychosocial Impact of Multiple Sclerosis on Couples: Relationship Between Anxiety, Depression, and Stress Communication of Both Partners. *J Prim Care Community Health*. 2022;**13**:21501319221119100. [PubMed ID: 36039811]. [PubMed Central ID: PMC9434664]. <https://doi.org/10.1177/21501319221119142>.
11. Pena-Sarrionandia A, Mikolajczak M, Gross JJ. Integrating emotion regulation and emotional intelligence traditions: a meta-analysis. *Front Psychol*. 2015;**6**:160. [PubMed ID: 25759676]. [PubMed Central ID: PMC4338658]. <https://doi.org/10.3389/fpsyg.2015.00160>.
12. Brandao T, Matias M, Ferreira T, Vieira J, Schulz MS, Matos PM. Attachment, emotion regulation, and well-being in couples: Intrapersonal and interpersonal associations. *J Pers*. 2020;**88**(4):748-61. [PubMed ID: 31674659]. [PubMed Central ID: PMC7383855]. <https://doi.org/10.1111/jopy.12523>.
13. Favero M, Lemos L, Moreira D, Ribeiro FN, Sousa-Gomes V. Romantic Attachment and Difficulties in Emotion Regulation on Dyadic Adjustment: A Comprehensive Literature Review. *Front Psychol*. 2021;**12**:723823. [PubMed ID: 34966317]. [PubMed Central ID: PMC8710590]. <https://doi.org/10.3389/fpsyg.2021.723823>.
14. Chen WL, Liao WT. Emotion Regulation in Close Relationships: The Role of Individual Differences and Situational Context. *Front Psychol*. 2021;**12**:697901. [PubMed ID: 34393930]. [PubMed Central ID: PMC8355482]. <https://doi.org/10.3389/fpsyg.2021.697901>.
15. Falconier MK, Wojda-Burlj AK, Conway CA, Kim J. The role of emotion regulation in couples' stress communication and dyadic coping responses. *Stress Health*. 2023;**39**(2):309-22. [PubMed ID: 35938781]. <https://doi.org/10.1002/smi.3186>.
16. Kinkead A, Sanduvete-Chaves S, Chacon-Moscoso S, Salas CE. Couples extrinsic emotion regulation questionnaire: Psychometric validation in a Chilean population. *PLoS One*. 2021;**16**(6). e0252329. [PubMed ID: 34077466]. [PubMed Central ID: PMC8172022]. <https://doi.org/10.1371/journal.pone.0252329>.
17. Erkan I, Kafescioglu N, Cavdar A, Zeytinoglu-Saydam S. Romantic relationship experiences and emotion regulation strategies of regular mindfulness meditation practitioners: A qualitative study. *J Marital Fam Ther*. 2021;**47**(3):629-47. [PubMed ID: 33275285]. <https://doi.org/10.1111/jmft.12462>.
18. Jitaru M, Turliuc MN. The Moderator Role of Interpersonal Emotion Regulation on the Associations between Commitment, Intimacy, and Couple Satisfaction. *Int J Environ Res Public Health*. 2022;**19**(17). [PubMed ID: 36078222]. [PubMed Central ID: PMC9518042]. <https://doi.org/10.3390/ijerph19170506>.
19. Zeig JK, Tanev KS. Marital Hypnotherapy: A Session with Milton Erickson with Commentary. *Int J Clin Exp Hypn*. 2020;**68**(3):263-88. [PubMed ID: 32527188]. <https://doi.org/10.1080/00207144.2020.1762493>.
20. Williamson A. What is hypnosis and how might it work? *Palliat Care*. 2019;**12**. [PubMed ID: 30728719]. [PubMed Central ID: PMC6357291]. <https://doi.org/10.1177/1178224219826581>.
21. Valentine KE, Milling LS, Clark LJ, Moriarty CL. The Efficacy of Hypnosis as a Treatment for Anxiety: A Meta-Analysis. *Int J Clin Exp Hypn*. 2019;**67**(3):336-63. [PubMed ID: 31251710]. <https://doi.org/10.1080/00207144.2019.1613863>.
