REVIEW ARTICLE

Transforming Stress to Happiness: Positive Couple Therapy with Distressed Couples

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Abstract

Many romantic couples experience challenges at some point in their relationship, which generally escalates the tension in relationships. Although misunderstandings and conflict between partners are unavoidable, distressed couples can work through their problems effectively and compassionately that might lead to loving relationships. Thus, the purpose of this study is to review the features of distressed couples and offer a positive couple therapy model for positive and meaningful change in negative circumstances. Positive couple therapy fosters couples' positive feelings through positive interaction, which are essential to develop and maintain satisfying relationships. To heal distressed couples, this article structured the positive psychology therapy model in three phases: Phase one involves rebuilding the relationship with increasing cohesion and positive behaviors between couples. In phase two, the couple therapist works to identify negative communication patterns and improve positive couple communication. Lastly, the final phase is designed for the maintenance of change, which includes practicing new communication patterns in stressful situations and couples' reflection of new experiences to each other. Each phase consisted of specific interventions such as three good things, best possible future self, strengths and fulfilled genogram, emotional bank account, and loving- kindness meditation. Along with these interventions, this paper offers practical suggestions for mental health professionals, who work with distressed couples, to help distressed couples to improve their couple's functioning as well as happiness.

Keywords: Distressed couples, happiness, positive couple therapy, relationship satisfaction

"Hell and heaven are not to be found in future, for they are now, present. When we love each other selflessly, it is real heaven, and when we are at war with each other and spread hatred that is the real hell."

Shams Tabrizi

A loving relationship between couples occurs through a strong feeling of connection and affection. Although, every relationship has ups and downs, generally, an intimate relationship survives once both partners have satisfactory communication, maintain mutual support, loving, and understanding toward each other, are satisfied with sex, and sufficiently able to talk about the problems (e.g., finance, children, extended family). Unfortunately, not all relationships are able to maintain a satisfactory relationship. Sometimes, partners may experience significant turmoil, which might put the relationship at risk for distress, dissatisfaction, or separation (Synder et al., 2018). Once couples begin the experience relationship distress, conflict and distance arise between partners. Those partners who are stressed are more likely to be aggressive toward each other and may engage in destructive communication such as arguing, blaming, withdrawing, and avoidance to deal with relationship distress (Barry et al., 2019; Wiebe & Johnson, 2016). Effect of distress in relationships influences general life satisfaction including physical and mental health, work, and family life. Further, distress impairs the relationship functioning and that might lead couples to feel frustrated, insecure, and distant, experience less shared values, joy, love, trust, physical and emotional intimacy within the relationship (Wiebe & Johnson, 2016). Due to the detrimental effects of distress on couples relationship, this topic has to get great attention among scholars, with a large body of research that underlines the factors and processes that could promote a happy and healthy romantic relationship (Antonie et al.,

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2019; Lebow et al., 2012). While many interventions aim to fix couples' problems, their interactions, and communication patterns through behavioral interactions, the main target of couples therapies working with stress in the relationship has been shifting to paying attention to what's going well in the relationship, improving positive emotions, and relationship the well-being (Antonie et al., 2019). In this study, distressed couples were introduced and how these couples could be treated through the positive psychology approach was discussed.

Relationship Distress among Couples

Distress in romantic relationships is one of the most encountered and disturbing issues for many couples. There can be various reasons that couples can find their relationship under stress. Feeling distant from one another, facing life stressors (job loss, the problem with in-laws, money management) or changes in life stages (e.g., pregnancy, becoming parent, illness/disability, etc.) are the most common problems reported by distress couples (Williamson et al., 2013). Other reasons frequently associated with couple distress are partners' unpleasant or not enough pleasant interaction, which leads to frustration and poor communication. According to Barry and his colleagues (2019), when passion disappears, lack of communication, intolerance to the partner's behaviors, and feeling bored from each other emerge among unhappy couples.

