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The effectiveness of cognitive developmental hypnotherapy on differentiation of self, meaning in life and marital conflicts in married women

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ABSTRACT

The aim of the present study is to investigate the effectiveness of Cognitive Developmental Hypnotherapy (CDH) on Differentiation of Self, Meaning in Life and Marital Conflicts in married women. The method is quasi-experimental pretest and posttest with a control group. The statistical population of this study includes married women who came to FUM Counseling and Psychological Services Center to receive psychological services. The sample of this study included 40 married women who were selected by targeted sampling method and randomly assigned to two experimental and control groups. Participants in the pretest and posttest study answered the Differentiation of Self Inventory, the Marital Conflicts questionnaire by Sanaei, and the Meaning in Life questionnaire. The research data were analyzed using ANCOVA and MANCOVA with SPSS-21. The findings showed CDH led to an increase in Differentiation of Self and Meaning in life, and a reduction in Marital Conflicts in women. Accordingly, CDH through using techniques such as induction and empowerment of the Ego is effective in marital conflicts of married women. Therefore, using it as a means to improve the quality of married women's lives is recommended.

KEYWORDS

Cognitive-developmental hypnotherapy; differentiation of self; marital conflicts; meaning in life

Research has shown that interpersonal problems are inevitable factors that affect marital satisfaction (Laursen & Hafen, 2010) and are more important among the other factors (Elom, Okorie, Nduka, & Otunta, 2018). In general, marriage requires effective and efficient communication. Inefficient communication patterns cause important issues of matrimonial life to be a source of repetitive conflicts between couples (Frankel, Umemura, Jacobvitz, & Hazen, 2015; Karahan, 2007). Conflict is an inevitable phenomenon that can occur in any communication situation, a situation in which more than one person is involved (Fisher, Ury, & Patton, 2011). Researchers have found that conflict management is related to the quality of interpersonal relationships, relationship satisfaction, as well as one's perceptions of the other person (Dumlao & Botta, 2000; Peleg-Koriat, Weimann-Saks, & Ben-Ari, 2018). Couples who have marital satisfaction are less likely to develop chronic-erosive illness over time. As a matter of fact, while exclusively being married decreases mortality risk (Holt-Lunstad, Smith, & Layton, 2010), relationship dissolution is related with considerable health risks (French, Altgelt, & Meltzer, 2019). Success in a marital relationship is defined as the

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ability to resolve resolvable conflicts and cope with unresolved ones (Fossa, Molina, de la Puerta, Barr, & Tapia-Villanueva, 2016). In addition to marital dissatisfaction, marital conflicts can have other consequences, such as divorce and the breakdown of the family (Gager, Yabiku, & Linver, 2016). In other words, marital conflicts are the prelude to divorce and separation (Lim & Lee, 2020).

One way to reduce conflicts is to increase people's self-differentiation. Differentiation means the ability to maintain independence while having relationships with others (Ercengiz, Yildiz, Savci, & Griffiths, 2020; Skowron & Friedlander, 1998). Differentiated people have a proper self-concept, have their own independent opinions, and reasonably think and make decisions in emotional situations (Sloan, Buckham, & Lee, 2017). Differentiation itself is generally associated with the regulation of negative emotions such as anxiety, distress, and dissatisfaction (Crabtree et al., 2020; Sandage, Jankowski, Bissonette, & Paine, 2017). Bowen (1978) believes that people with high self-differentiation can use their own systems of thinking and emotion that control behavior. They are also able to introspect in times of conflict and stress and can act in accordance with their values (Kerr & Bowen, 1988). Self-differentiation indicates emotional maturity and is manifested on two levels. At the interpersonal level as the ability to maintain functional independence by each member of the family without emotional dependence, while maintaining close and intimate communication in important relationships; and at the intrapersonal level it is defined as the ability to differentiate and establish a proper balance between logical and emotional processes (Frederick, Purrington, & Dunbar, 2016; Peleg, Deutch, & Dan, 2016). Establishing a relationship with a person who has low self-differentiation leads to marital dissatisfaction and emotional reaction (Jenkins, Buboltz, Schwartz, & Johnson, 2005). These people create turbulent relationships through the emotional response they show to stress (Işık, Özbiler, Schweer-Collins, & Rodríguez-González, 2020). The low level of differentiation of self in couples leads to more emotional fusion and thus, lower quality of relationship and compatibility. On the contrary, couples with the least emotional interaction have the highest level of individuality and experience a more stable relationship (Peixoto-Freitas, Rodríguez-González, Crabtree, & Martins, 2020).

