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## Positive Psychology Couple Schema Therapy: A new model of couple therapy focusing on reigniting couple attraction via schema therapy and positive psychology

Edward Weng Lok CHAN<sup>1</sup>,  
Huey Jing Renee TAN<sup>2</sup>

<sup>1</sup>International Psychology Center  
Kuala Lumpur, Malaysia,  
<sup>2</sup>Hospital Kajang, Selangor, Malaysia  
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### Abstract

**Introduction:** There is growing evidence indicating schema modes influences emotional and behavioural response in couple interaction which affects relationship satisfaction. Thus, identifying dominant schema modes is important for effective couple therapy.

**Objective:** A two-stage positive psychology couple schema therapy, which takes into account the influences of schema and schema modes on couple attraction and dysfunctional conflict resolution style in couples, is proposed.

**Method:** This article describes a case study applying positive psychology couple schema therapy. The first stage of this couple therapy involves identifying the schema mode of each partner, rescript significant childhood experiences, helping each partner to meet the unmet childhood needs and strengthening healthy adult mode. The second stage of the therapy incorporates positive psychology and collaborative therapy to help couples identify and support each other's positive interests, values and dreams, thus enhancing couple attraction and relationship.

**Conclusion:** Positive psychology couple schema therapy was able to help couples heal childhood unmet needs and reinforce couple attraction.

**Keywords:** Couple Therapy, Couple Schema Therapy, Positive Psychology Couple Therapy, Couple Attraction

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Corresponding address:

**Huey Jing Renee TAN**

Department of Psychiatry and Mental Health, Hospital Kajang

Jalan Semenyih, Kajang, 43000, Malaysia

Phone +60389133333

E-mail: [hueyjingtan@gmail.com](mailto:hueyjingtan@gmail.com)

## 1. Introduction

Personal relationships remain an important part of life. Research has shown that the quality of a couple's relationship plays an important role in health and well-being (Robles, Slatcher, Trombello & McGinn, 2014). Meaningful personal relationships promote greater life satisfaction and emotional wellbeing (Diener & Seligman, 2002; Amati, Meggiolaro, Rivellini & Zaccarin, 2018). Findings from meta-analysis examining the extent of relationships on mortality risks and morbidity concluded that the lack of a meaningful relationship is associated with all-cause mortality and morbidity (Holt-Lunstad & Smith, 2010; Robles, Slatcher, Trombello & McGinn, 2014).

Relationship dissatisfaction is a major issue in couples' relationships and a major risk factor for relationship dissolution (Rosand, Slinning, Roysamb, Tambs, 2013; Helland et al, 2014; Birditt, Wan, Orbuch, & Antonucci, 2017). In 2017, the department of statistics in Malaysia reported 49 965 divorces and a crude divorce rate of 1.6 (Marriage and Divorce Statistics, 2018). Among the reasons given by young couples for divorce ranged from infidelity, differences in political views to reasons such as doing laundry at night (Marriage and Divorce Statistics, 2018). Couple separation and divorce not only affects the personal health of the couple, but is also associated with negative psychological impact on their children leading to various social issues (Anderson, 2014; Williams-Owens, 2017).

Over the years, many models of couple therapy have been introduced to help couples resolve issues in their relationship. Therapies that are widely used include emotion-focus couple therapy, couple schema therapy, imago therapy etc. Many of the theoretical bases of these couple therapies are based solely upon clinical practice in the United States (Lundblad & Hansson, 2006). This article puts forward a two-stage positive psychology couple schema therapy (PPCST), which takes into account the influences of schema and schema modes on couple attraction and dysfunctional conflict resolution style in couples. Schema refers to emotion, perception, meaning and actions given to an experience, often a significant childhood experience (Lykaros, 2014). Schema mode refers to transient emotional and behavioural responses to live events (Lykaros, 2014). Couple attraction is

further enhanced in the second stage of the couple therapy.