Characteristics of Distressed Couples. The main feature of distressed couples can be characterized by communication patterns. Distressed couples tend to engage in negative communication patterns, which contain the expression of criticism, contempt, defensiveness, and withdrawal (Barry et al., 2019). These patterns generally carry a great risk for relationship dissatisfaction and dissolution (Barry et al., 2019; Snyder et al., 2018). Along with the negative communication style, hostile attitudes of partners toward each other are another common feature of distressed couples (Foran et al., 2015; Snyder et al., 2018). Moreover, it is perceptible that the atmosphere of hostility at home naturally intensifies the conflict between couples, which results in continuing negative reciprocity loops and fading away positive behavior and feelings (Salazar, 2015). Another noticeable characteristic of distressed couples is that distressed couples have selective attention to their partner's negative attitudes, expressions, and behaviors that results in minimizing the positivity (Snyder et al., 2018). Further, they tend to be aggressive toward their partner and blame each other for their relationship problems. Lastly, those couples have unrealistic expectations and assumptions about their relationship (Genc & Baptist, 2018).

Consequences of Relationship Distress. Distress in romantic relationships may cause several physicals, psychological, and relational impairments (Barry et al., 2019; Foran et al., 2015; Hershenberg et al., 2016) Previous studies showed that stress reduces partners' motivation to express affection, gratitude, and perceived support (Duncan et al., 2018; Hershenberg et al., 2016), which resulted in decreased relationship quality, and couples' joint ability to cope with external stressors and to engage in positive relationship behaviors (Neff & Karney, 2017). Further, relationship stress leads to a negative interaction between couples, which cause the frequent argument, loss of good feelings, lessen relationship satisfaction (Genc & Baptist, 2020; Genc & Su, 2021; Fincham et al., 2018) as well as sexual satisfaction (Fincham et al., 2018). As a result of the negative interaction and communication patterns of couples, their bond impairs that even may lead to separation or divorce (Snyder et al., 2018).

Along with relational effects, couples who experience stress in relationships have a variety of psychological problems such as depression anxiety, alcoholism, and mood disorder (Barry et al., 2019; Fischer et al., 2016; Knobloch-Fedders et al., 2017). Distressed couples are also more vulnerable to physical health problems such as diabetes, cardiovascular disease, blood pressure, immune, and sleeping problems (Foran et al., 2015; Snyder et al., 2018). Another problem reported by couples who experienced marital distress is violence within the relationship (Satheesan & Satyanarayana, 2018). Finally, relationship distress impacts the children of those couples who are under stress. Former studies showed that children who are exposed and/or witnessed to marital distress at home, are at greater risk for their own emotional, cognitive, and behavioral problems (Bernet et al., 2016), social problems with their peers, and lower academic performance and adjustment problems at school (Sha'ked et al., 2013; Vaez et al., 2015).

No one has a perfect relationship and most couples experience different forms of distress within the relationship. In distressed relationships, couples feel profoundly dissatisfied with their relationship. The conflict remains unresolved in these high stressed relationships due to their distorted communication pattern. Although relationship distress has adverse consequences, different treatment approaches are available for those couples (Snyder et al., 2018). Due to the main focus to enhance positivity, recreating connections between partners, and

building intimacy, positive couples' therapy could be considered as an effective treatment for these problems in couples' relationships.