Another component involved in married life is having a meaning in life (Daei Jafari, Aghaei, & Rashidi Rad, 2020). Those who have a low meaning in life focus only on the negative aspects of problems, while those with high levels of meaning in life go beyond time and space limits and connect the present moment to their future achievements and goals (Bailey & Phillips, 2016). High levels of meaning in life not only help people overcome problems (Duppen Rn et al., 2019), but also increase self-satisfaction and self-coherence (King, Heintzelman, & Ward, 2016). As a result, it can be said that the meaning in life plays a decisive role in increasing people's coping ability (Kim, Lee, Yu, Lee, & Puig, 2005; Park & Baumeister, 2017). The relation between the presence of meaning in life and life-satisfaction is moderated by the search for meaning variables. It seems that when people are actively looking for meaning in life, the link between the two variables of meaning in life and life-satisfaction becomes stronger (Bloch et al., 2017). The meaning of life is probably related to many aspects of positive performance (King et al., 2016).

As hypnotherapy decreases anxiety and stress levels and reduction of anxiety and stress levels is related to marital conflicts (Timmons, Arbel, & Margolin, 2017), it could be concluded that hypnotherapy indirectly improves couples' relationships. Management of The Hypnosis Psychology Department of the APA defines hypnosis as follows: "The

method in which changes in the senses, perceptions, thoughts, feelings, or behaviors are induced and developed. Hypnosis usually occurs through the use of an inductive method, but may also occur spontaneously. Different people experience hypnosis in different ways. Some describe it as a change in the state of consciousness; Others describe it as a state of relaxation with a focused precision. In addition, people differ in their responses to hypnosis, with some being highly hypnotic and others less so” (Alladin & Amundson, 2016). Many researchers and clinical experts have found that hypnosis in combination with other therapies creates a synergistic effect (Hasan, Pearson, Morris, & Whorwell, 2019; McNeal, 2020). The benefits of this treatment is that it is not expensive, doesn’t have side effects of other common treatments, and does not cause adverse reactions (Tastan, Ozer Disci, & Set, 2018).

Cognitive hypnotherapy (CH) is an approach based on cognitive-behavioral therapy that aims to achieve an integrated approach to clinical hypnosis as well as to reduce internal and external activities that are stimulant and agitating for the individual (Alladin, 2008; Alladin & Amundson, 2016; Dowd, 1993). In this treatment, acquiring the necessary skills to manage and regulate the body is the basic principle of treatment (Alladin & Amundson, 2016). CH is an effective intervention in variant conditions such as anxiety disorders (Golden, 2012), depression (Alladin & Alibhai, 2007), migraine headache (Hammond, 2007), chronic pain (Elkins, Johnson, & Fisher, 2012). Cognitive therapy was originally developed by Aaron Beck, Albert Ellis, and Donald Meichenbaum as a method of identifying and changing distorted and maladaptive thinking patterns that were thought to underlie psychological disorders. They assumed that psychological disorders were associated with a group of negative thoughts or negative cognitions which would be activated under stress-producing situations. In this approach, present time or now was considered more important rather than the past. There was an underlying emphasis on counteracting the negative cognitions and replacing them with more positive cognitions. There was an assumption that the negative cognitions were directly accessible to consciousness, although usually requiring some assistance from the therapist. Cognitive products are the self-statements, the automatic thoughts, and the internal dialogue. The assumption was that if these self statements were changed, better and more adaptive psychological and behavioral health would result (Dowd, 2012).