Findings from a study of 25 couples suggested that dominant schema mode plays a role in couple attraction (Chan & Tan, 2019). Prevalence odds ratio was calculated to estimate the likelihood of pairing of dominant schema mode between partners (Chan & Tan, 2019). This study showed a pattern of pairing of dominant schema mode in couples. It was reported that individuals with dominant enraged child schema mode are likely to have partners with the same dominant schema mode and individuals with happy child are likely to pair with partners with dominant happy child mode. ( $p < 0.05$ ) (Chan & Tan, 2019). Mann Whitney U test showed partners with lesser difference in the number of dominant modes has greater relationship satisfaction ( $U = 124.5$ ,  $n_1 = 11$ ,  $n_2 = 14$ ,  $P < 0.01$ ) (Chan & Tan, 2019). This study provided an insight into forming a strategic couple intervention based on dominant schema mode i.e. the two stage model of couple therapy (Chan & Tan, 2019).

This case report is an illustration of a 2 stage couple therapy which takes into account the role of dysfunctional schema in couple conflict and strengthening relationship via positive psychology.

This study is consistent with previous studies advocating therapy based on unmet childhood or attachment needs of couples e.g. Imago Therapy (Henrix 2019; Kohrman, 2007) and emotionally focused couple therapy (Johnson 1996). However these previous studies are predicated upon couples with dysfunctional schema or unmet childhood needs only and not on emotionally healthy couples i.e. couples with healthy adult schema. As such, therapies based on these previous studies have limited values for emotionally healthy couples.

At the same time there are other models based on positive psychology that focus on emotionally healthy couples and advocating therapy based on shared positive experiences of the couple (Aron & Lewandowski, 2001; Bahns, Crandall, Gillath, & Preacher, 2017). However, the therapy based on these studies often fail for couples that have unmet childhood needs or dysfunctional schema.

The current model provides a unifying model to account for both couples with dysfunctional schema as well as healthy schema.

## 2. Method

### 2.1 Participants

This study describes the case of a male client who has been married for 5 years. The client graduated with a degree in law. He decided to work as a regional holiday resort manager instead of practicing law as it was stressful and unfulfilling. This job involved regular travelling. He met his wife during one of his trips. She was a successful marketing manager for a publishing house in Malaysia. They got married and resided in Kuala Lumpur, Malaysia.

The couple sought therapy from a psychology clinic in Kuala Lumpur, Malaysia due to frequent arguments. Most of their conflicts revolved around issues on maintaining contact when the client was travelling. His wife often needed to reschedule their agreed online chat time when he was away. This had led to frequent conflicts involving verbal degradation between the couple. The situation often caused both partners to end up feeling frustrated. The husband was enraged over his wife's "tardiness" and his wife felt enraged by his lack of patience and understanding.

### 2.2 Procedure

PPCST has 2 stages which includes the use of schema therapy and positive psychology. Positive psychology in relationship is about cultivating positive experiences and developing more positive than negative emotions (Pawelski, Pawelski & Seligman, 2018). Positive psychology couple therapy involves encouraging both partners to engage in activities that rekindle the attraction and romance in their relationship. It encompasses actively taking interest in the strengths and talents of each other rather than fixing weaknesses and the ability to look beyond flaws in others. It involves working on relationships and finding the true meaning in life - self-actualization goals with our significant other facilitated by the therapist which enhance satisfaction in life and in the relationship (Maslow, 1954; Cameron, 2012; Kaufman, 2018). Stage 1 of PPCST involves healing unmet childhood needs via schema therapy. Stage 2 of PPCST involves strengthening the relationship by helping the couple reconnect by creating positive experiences.

Schema therapy is a unique approach for clients with psychological issues that stem from aversive

childhood experiences (Fassbinder, Schweiger, Martius, Wilde, & Arntz, 2016). It incorporates principles from various therapies such as cognitive behavioural therapy, emotional focused therapy and psychodynamic therapy (Young, 2007). Schema therapy focuses on healing unmet childhood needs, facilitating affective and behavioral pattern breaking via chair work, imagery re-scripting and limited parenting (Young, 2007).