Positive Psychology and Couples Relationship

Positive psychology, also known as the "science of happiness", is the study of positive human functioning with the primary aim of fostering human strengths, psychological well-being, and satisfaction in life (Seligman & Csikszentmihalyi, 2014). Although positive psychology is a relatively new approach in psychology, it has made a noticeable impact on the field and influenced people's life by enhancing their strengths and developing their potentials for greater happiness and gratification with life, since 2000 (Donaldson et al., 2015; Compton & Hoffman, 2019). Contrarily, the traditional psychology approaches, which mainly focus on healing the damage that life creates, positive psychology emphasizes human's ability to improve positive qualities for a thriving relationship (Seligman & Csikszentmihalyi, 2014). That is, positive psychology suggests individuals identify what they are good at, what makes them happy, and what they would like to achieve rather than what makes them miserable or things that they want to avoid thinking. In other words, positive psychology works on gaining awareness and development of human potential. Through positive psychology, individuals can learn to focus on positive feelings, be more optimistic, and motivated to make changes in their lives. Further, they are encouraged to develop their personal assets or use them more effectively to improve their functioning, which would help them cope in adversity and to improve their happiness. These positive changes and feelings (e.g., hope, happiness, optimism, joy, love, etc.) in positive psychology are explained by the Broaden-and-Build Theory (Fredrickson, 2002). According to Fredrickson (2002), positive emotions broaden individuals' thought and action repertoires and build their enduring resources. That is to say, people experiencing positive feelings would be able to enlarge their personal skills to interact with their environment and participate in activities. That would allow them to build better personal resources and skills. As a result, those individuals, even if faced with stressful situations, could able to enhance their happiness, which in turn developing positive relationships and a tendency to collaborate with others that predict improved daily functioning.

These drives and qualities of positive psychology can be applicable to couples' relationships as well. In other words, focus on what's going right and feeding the good in a relationship may promote stronger and more satisfying unions. As individuals are able to increase their pleasure, satisfaction, meaning, and sense of flow in their lives over positive psychology, couples also can cope well under stress as well as keep the happy moments and have long-lasting relationships (Chan, 2018).

Positive Psychology Couple Therapy. Unlike other popular couples therapy models such as Emotionally Focused Couple Therapy, Integrative Behavioral Couples Therapy, or Imago Therapy, Positive Psychology Couple Therapy (PPCT) is not built on a particular theoretical framework to the process of formulating and understanding couples' problems (Chan, 2018).

Positive psychology research suggests that close relationships with others are the most significant factors in human flourishing (Seligman, 2018). Particularly romantic relationships have a great impact on people's well-being. According to Seligman (2018) human well-being includes five elements: Positive emotions (i.e., feeling good), Engagement (i.e., finding low), Relationships (i.e., social connections), Meaning (i.e., purposeful existence), and Accomplishment (i.e., recognizing/sense of accomplishment). These elements also are known as the PERMA model that consists of the basis for flourishing. These areas of well-being are particularly important to cultivate passion and thriving romantic relationships. Additionally, positive psychology offers that cultivating positive experiences and emotions and support each other under difficult situations are the foundation of satisfying relationships (Seligman, 2018). Thus, positive psychology couple therapy (PPCT) interventions aim to strengthen couples, enhance their function, promote their emotional expression, communication skills, and reciprocal support (Ruini, 2017). To achieve these aims, PPCT encourages both partners to engage in some activities that contain finding their strengths/ talents and positive side of each other rather than fixing weakness, negative emotions, or flaws of partners (Chan & Tan, 2020).

According to Chan (2018) for satisfying and meaningful relationships, one of the most important strategies in PPCT is working with positive communication patterns, which includes three steps. The first step is to identify

negative communication patterns of couples that encompasses revealing conflictual issues in relationships and each partners' unmet needs. The second step is for switching negative communication patterns into positive communication patterns. During this step, PPCT therapists smooth each partner's expression of needs then based on new understanding create positive communication patterns. The last stage involves consolidation that requires the formulation of positive communication patterns to former conflictual issues, afterward consolidate new positive behaviors and attitudes.

Another important concept of PPCT is to focus on time dimensions of the relationship; past, present, and future to explore and develop partners' connections (Perloiro et al., 2012, cited in Ruini, 2017). The purpose of working on the past is to help partners to feel connected and grateful for their shared experiences. In terms of present times, couples get benefits from working on the present by enhancing their savoring and positive experiences and maintaining their recent shared experiences. Lastly, working on the future time of the relationship could promote a sense of hope, optimism, and positivity between the couples.

For couples who are under stress, positive psychology interventions can be a life jacket for their skinning relationships, even they are in crisis. PPCT offers useful practices for distress relationships. As discussed below, those practices would create lasting effects of positive emotions, satisfying union, and a strong connection between couples.