A focus on cognitive structures, is at the heart of cognitive hypnotherapy. Maladaptive cognitive structures are strongly implicated in the treatment of the personality disorders because they are long-standing and entrenched ways of thinking that are automatic in nature (Beck, 2005). They are consequently very difficult to address and modify because they are experienced by clients, indeed everyone, as just reality. They are part of one’s very identity as a person. It is very difficult to change these cognitive structures because they were developed early in life – pre-verbally and even non-verbally. Recently there has been a movement to re-incorporate certain psychodynamic concepts such as the unconscious into cognitive therapy, this suggests the importance of the progressive structural development of human cognition and the knowing process – the tacit representational network of associated beliefs and rules-for-living that are developed over time and that are known as cognitive structures. This emphasis on underlying cognitive structures forms the basis for the cognitive developmental model.

In the cognitive developmental model, cognitive activity is seen as progressively elaborated and differentiated over time by the repeated interaction of individuals with their

physical environment and important people in that environment. These interactions result in the formation of organized knowledge structures, called schemata or schemas, that organize and provide meaning and a sense of consistency to people's ongoing experience (Dowd & Pace, 1989). They form the basis of an individual's sense of identity, so that when they are challenged, one's very sense of identity is threatened.

Guidano (1987) introduced a concept that has particular relevance for cognitive developmental therapy and hypnotherapy; that of a motor-evolutionary perspective on human knowledge and its development. It has been commonly assumed, that the human mind operates like a computer; In this view, The only task of the mind is to collect, organize and store the information which impinges upon one's sensory apparatus. The conceptual model is that of information processing. According to the motor-evolutionary perspective, however, the mind is seen as an active, constructing and organizing system. The mind is capable of not only producing its output but also the input it receives. Thus, the mind constructs its own internal reality at least as much as it apprehends external reality. Reviewing and reevaluating core cognitive schemas can be accomplished hypnotically or non-hypnotically. However, while in trance many clients may be more cognitively open to accepting new ways of examining these schemas.

In cognitive-developmental hypnotherapy (CDH), hypnosis is directly useful in correcting major cognitions that revolve around individual identity, self-concept, and dysfunctional thinking (Dowd, 1993). This model emphasizes the identification of central cognitive structures and the change of these structures (Alladin, 2018) instead of manipulating fundamental beliefs and attitudes. Hypnotic imaging, due to its non-verbal nature, can also be effective in changing implied knowledge, which is often pre-verbal and implicitly learned (Dowd, 2000).

Ferguson (2012) stated in her study that hypnotherapy can reduce couples' conflicts; In other words, this intervention can positively change people's minds about married life and its problems, and focus their minds on solutions. In their study of the women's community, Téllez, Juárez García, Jaime Bernal, Medina de la Garza, and Sánchez (2017) found that hypnosis intervention increased meaning in clients lives.

Due to the importance of cognitive interventions efficiency in improving couples relationships, and lack of the research literature considering the influence of CDH in this field, this study seeks to investigate the effectiveness of CDH on marital conflicts, differentiation of self and meaning in life in married women.

Method

This study is a randomized clinical trial with a pretest-posttest control group design. 60 Married women who, after seeing the researcher's advertisements in Social networks (Telegram, WhatsApp and Instagram), referred to the Center of Counseling and Psychological Services of Ferdowsi University of Mashhad in November 2017 to receive psychological services. After explaining the purpose of the research and drawing their satisfaction, through a targeted sampling method, 40 women were selected after performing hypnotizability tests.

The hypnotizability test used in this study was "eye roll" test presented by Spiegel. It is ideal to use other reliable hypnotizability tests alongside "eye roll" test in order to increase the solidity of the studies.

The other entry criterias were being female and married, age range between 19 and 50 years, having a diploma and higher education, no history of psychiatric illness, not participating in other psychological courses at the same time, and feeling the need for psychological services in marital relationships and having the motivation to attend treatment sessions. Exit criteria were absence in each session, reluctance to participate in the continuation of treatment sessions and physical problems that prevent the presence.