In stage 1 of PPCST, a "compendium of memory" of significant painful childhood events of the husband was identified. During therapy, the husband was able to gain insight that the frustration he felt when his wife rescheduled their chat time was due to abandonment schema developed from the lack of attention by his father when he was a child. Imagery re-scripting was done where the therapist did a flow back to the husband's vulnerable childhood memory and the unmet childhood emotional needs of the client were met. Imagery re-scripting is an experiential technique used in schema therapy which addresses specific memory associated with present problem (Wild, & Clark, 2011). In imagery re-scripting, the patient is guided through images of the memory and the unpleasant experience is re-scripted to a more desired one (Arntz, 2012; Haan, et al, 2017). His wife who observed the process was able to understand that his frustration was due to his fear of abandonment schema.

The client's wife also underwent stage 1 PPCST. Initially, she was not able to identify any negative childhood events as she affirmed that even though her father strict, she felt that it was necessary to discipline her. Upon further exploration of her childhood, she mentioned several encounters where her father harshly criticised her for being late for an appointment. Imagery re-scripting of schema therapy was done whereby a flow back to one of her earliest childhood experiences with her father was done. She explained that she was held up at school due to a detention for not bringing her textbook to school. She felt awful and vulnerable. With the guidance of the therapist during imagery re-scripting, she expressed her needs for her father to be more understanding and to show her more patience and kindness. The therapist expressed empathy and understanding of her vulnerable schema mode. The client was also invited to express his empathy and provide emotional validation to his wife during the

imagery re-scripting. The client was able to empathise with the young version of his wife in imagery re-scripting.

The therapist asked permission from the wife to be at the childhood scene with her husband.

The therapist proceeded to negotiate with the father to be kinder and more patient with his daughter but he “refused” as responded by the regressed “young” daughter. The therapist then “sent” away the father temporarily and proceeded to show the kindness and patience to the young wife. He asked the young wife with concern why she was late and when she was able to give a reasonable reason for her delay, the therapist told her it was fine and he was glad she was ok and invited the husband to show similar empathy to her as well.

It was easy for the husband have compassion for his young wife and to empathise with the young version of his wife in imagery re-scripting which was very different from how he has been feeling about her as an adult when they fought with each other regularly. Stage 1 PPCST (PPCST1) allowed the therapist to attend to the unmet childhood emotional needs to the wife in the presence of and with the husband. This process enabled the client to understand his wife’s vulnerable child schema mode. At the same time, the client observing the process was able to model emotional validation and expression of empathy towards his wife. His wife was more aware of her vulnerable schema mode. Limited re-parenting was done for both partners to engage their healthy adult mode (Lockwood, 2008; Kellogg, 2010; Berne, 2016).

Following several sessions of PPCST1, the client was more empathetic towards his wife when she was late for the regular online chat. He was able to enquire whether she had problems putting the kids to bed instead of being angry at her for being late. As a result, his wife was able to share her problems with the kids with her husband and thus improved the intimacy of their relationship. A reassessment of schema modes was done and results showed substantial reduction of their enraged child modes and increase levels of their healthy adult mode as shown on the Schema Mode Inventory-I.

Stage 2 of PPCST was done to further strengthen their relationship. On further exploration, the client revealed that his wife’s dream was to be a writer of children’s stories. However she found it difficult to give up her current job. The client was invited to be

a “collaborative therapist” during therapy to help her realise her self-actualized goal.

Stage 2 of PPCST started with couples together with the therapist reflecting on their individual and relationship vision, mission, goals and dreams.

Once these were identified, for example in the current case of the wife’s dream to be a writer of children’s stories, they then brain storm to figure out how this can be achieved best in the context of their relationship.