Positive Psychology Couple Therapy Interventions for Distress Couples

Positive psychology interventions are getting popular in recent years, which can be applicable to couples therapy as well. The aims of positive psychology interventions are to promote pleasant and meaningful life, boost happiness, facilitate social connection and increase positive emotions (Bolier et al., 2013; Compton & Hoffman, 2019; Donaldson et al., 2015). Through joint enjoyable and meaningful activities in positive psychology interventions, couples could find a chance to recreating positive moments in their relationships. Further, positive psychology techniques, couples may consider the blessings in their lives, and finding a positive meaning in negative events, which in turn, can be an effective tool to cope with stress and enhance positive feelings (Compton & Hoffman, 2019; Folkman & Moskowitz, 2000). Once couples feel positive and gratitude toward their partner, they may feel better about their relationship and more connected to their partner. Thus, the experience of positive feelings may act as a booster shot for romantic relationships. (Algoe & Zhaoyang, 2016).

Therapists working with distressed couples initially should work on building rapport with both partners. Since they have been experiencing constant stress and that may make them feel desperate in terms of creating dyadic bound again. Therefore, in the first stage, it is important to use a lot of validation and provide a secure and accepting environment to encourage couples to discuss their hurts and disappointments. Then assessing their relationship stress and examining both partners' expectations, unmet needs, and assumptions about their relationships could be helpful to understand their differences and the possible reasons for stress in the relationship. For the next stage, PPCT therapists can work on cultivating positive emotions to lessen and regulate distress. Positive emotions (e.g., hope, love, gratitude, joy, interest, and contentment) are crucial for developing and maintaining satisfying relationships, particularly for dysfunctional and distressed couples. By using positive emotions, couples can improve their ability to cope with the stress that may turn in better relationship outcomes (e.g., Algoe & Zhaoyang, 2016). These benefits would be valuable for individuals' life and couples' relationships. Thus, clinicians would help couples to be prepared to find more ways of experiencing daily positive emotions and supportive behaviors for each other. Additionally, to cultivate positive emotions, PPCT therapists would emphasize creating positive communication patterns (Chan, 2018). Thus, identifying the negative communication patterns and reframing the clients' expressions of problems, needs, or wants would be the key factors for promoting positivity.

There are some specific interventions of positive psychology that could be useful to facilitate partners' positive emotions with couples facing stress. One of the well-known techniques of positive psychology "Three Good Things" (Seligman et al., 2005) can be utilized during the sessions. For this exercise, each partner writes down one to three good things that their partner did during the day. Once, the partners identify their partner's positive behaviors, each partner might be asked to think: "What did she/he do to encourage this behavior?" that helps the partners to explore their contribution to the positive events and appreciate his/her partner rather than taking his/her small favors or kind acts for granted, and that boost in appreciation strengthens the couples' relationship over time. furthermore, couples could be asked to remember earlier days like their dating times, first kiss, or the moments they

met. For example, a PPCT therapist could ask: "think about the moments when you were dating: What are you proud of saying/doing at those moments?": how these years as a couple made you grow as a person. Even when experiencing more troubled times?" (Ruini 2017. p.161-162) to recreate connection and feeling of gratitude for their shared experiences.

In addition to working on the positive incidents that have occurred in the past, with the "Best Possible Future Self" exercise (Sheldon & Lyubomirsky, 2006), couples can also develop positive emotions by considering positive events that may happen in the future. For this technique, partners are asked to imagine their relationship five years in the future and assume that everything has gone as well as it possibly could. This exercise can promote positivity and help couples to think about their role and responsibilities in their ideal future. Another benefit of this exercise is to set and explore the therapy goals of couples. After setting the goals, PPCT therapists can address and discuss with couples how they could be achieved their goals. In this phase of the therapy, exploring and developing the individual and couples' strengths are important.