Marital conflicts, Differentiation of Self, and Meaning in Life of all 40 participants was examined as pretest, and they were randomly assigned to two experimental and control groups of 20 subjects. For the experimental group, CDH intervention, as a group treatment, was performed in terms of four 1-hour sessions in four weeks, in groups of 3–7. The control group was placed on the waiting list during this period without any intervention. Finally, after implementing the intervention, all the mentioned tests were performed again in the posttest in both groups.

The research data were analyzed using SPSS-21. On this level in order to survey the effectiveness of this intervention and to compare the total score and each factor of each variable including differentiation of self, meaning in life and marital conflicts in both groups, with exclusion of pretest effect, ANCOVA (Analysis of covariance) and MANCOVA (Multivariate analysis of covariance) tests were used.

Instruments

Three measures were used to assess the variables in pretest and posttest and a test for screening step:

Spiegel test

This test was used to screen volunteers interested in participating in this research. Test procedure is as follows: The patient is asked to:

- (1) “hold your head looking straight forward”.
- (2) “While holding your head in that position, look upward toward your eyebrows, now toward the top of your head (Up-gaze)”.
- (3) “While continuing to look upward, at the same time close your eyelids slowly (Roll)”.
- (4) “Now, close your eyes and let your eyes come back into focus”.

The Up-gaze and Roll are scored on a 0-4 scale.

The amount of sclera visible between the lower eyelid and the lower edge of the cornea is the most practical measurement. A secondary measurement is upward movement of the cornea under the upper eyelid. Sometimes, during the Up-gaze or Roll, an internal squint occurs. The degree varies on a 1-3 scale. The squint score adds to the significance of the Up-gaze and Roll score. This is a clinical “soft focus” observation which does not require discrete linear quantifications with optical measurement instruments. The entire procedure can be done in about five seconds (Spiegel, 1972, 2010).

Differentiation of self inventory-revised (DSI-R)

The Skowron and Schmitt (2003) inventory with 46 questions was used to measure differentiation. This inventory is graded on a Likert scale in a range of 6 options, 1 (not at all) and 6 (very). A lower score indicates lower levels of differentiation. The inventory assesses 4 dimensions and Cronbach's alpha for the DSI full scale and each of the subscales reported high (DSI = 0.92, Emotional Reactivity = 0.89; I Position = 0.81, Emotional Cutoff = 0.84; Fusion with Others = 0.86).

Meaning in life questionnaire (MLQ)

The questionnaire was developed by Steger, Frazier, Oishi, and Kaler (2006) and has 10 items, all of which measure the meaning of life on a range of 1 (Absolutely Untrue) to 7 (Absolutely True). The questionnaire consists of two subscales, the Presence of Meaning in life and the Search for Meaning in life. Cronbach's alpha for Presence and Search is 0.86 and 0.87.

Marital conflict questionnaire(MCQ)

A 54-item questionnaire by Sanaei (2000) was used to measure marital conflicts. The questionnaire assesses 8 dimensions (decrease of cooperation, decrease of sexual intercourse, increase of emotional reactions, increase of child's support, increase of individual relationships with relatives, decrease of family relationship with in-laws and friends, separation of finances, decrease of effective communication). Cronbach's alpha for the full scale and each of the subscales was reported 0.61–0.96. There are five options for each question, assigned a score of 1 to 5. A lower score means a better relationship and less conflict.

Intervention

Two protocols were designed for the sessions:

Opening session (first session)

On the first session some explanations were given about hypnosis, its functions and applications. Subject's ambiguities about hypnosis were eliminated. Some practical terms of hypnosis were explained. A couple of hypnotic techniques were performed in order to familiarize the subjects with procedure. At the end of the session a hypnotic induction including appropriate metaphors due to therapeutic purposes were performed.

Intervention sessions (second, third and fourth)

At the beginning of these sessions subjects were asked about how they operate their exercises and how sensible their changes. In the following some explanations were given about hypnotic intervention of the present session and then the intervention was done using the appropriate metaphors due to "Ego strengthening." After each hypnotic induction on each session, the subject's feedback was obtained and their questions were answered. At the end of each session appropriate exercises were given to subjects and the voice of hypnotic trance of the same session were given to them and they were asked to listen to it at least three times a week in an appropriate condition.