This process is similar to that in collaborative couple therapy (Chan, *ibid*) where both couples and therapist reflect together with compassionate open mind to help each of the couple to attain his/her goal/s.

### 2.3 Measures

Both partners filled up the schema mode inventory (SMI) and results showed that they both had enraged child as their dominant schema mode (Lobbestael Vreeswijk, Spinhoven, Schouten & Arntz, 2010). Schema Mode Inventory (SMI-C) is a measure of schema mode used by clients in response to life events or stress. Schema mode refers to the moment to moment cognitive and emotional response to life events. (Lobbestael Vreeswijk, Spinhoven, Schouten & Arntz, 2010). It contains 123 questions to identify 10 schema modes. Both partners were required to rate each items on the questionnaire based on their perception on how frequent each item describe themselves over the past 1 year. The items were rated using a 6-point Likert-scale ranging from score of 1 to 6 whereby 1 means ‘never or almost never’ and 6 means ‘all of the time’.

### 3. Results

In collaborative couple therapy, the client and his partner collaboratively worked with the therapist towards achieving the therapeutic goal for the client (Anderson & Gehartm, 2012; Chan, 2018; Ast, Florek, & Fanfoni, 2019). In this couple, the wife’s healthy adult was engaged during therapy session and with the assistance of the therapist, the client helped his wife to consider the possibility of moving out of her comfort zone to pursue her dream. She was able to confront her compliant surrender schema mode and was able to convey to her superior that she wanted to work on creative writing in the children story books department even though she was a top performer in her existing marketing department.

Exploration on the client's life goals revealed that although he was reasonably contented with his work, he did not feel that he was doing something of enough importance to make a difference in other people's lives. The wife suggested for him to consider practicing family law which would be in line with his values of bringing people together. The client agreed that this may be more fulfilling for him. With therapy, they were able to support each other towards the goals fulfilling their life goals. Adopting positive psychology in the couple's relationship has enabled them to share the passion of their careers and life goals in a way which brings about more intimacy between them.

Positive psychology in relationships is about cultivating positive experiences and developing more positive than negative emotions (Pawelski, Pawelski & Seligman, 2018). Positive psychology couple therapy involves encouraging both partners to engage in activities that rekindle the attraction and romance in their relationship. It encompasses actively taking interest in the strength and talents of each other rather than fixing weaknesses and the ability to look beyond flaws in others. It involves working on relationships and finding the true meaning in life - self-actualization goals with our significant other facilitated by the therapist, enhancing satisfaction in life and in the relationship (Maslow, 1954; Cameron, 2012; Kaufman, 2018).

## 4. Discussion

### 4.1 Models of couple attraction

Many couples started out romantically attracted to each other but end up fighting with each other in the later stage of relationship. Falling in love may not be sufficient for a long lasting relationship (Chan, 2000). There have been a number of models put forward. Some of the more convincing theory for couple attraction includes the Kersley theory of partners with opposite personalities get attracted to each other for psychological growth (Kiersey, 1998; Braxton-Davis, 2010). Hendrix and Hunt imago theory was based on the subconscious dynamic to heal unmet childhood needs (Hendrix, 2019). According to Hendrix and Hunt theory of couple attraction, partners with unmet childhood needs seek out partners who possess the negative qualities of their main childhood caregivers that trigger their childhood unmet needs so that these needs may be met and childhood wounds can be healed (Hendrix, 2019).

Hendrix and Hunt leveraged this theory on the gestalt principle of the psyche that has the dynamic to become whole and recruit whatever is necessary to do so (Hendrix, 2019). These theories, whilst persuasive, lack actual evidence from research study to substantiate them. Research indicated the mechanism for couple attraction involves multiple theories but not limited to imago theory (Patterson, & Stern, 2017). Although one study indicated imago theory stands for couple attraction, the study is limited by a small sample size and lack of objective measures (Kohman, 2007). Secondly, there are other models based on positive psychology that focus on creating positive experience for the couple. It was postulated that couples are attracted to each other based on similar positive values and interests (Aron & Lewandowski, 2001; Bahns, Crandall, Gillath, & Preacher, 2017). However these positive models of couple attraction similarly lack research evidence.