22. Hauser W, Hagl M, Schmierer A, Hansen E. The Efficacy, Safety and Applications of Medical Hypnosis. *Dtsch Arztebl Int*. 2016;**113**(17):289-96. [PubMed ID: 27173407]. [PubMed Central ID: PMC4873672]. <https://doi.org/10.3238/arztebl.2016.0289>.
23. Alimoradi Z, Zarabadipour S, Arrato NA, Griffiths MD, Andersen BL, Bahrami N. The relationship between cognitive schemas activated in sexual context and early maladaptive schemas among married women of childbearing age. *BMC Psychol*. 2022;**10**(1):131. [PubMed ID: 35606832]. [PubMed Central ID: PMC9125923]. <https://doi.org/10.1186/s40359-022-00829-1>.
24. Masoudzadeh A, Alami S, Naderi Rajeh Y, Taheri E, Sadeghi H. The Role of Relationship Emotional Schemas and Personality Dimensions on Domestic Violence in People Referred to a Forensics Center in Iran. *Iran J Psychiatry*. 2022;**17**(1):44-51. [PubMed ID: 35480129]. [PubMed Central ID: PMC8994837]. <https://doi.org/10.18502/ijps.v17i1.8048>.
25. Mohammadi S, Hafezi F, Ehteshamzadeh P, Eftekhari Saadi Z, Bakhtiarpour S. Effectiveness of Schema Therapy and Emotional Self-Regulation Therapy in the Components of Women's Marital Conflicts. *J Client-Centered Nurs*. 2020;**6**(4):277-88. <https://doi.org/10.32598/jccnc.6.4.341.1>.
26. Sadeghi K, Moghadam AP, Ahmadi SM, Parvizifard A, Ahmadzade A, Mazaheri A, et al. The effectiveness of aerobic exercise on depression, automatic thought, dysfunctional assumption, and the early maladaptive schemas. *J Clin Res Paramed Sci*. 2016;**5**(1).
27. Mohammadi S, Hafezi F, Ehteshamzadeh P, Eftekhari Saadi Z, Bakhtiarpour S. The effect of schema therapy on sexual self-esteem in the women involved in marital conflicts. *Women's Health Bulletin*. 2020;**7**(2):49-55.
28. Roger D, Najarian B. The construction and validation of a new scale for measuring emotion control. *Pers Individ Differ*. 1989;**10**(8):845-53. [https://doi.org/10.1016/0191-8869\(89\)90020-2](https://doi.org/10.1016/0191-8869(89)90020-2).
29. Hosseini M, Azimi D, Abbasi M, Dargahi S. Effectiveness of Acceptance and Commitment Therapy (ACT) Training on Emotional Control of Chemical Veterans. *Iran J War Public Health*. 2018;**10**(1):9-13. <https://doi.org/10.29252/ijwph.10.1.9>.
30. Rostami M, Ehteshamzade P, Asgari P, Alavi Fazel SK. Effectiveness of cognitive hypnotherapy on coping self-efficacy and cognitive emotion regulation components in obese women. *Shenakht J Psychol Psychiatry*. 2022;**9**(1):118-33. <https://doi.org/10.32598/shenakht.9.1.118>.
31. Kamalian T, Mirzahosseini H, Monirpoor N. The Effects of Emotional Schema Therapy and Differentiation Training on Emotional Divorce in Women. *J Client-Centered Nurs*. 2021;**7**(1):65-74. <https://doi.org/10.32598/jccnc.7.1.357.1>.
32. Fassbinder E, Schweiger U, Martius D, Brand-de Wilde O, Arntz A. Emotion Regulation in Schema Therapy and Dialectical Behavior Therapy. *Frontiers in Psychology*. 2016;**7**. <https://doi.org/10.3389/fpsyg.2016.01373>.