Summary of the content of hypnotic induction in each session:

On the first session a hypnotic induction named “I have the best place in my own heart” was performed. During the induction subjects were encouraged to carry out a step by step imaging of breathing and the air path in the body, when they reach to their heart we asked them to, “pay attention to the people they’ve placed in their heart,” and give the most important position to themselves, because they are able to love themselves as much as they want and they are the person who have always been with them and will always be. This is the most important person in their lives, so they can cuddle and comfort themselves.

On the second session a hypnotic induction named “Cinema screen” was performed. During the induction subjects see a person on the screen who bears a striking resemblance to themselves and begin to admire their abilities and capabilities and little by little as the hypnotic induction goes on they notice that the person on the screen is themselves. At this point they remember how reckless they were toward themselves. So they approach the image that is now approaching them too, hug it and regain their sense of strength and worthiness.

On the third session a hypnotic induction named “Tree roots” was performed. During the induction subjects imagined a beautiful scenery and started to walk in it until they reached a thick tree which although since it was a little sapling it was hurt thousands of times by both nature and people, it chose to grow and didn’t surrender. In the following, it was reminded that everybody has some roots. Roots like values, family, friends and being healthy means that with the help of them, in spite of having lots of wounds, man can grow and progress.

On the fourth session a hypnotic induction named “Time regression” was performed. During the induction subjects imagined a beach and with following their own footprints on the left they went back to the past. To the time when they were teenagers, they faced all the Injuries, humiliations and weaknesses of others, put them away and made a new image of themselves, this image contains all the characteristics of what they would like to be in the future. Afterward they went back to the first place they started from and looked to the right, to the untouched sands before them, to their future, where there are no foot-prints and they believed that they are able to create their own future consciously and freely.

Results

The Mean(SD) age of the experimental and control groups is respectively 31.55(7.45) and 29.35(3.61). Independent T-test showed that there is no significant difference in terms of age between these groups. Also there is no significant difference in the duration of marriage between the experimental group (10.10 ± 8.72 years) and control group (7 ± 2.86 years).

The Mean and SD of Differentiation of self, Meaning in life and Marital conflict are represented separately in the pretest-posttest of the experimental and control group in Table 1.

ANCOVA’s result on the total score of differentiation of self is demonstrated in Table 2. According to these results, this intervention had a significant impact on total score of differentiation of self ($F = 40.60$, $P < .001$) and 52% increase in level of differentiation of posttest differentiation scores, is related to the effect of CDH.

Table 3, show that by controlling the effects of pretest scores, there is a significant difference between the two experimental and control groups in a new variable of linear composition of posttest scores of Differentiation of Self ($F_{(4, 31)} = 9.50$, $p < .001$, Wilks’

Table 1. The mean and standard deviation of differentiation of self, meaning in life and marital conflict in the experimental and control group.