In this case report, both husband and wife demonstrated characteristics that triggered each other's unmet childhood needs. The husband's abandonment schema was triggered by his wife's frequent need to reschedule their meeting time. His frustration as a result of that, lead to a series of behaviours which triggered his wife's vulnerable child schema.

A two stage model couple therapy by Chan & Tan (2019) was proposed based on findings from a recent study of patterns of pairing in couples i.e. couple chemistry. In this model, it was assumed that individuals with dominant dysfunctional modes are attracted to partners with dysfunctional schema modes that trigger unmet childhood needs. This was demonstrated by a study of 25 couples. (Chan & Tan, 2019)

The larger study did not mention any therapeutic process; it was merely a study to identify schema of couples and determine whether there were any schema patterns found to have some significance i.e. couples with dysfunctional schema had partners with similarly dysfunctional schema and couples with healthy schema had partners with similarly healthy schema.

There are many factors that influence couples' interaction and responses in a relationship. Early childhood experiences, upbringing, cultural and social backgrounds helped form the template in which an individual views the couple's relationship. All these factors collectively form the schema and

schema modes of an individual. Schema influences emotional and behavioural responses to triggers in relationships (Dadomo et al, 2016; Tan, 2018). Conflict between partners may arise as a result of the influence of dominant dysfunctional schema modes on the style of interactions between partners and thus deter intimate connections between partners. As demonstrated in this case report, the husband developed abandonment schema as a result of lack of attention from his father during childhood. This influences the way he perceived his partner's response to him in the marriage. A change in the scheduled meeting time by his wife was interpreted as 'desertion' in the light of abandonment schema.

This schema approach explained the intense emotional response given by the husband which was disproportionate to the action of the wife which other models e.g. couple cognitive behavioral therapy were not able to explain.

All couples fight. It is not the absence of conflict between couples that determines the quality of the relationship, but rather the way couples handle conflicts that influence the quality and satisfaction in the relationship (Comstock & Strzyzewski, 1990; Ayenew, 2016; Abdullah et al., 2017). Couples fighting in a relationship can be broadly categorised into functional or constructive and dysfunctional or destructive conflict resolution (McDowell-Burns Jordan & Patton, n.d.; Moland & Patrick, n.d.; Birditt, Brown, Orbuch, & Mcilvane, 2010; Hysi, 2015). The difference between the two is that dysfunctional or destructive styles result in a vicious cycle which perpetuate the conflict and hinders the resolution of issues. (McDowell-Burns Jordan & Patton, n.d.; Moland & Patrick, n.d.; Birditt, Brown, Orbuch, & Mcilvane, 2010) Constructive conflict resolution style on the other hand is characterised by interactions with the intention to protect and nurture. (Hysi, 2015) Dominant schema modes of each partner help determine whether it is a functional or dysfunctional style of conflict resolution. The couple in this case study demonstrated a dysfunctional style of conflict resolution involving frequent altercation with verbal degradation which threatened marital satisfaction. Thus, couple therapy was warranted.

#### **4.2 Positive psychology couple schema therapy (PPCST)**

This model of couple therapy thus involved first identifying dominant schema modes in couples. Couples with either or both partners having

dominant dysfunctional schema modes would get stuck in dysfunctional fights triggered by dysfunctional schema. If either or both partners are found to have dominant dysfunctional modes, therapy will involve helping the couple to transform their dominant dysfunctional modes into healthy adult modes using schema therapy. Strengthening healthy adult modes should be part of the initial stage of couple therapy so that couples are able to transform a dysfunctional conflict resolution style to a functional resolution style. This is essential to rebuild intimacy and connection in the second stage of positive psychology couple schema therapy.