Identifying couples' strengths, qualities, and values might be a useful way to build connections and strengths within the relationship. Therapists might apply "Strengths and Fulfilled Genogram" (Perloiro et al., 2012). This technique is adapted from the family genogram technique. The traditional family genogram technique was developed by McGoldrick and Gerson (1985) to provide a visual diagram and information about the history of individuals' families and their family relationships. Once the therapist draws the genogram, he/she can ask questions like: "who are you more proud of in your family in terms of strength and courage to fight for wishes and dreams", "what are the dreams of goals you had in the past and what are the dreams you have attained?", and "who generated most hope in both your two families of origin?" (Perloiro, p.19, 2012) to know their past and build family strengths during the therapy. Applying this technique at the early sessions of therapy can help couples to shift their negative attitudes/thoughts about each other to an awareness of strengths in themselves and their relationships. Further, explored couples' and individuals' strengths can be implemented in the relationship at the moments of conflict and stress. The therapist can generate questions like: "tell, me what is your biggest strength as a couple?, how can you use your strength (e.g., curiosity, creativity, or authenticity) to help resolve this issue?" (Kauffman & Silberman, 2009).

Along with cultivating positive emotions, clinicians can work on enhancing intimacy with couples to promote closeness. "Emotional Bank Account" technique from the Gottman relationship therapy model (The Gottman Institute, 2013) could be adapted to positive couple therapy. This technique is similar to have a bank account that includes "debit" (i.e., times when the partner turns toward his/her partner emotionally) and "credit" (i.e., times when the partner turns away from his/her partner emotionally). To start saving accounts, couples should make a deposit. Once they continue to make a deposit, then their savings account grows. In other words, couples who increases the number of emotional debits being stored in their emotional bank account and pay attention to the positive events (e.g., supporting each other, developing empathy, expressing gratitude and love, showing appreciation) have a higher chance to buffer to draw upon when conflict arises. Working toward building a positive perspective in one's relationship is a great way to bring partners closer to each other and make their relationship stronger, happier, and secure.

Besides these techniques, couples can be encouraged to practice mutual mindfulness techniques. Mindfulness requires a consciousness process and brings the partners in the present moment, help them to reduce their stress and improve their relationship. For example, "Loving Kindness Meditation" (Burns, 2017) can be taught to couples and encourage them to practice daily to focus and extend the positive feelings to themselves and others. To practice this exercise, couples are directed to imagine the experience of the feeling of loving kindness. Once the couples are able to focus on love, peace, happiness, and care about their relationship, they could be guided to expand those feeling onto their family and other people who hurt or challenge them.

Although there are many theory-based and empirically supported treatment models for distressed couples in the field, the interventions of positive psychology are particularly important to reinforce and maintain positivity for those couples. That would eventually help them to improve their couple's functioning as well as happiness.

The Practice of Positive Couple Therapy

Typical couple therapy sessions are generally conducted with both partners weekly and lasts one and half hours over 6-12 sessions. During the initial or intake session, the therapist addresses the couple's concerns then assesses the presenting problem. Early in the treatment, the therapist can conduct individual sessions with the partners separately, based on the couple's presenting problem. Also, it is important to note that building rapport and establish a safe and supportive environment is the key factor of the couples therapy that would hold the partners in sessions and help them to open their genuine feelings present in session (Conoley & Conoley, 2009). The therapist's role, therefore, is to be non-judgmental, supportive, and promote hope to make the partners become willing to come to therapy.

For the change, the therapist mostly uses behavioral interventions (explained below) in order to improve positive feelings and dyadic interaction. Further, problem solving and positive communication skills are taught couples to repair conflict in the relationship and increase intimacy between partners (Ruini, 2017). Positive couple therapy treatment is goal-directed and requires the partners actively engaged in treatment. The therapy sessions include problem/conflict management skills and behavioral rehearsal of new skills Therefore, the therapist would guide the partners, encourage them to interact with each other, and coach them on the practice of specific skills during the sessions.