Dimensions of variables	Pretest Mean(SD)		Posttest Mean(SD)	
	Experimental	Control	Experimental	Control
Differentiation of Self				
Emotional Reactivity	31 (5.93)	33.60 (6.0)	36.55 (5.52)	33.95 (4.85)
I Position	32.15 (5.92)	33 (6.95)	38.85 (5.48)	34.85 (7.24)
Emotional Cutoff	34.05 (7.41)	35.50 (9.66)	40.65 (7.02)	36.55 (8.78)
Fusion with Others	32.50 (5.52)	31.30 (6.36)	39.35 (5.75)	33 (5.52)
Differentiation of Self	129.70 (15.42)	133.40 (20.44)	155.40 (16.13)	138.35 (19.39)
Meaning in life				
Search for Meaning	22.95 (5.75)	24.80 (5.20)	28.30 (3.11)	24.25 (3.61)
Presence of meaning	22.05 (3.89)	23.55 (4)	24.50 (3.79)	21.25 (5.32)
Marital Conflict				
Decrease of cooperation	14.05 (3.57)	12.30 (4.48)	9.80 (2.52)	12.80 (4.77)
Decrease of sexual intercourse	15.35 (3.31)	15.35 (4.02)	10.85 (3.33)	15.70 (4.65)
Increase of emotional reactions	20.55 (6.08)	17.80 (5.40)	15.90 (4.53)	16.70 (4.82)
Increase of child's support	13.25 (3.20)	12.35 (3.96)	10.85 (3.45)	12.40 (3.26)
Increase of individual's relation with relatives	16.60 (4.40)	15.55 (4.43)	13.30 (4.00)	14.95 (3.84)
Decrease of family relationships with in-laws	16.40 (4.27)	15.25 (5.14)	11.25 (3.04)	14.95 (4.46)
Separation of finances	21.55 (4.28)	18.75 (4.65)	15.20 (3.80)	18.70 (4.78)
Decrease of effective communication	31.55 (5.24)	28.80 (6.81)	26.25 (4.82)	30.30 (5.77)
Marital Conflict	149.30(20.17)	136.15(17.05)	113.40(14.52)	136.50(20.53)

Table 2. The results of ANCOVA to compare groups in the differentiation of self.

Source of variations	SS	df	MS	F	p	effect size
Pretest	8453.21	1	8453.21	85.92	< .001	0.69
Group	3994.82	1	3994.82	40.60	< .001	0.52
Error	3640.14	37	98.38			
Total	877,891	40				

Table 3. Results of multivariate and univariate analysis of covariance to compare the dimensions of differentiation of self in the groups.

Sources	Wilk's lambda	F	SS	df	MS	F	p	η^2
Emotional Reactivity	0.44	9.50*	189.67	1	189.67	12.89	< .001	0.27
I Position			221.74	1	221.74	14.46	< .001	0.29
Emotional Cutoff			227.48	1	227.48	21.98	< .001	0.39
Fusion with Others			298.12	1	298.12	23.41	< .001	0.40

* $p < .001$

Lambda = 0.44). The result of ANCOVA showed that the mean of Emotional Reactivity, I position, Emotional Cutoff, and fusion with other subscales in the experimental group was significantly higher than control group ($p < .001$).

Table 4, show that by controlling the effects of pretest scores, there is a significant difference between the two groups of experiments and controls in a new variable of linear composition of posttest scores of meaning in life ($F_{(2,35)} = 15.03$, $p < .001$, Wilks'

Table 4. Results of multivariate and univariate analysis of covariance to compare the dimensions of meaning in life in the groups.

Sources	Wilk's lambda	F	SS	df	MS	F	p	η^2
Search for Meaning	0.53	15.03*	164.32	1	164.32	20.16	< .001	0.35
Presence of Meaning			170.36	1	170.36	12.61	< .001	0.26

* $p < .001$

Lambda = 0.53). The result of ANCOVA showed that the mean of Search for meaning and the Presence of meaning subscales in the experimental group was significantly higher than the control group ($p < .001$).

Table 5 demonstrates ANCOVA results on total score of marital conflict. According to these results this intervention had a significant impact on the total score of the scale ($F = 54.52$, $p < .001$) and 60% reduction in marital conflicts in posttest scores, which is related to the effect of CDH.

Table 6, show that by controlling the effects of pretest scores, there is a significant difference between the two experimental and control groups in a new variable of linear composition of posttest scores ($F_{(8,23)} = 8.71$, $p < .001$, Pillai's Trace = 0.75). The result of ANCOVA showed that there was a significant difference between participants in two experimental and control groups, in all of the subscales of Marital Conflicts ($p < .01$), that according to Table 1 in all sub-scales, scores of the experimental group were lower.

Discussion

According to the results of the research, the intervention significantly led to an increase in the Differentiation of Self and Meaning in Life, and a decrease in The Marital Conflicts in the experimental group compared to the control group, which prove the effectiveness of CDH in decreasing Marital Conflicts in women.