However this is only possible if dysfunctional schema of partners is re-scripted so that unmet emotional childhood needs are met by the therapist during therapy.

The first part of this positive psychology schema couple therapy model (PPSCT1) involves bringing the client back to the childhood memory where the significant unmet emotional needs occurred. Initial sessions involve constructing a "compendium of vulnerable child memories" whereby the earliest and most emotionally painful memories are identified. Following this, the client's partner is guided by the therapist to rescript unmet childhood emotional needs in imagery re-scripting. This is a powerful healing process that promotes the couple's healing dialogue (Hendrix, 2019). It enables the client to develop compassion and motivation to meet the needs of their partner thereby making intimacy possible.

The second stage of couple therapy involves incorporating elements of positive psychology to help couples connect with each other to rekindle and deepen couple attraction. The elements of positive psychology in relationships is about cultivating positive experiences and developing more positive than negative emotions (Pawelski, Pawelski & Seligman, 2018). In positive psychology couple therapy, it includes encouraging the both partners to engage in activities that rekindle the attraction and romance. It encompasses actively taking interest in the strengths and talents rather than fixing weakness and the ability to look beyond flaws in others. It involves working on relationships and finding the true meaning in life - self-actualization goals with our significant other facilitated by the therapist, which enhances satisfaction in life and in the

relationship (Maslow, 1954; Cameron, 2012; Kaufman, 2018).

This two stage couple therapy differs from other models of couple therapy because it encompasses both types of couples i.e. those with dysfunctional schema and those with healthy adult schema. Other models of couple therapy such as Imago therapy and emotion-focused couple therapy cater only for couples with dysfunctional schema. In addition, other models of couple therapy do not modify the dysfunctional schema directly, whereas the present model does. Efficacy of the therapy can be monitored with repeated Schema Mode Inventory-I scoring pre and post stage one therapy. Previous research has shown that schema modes did change and improve post schema therapy (Ata, 2016). On the other hand, the positive psychology couple therapy model works only for couples with healthy adult schema and not for couple with dysfunctional schema.

Couple schema therapy as formulated within the current PPSCT1 enabled couples to understand the intense emotions they each experience which seem to be disproportionately intense to the behaviour from each partner. As elaborated in PPSCT1 above it enabled partner to develop the necessary compassion towards their partner because they gained a perspective for their partner as the vulnerable child as elaborated above. This process helps the partner to meet the childhood unmet needs informed by his/her schema and thereby transform the dysfunctional schema into healthy schema.

Other models, e.g. Imago therapy or positive psychology couple therapy do not have this therapeutic process and effect.

#### **4.3 Limitations and Future Directions**

This couple therapy is not without limitations. Couples may still be influenced by dysfunctional schema from time to time and may not exhibit a clean progression from stage 1 to stage 2. Thus, couple therapy may involve moving back and forth between stage 1 and stage 2 when this happens. This may happen in couples who exhibit multiple dysfunctional modes.

This is a new model of couple therapy and further cohort study of PPCST is needed to validate the model. This couple therapy was done with couples with specific relationship problems without any major psychiatry disorder. Further research to examine the effectiveness of this new model of

couple therapy in couples with major psychiatry disorders is also warranted. Future studies may include measuring Positive Couple Agreement (Fowers, & Olson, 1992) pre and post therapy to quantify the effectiveness of therapy and it is hypothesised that PPCST will improve positive couple agreement and types of couple relationships. Furthermore, a prospective outcome study is also needed to assess the sustainability of change in couples following PPCST.

#### **5. Conclusion**

This 2-stage positive psychology couple schema therapy was an integration of schema therapy and positive psychology. The therapy was able to help couple heal childhood unmet needs and reinforce couple attraction.

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#### **Conflict of interests**

Authors declare no conflict of interests.

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