The Therapist's Role. For positive couple therapy, the therapist role is to assist the partners in working on relationship problems. This includes collaboration with the couples and coaching them. With the coach role, the therapist can be a trainer who supports and encourages the partners to do their best. A positive therapist also serves as a facilitator, who helps the partners to utilize their strengths and competencies with the recognition of their existing resources.

As mentioned above, building an alliance with the couples is important for therapy success and the first step of positive change in couples' life (Oka et al., 2020). Thus, the first task of the therapist is to create an atmosphere of safety and trust that fosters free and authentic communication with the partners. The main skills such as empathy, active listening, validation, reframing, and installing hope are essential for this task (Ruini, 2017). Further, a positive therapist must be friendly, warm, positive, and open minded to establish a therapeutic alliance (Oka et al., 2020).

Positive couple therapists can take the stance of coach, consultant, facilitator, and teacher role during the course of treatment to develop an alliance with distressed couple. Once, the therapeutic rapport is established between the clients and therapist, both partners would know that their feelings and thoughts are respected and heard. This also helps the couples to feel free to open their concerns without fear of being judged or labeled as pathological.

Another task of the therapist for a strong alliance is to be a model. For example, by demonstrating specific skills such as communication, problem solving, and coping skills, the therapists can be modeled by the partners. Lastly, the therapist should acknowledge and celebrate both partners for the positive changes that they archived in their relationship. The therapist can praises partners as they improve their relationship gradually at each session. Lastly, it is important to emphasize that working on establishing the therapeutic alliance with the partners would be the key element of couples therapy, since it is going to determine the clients' attendance at sessions and positive therapy outcomes (Flückiger et al., 2018, Uckelstam et al., 2018).

Assessment. The first stage of assessment of treatment encompasses the assessment of the relationship stress and its impacts on couples. The second stage is assessing the couples' relationships. Next is assessing relationship strengths and lastly, the therapist goes with the ongoing assessments at each session. As the relationship health measures (Epstein & Baucom, 2002) can be used to assess the main features of couples functioning such as relationship satisfaction, communication skills, and commitment level, the therapist also can collect information about these by taking a history of the relationship at the intake session and discussing the partners' own ways to deal with those problems.

For the assessment of the relationship distress and its impact, the therapist first asks each partner about the ongoing/presenting problems (Finn, 2015). For example, therapist can ask their perception, beliefs, thoughts, and feelings about the stress faced in their relationship. The initial assessment also includes assessing the frequency and

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intensity of stress and conflict in the relationship, and how the partners manage these problems when they experience them. While assessing the stressful and conflictual issues, it is necessary to assess the positive events and memories in the couple's relationship for positive couple therapy. In order to explore the positive memories of couples, the therapist can question the moments that both partners feel loved, cared, appreciated, and secure in the relationship.

After gathering information about the presenting problem, the second stage would be assessing the couples' relationship (Finn, 2015). At this stage, the therapist could take the brief relationship history (e.g., how they met, dated, and decided to marry) including past and present relationship strengths (e.g., appreciation and affection toward each other, effective communication, being committed to the relationship, having shared values, and a sense of religious or spiritual well-being). Also, it is important to know the partners' communication patterns give the therapist a clue about how they treat each other when they are overwhelmed or stressed in a romantic relationship. For instance, do the partners stop talking to each other, and any of them leave the house, or do they still do the chores together, while they are distressed?

Additionally, assessing couples' strengths is vital for positive therapists. Thus, therapists might ask the times that they were able to overcome their relationship problems together and how they succeeded or what helped them to overcome that. Discovering the couples' resources and strengths can motivate partners to work on their problems. In addition, it helps them to see that they have the ability to resolve their problems. To assess the couple's relationship strengths, the therapist may ask "what are your biggest strength as a couple", "what are the good qualities of your relationship", "what are you good at, as a couple?"

Lastly, the therapist can apply a brief self-report questionnaire each week at the end of the session to assess how to get benefit from the therapy. For instance, the couple satisfaction index (CSI; Funk & Rogge, 2007) and quality of marriage index (OMI; Norton, 1983) can be applied to couples. By weekly assessments, the therapist can monitor the couples' progress and understand if the therapy and interventions are effective for distressed couples.