Similar results to the present study in the field of differentiation of self was found in prior studies based on cognition and mindfulness. Nilab, Ghanbari Hashemabadi, and Kimiaei (2019) evaluated Bowen's Theory as being effective on increasing differentiation of self and marital satisfaction. Mohammadipour and Shojaei's study (2018) confirmed the effectiveness of mindfulness-based education on differentiation of self and marital conflicts in women. Teixeira and Pereira (2015) showed the significant effectiveness of mindfulness on forming a better differentiation and less emotional insufficiency. In addition, Nameni,

Table 5. The results of ANCOVA to compare groups in the marital conflicts.

Source of variations	SS	df	MS	F	P	effect size
Pretest	5909.59	1	5909.59	35.83	< .001	0.492
Group	8991.15	1	8991.15	54.52	< .001	0.596
Error	6102.20	37	164.92			
Total	641,848.0	40				

Table 6. Results of multivariate and univariate analysis of covariance to compare the dimensions of marital conflict in the groups.

Sources	Pillai's Trace	F	SS	df	MS	F	P	η^2
Decrease of cooperation	0.75	8.71*	134.32	1	134.32	17.45	< .001	0.37
Decrease of sexual intercourse			179.12	1	179.12	14.03	< .01	0.32
Increase of emotional reactions			70.25	1	70.25	8.54	< .01	0.22
Increase of child's support attraction			72.99	1	72.99	9.03	< .01	0.23
Increase of individual's relation with relatives			78.80	1	78.80	7.99	< .01	0.21
Decrease of family relation with in-laws and friends			134.94	1	134.94	11.01	< .01	0.27
Separation of spouse's financial matters			240.33	1	240.33	20.84	< .001	0.41
Decrease of effective relations			279.42	1	279.42	27.62	< .001	0.48

* $p < .001$

Saadat, Keshavarz-Afshar, and Askarabady (2019) confirmed the effectiveness of Schema-therapy based group counseling on the quality of marital relationship and differentiation of self in women seeking divorce.

There was no study found showing the effectiveness of hypnotherapy on differentiation of self and it was author's idea to consider the effectiveness of this intervention on differentiation of self. The reason that authors chose to consider studies mentioned before was their fundamental similarities to hypnotherapy. CDH and schema therapy both have cognitive basis and both emphasize on negative cognitive schemas or core beliefs (Hawke & Provencher, 2011; Malekzadeh, Hashemi Mohammadabad, Kharamin, & Haghighi, 2020). Hypnotherapy has some resemblances to mindfulness in the emphasis they both have on the quality of mind, its focus and its flexibility in interpreting variant situations (Reina & Kudesia, 2020). Also there is a substantial theoretical compatibility and phenomenological and physiological overlap between them (Olendzki, Elkins, Slonena, Hung, & Rhodes, 2020). CDH through its suggestions due to strengthening personal identity and self-concept, increases independence and gives the ability to resist melting into another person's emotional reactions. Suggestions based on Ego-strengthening provides the courage to accept oneself with all weaknesses and deficiencies and yet makes them able to see their own capacities, take a new look at themselves and set off a new journey to achieve their goals. It can be claimed that this intervention increases one's ability to differentiate between cognitive process and emotional process through the reformation of cognitive patterns and self-concept, which indicates an increase in the degree of differentiation.

Results of the present study, in the field of meaning in life, is matched with the result of the other studies. Movahedzadeh and Haghighi (2018) confirmed the effectiveness of group CH on psychological well-being in people referring to residential and semi-detached accommodation of addiction centers. Bloch et al. (2017) reported that a meditation course is effective on mindfulness and meaning in life. The similarity between CDH and meditation is their effect on promoting mental functions (i.e., changes in attention, awareness, perception, evaluation, and self-regulation) (Black, Christodoulou, & Cole, 2019; Taylor & Genkov, 2020). Pandya (2019) demonstrated the effectiveness of Raja yoga practice on meaning in life and happiness of older adults. Yoga as well as hypnotherapy encourages integration of mind and body to improve mental and physical health by stress reduction (Fisch, Brinkhaus, & Teut, 2017; Venkatesh, Ravish, Silvia, & Srinivas, 2020). It can be said that using inductions based on Ego-strengthening in CDH leads to finding strengths and abilities and more awareness in oneself, reevaluate life events, resolving internal conflicts and achieving growth. Cognitive component in this intervention leads to forming a different meaning to one's life. Also formulating a coherent pattern of beliefs under hypnotic induction motivates and gives meaning to a person's behavior. On the other hand, inductions based on strengthening of self-concept and individual identity create the motivation to move toward the goals by increasing self-esteem, self-efficacy, and self-confidence.

As Dowd (2004) has observed, the human cognitive system is, at best, resistant to incorporating new data, especially data implicating core cognitive constructs of personal meaning and self-identity. Due to their tacit knowledge, it is likely that constructs of personal meaning, including meaning structures involving one's sense of personal identity, lie at the heart of cognitive psychology and changing them is central to the practice of cognitive therapy.

Results of this study, In the field of marital conflicts, is matched with the results of similar studies. Beasley and Ager (2019) measured the effectiveness of emotionally focused couples therapy. The similarity between CDH and emotion-focused therapy is that they both concern emotion regulation (Alladin, 2016; Beasley & Ager, 2019). Durães, Khafif, Lotufo-Neto, and Serafim (2020), considered the effectiveness of cognitive behavioral couple therapy on reducing depression and anxiety symptoms and increasing dyadic adjustment and marital social skills, and Paterson, Handy, and Brotto (2017), studied the effectiveness of mindfulness-based cognitive therapy on Women's Sexual Interest/Arousal Disorder. The similarity between CDH and both cognitive-behavioral and cognitive therapy is that they all have cognitive basis.

Hypnosis can be an effective tool to compel relaxation (Laborde, Heuer, & Mosley, 2018). The relaxation mechanisms of hypnosis based on central nervous system measures have attracted extensive attention (Jiang, White, Greicius, Waelde, & Spiegel, 2017). For example, several brain structures appear to play a role in the generation of hypnotic states, such as the thalamus, the ponto-mesencephalic brainstem, and the anterior cingulate cortex (Rainville, Hofbauer, Bushnell, Duncan, & Price, 2002). In addition, hypnosis is likely to change the neural activity in brain regions connected to the typical sensations of hypnosis, for instance lack of self-consciousness or focused attention, accordingly the activity of the dorsal anterior cingulate cortex and connectivity between the executive control network and the default mode network decreases (Jiang et al., 2017). This relaxation singly leads to calmness between spouses and reducing the tension in their relationship (Lord, 2017).

Many distressed clients experience automatic dysfunctional images in problem situations, often coming from similar early experiences in life. Hypnosis is an idea method for eliciting and replacing these images (Dowd, 2012).

Using CDH, functional thoughts based on individual identity and self-concept, were replaced with nonfunctional thoughts and negative self-hypnosis. Furthermore, under hypnotic induction, subjects were trained to challenge dysfunctional thoughts and replace them with functional thoughts, hereby present intervention was effective in improving relationships, increasing couples' compatibility and reducing couples' conflicts. It can be said that increasing self-efficacy via inductions based on ego-strengthening in this intervention, had an effective role in adapting with variant tense conditions, tough and challenging tasks, managing crisis and life satisfaction.

In conclusion, the present study revealed that CDH can be an effective intervention in increasing differentiation of self and meaning in life and also in decreasing marital conflicts. It would be ideal to survey the difference between the effectiveness of cognitive therapy, cognitive-behavioral therapy, cognitive hypnotherapy, and cognitive-developmental hypnotherapy. As this study deals with marriage and marital relationships, it was expected to consider men alongside women, but it wasn't possible to do so because of cultural reasons and the resistance men have toward both hypnosis and marital interventions. So, it is suggested to include men as well as women in future studies and measure their perspective too. Follow-up studies in future research could be helpful in confirming the research results.

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