Goal setting. After the deep assessment and clinical formulation, the therapist and partners discuss and develop a set of shared treatment goals. A session for the goal setting might begin with asking the partners "what they want to change in their lives" or "what they want to be different in their relationship." Partners may have different goals or thoughts about what must be changed for the sake of their intimate relationship. If there is a discrepancy, the therapist and partners should negotiate to find the common goals that both would be willing to work on them.

The goals of couple therapy for distressed couples are generally to reduce stress and tension and improve positive relationship outcomes (e.g., intimacy, relationship quality, satisfaction, and cohesion). In order to reach these goals, couples' problems that bring them to the therapy must be assessed carefully. Further, the therapist can ask both partners that "how would they know that each goal has been accomplished?" to help them to imagine their future relationship without the problem. Some distressed couples may be uninvolved or disengaged in the session. Thus, the first aim of the treatment must be to work on their engagement and becoming more emotionally expressive at the early stage of therapy for both partners.

Process of Positive Couple Therapy

The therapy process for distressed couples follows three phases. To initiate the treatment, the session should be structured by the therapist, which draws a clear direction for the therapist and allows the couples to feel safe while discussing their problems. For some couples, creating a safe therapy atmosphere is required to start working on their issues. Thus, the therapist firstly should work on establishing ground rules (e.g., respectful listening, no name-calling, etc.) that may be beneficial for the partners in terms of adaptive and positive communication, and prevent destructive interaction between partners even outside of the session.

In positive couples therapy, therapists should assist the partners in "unearth the positive feelings such as fondness and admiration even more and put them to work to save their marriage" (Gottman & Silver, 1999, pp. 63-64). Accordingly, homework assignments would be an important component of each session in couples therapy to foster positive feelings and change. For each session, the therapist should talk about the homework and explain the importance of it on the progress of couples' relationships. Afterward, weekly assignments should be discussed at each session.

During the treatment, the therapist may encounter resistance, because distressed couple seeking help is generally frustrated and might be unwilling to change due to negative experiences in the relationship. Therefore, it is important to understand the strains that prevent help the couples respond and join the sessions effectively before starting with the couples.

The stages of a positive couples' therapy session are described below:

Phase I. The tasks of the therapist in this phase are to rebuild the relationship, increase cohesion, and lessen recurrent relationship stressors. To increase cohesion and positive behaviors in the relationship between partners, caring gestures/behaviors (e.g., writing love notes/letters, giving compliments, doing massage, etc.) list can be prepared in the session and a daily homework for each partner. Further, *three good things* and *emotional bank account* exercises can be taught to distressed couples. These activities are structured to increase generosity, appreciation, support, love, and care. Additionally, the therapist can work on increasing dyadic cohesion by encouraging the couples to do joint and nourishing activities such as dating night, doing chores, and gaming together. The joint activities can be vary based on the couples' interests. The therapist should help couples to select the activities, which promote the partners' companionship and positive atmosphere at home. Further, it would be better if the therapist helps the partners to do role play to demonstrate how they will carry out the selected activities.

Phase 2. In the second phase of therapy, couples work on communication and problem solving strategies (Bradbury & Bodenmann, 2020). Exercises for communication skills involve teaching each partner about their feelings, revise negative comments, and validate each other's feelings. Specifically, couples are taught receptive and expressive communication skills, using "I" statements, listening and empathy skills as well as expressing thoughts and feelings (Conoley et al., 2015; Epstein & Falconier, 2018). For the problem solving exercises, couples are encouraged to take a collaborative role to define and resolve the problem. Couples brainstorm might be useful to create possible solutions without judgment. Once couples discuss the conceivable solutions then they can attempt to try those solutions.

After being taught these skills, the therapist can model how to use positive communication in daily life through role plays and encourage partners to practice these skills with each other in the session. A positive intervention, HOPE can be used in this phase. HOPE (Handling Our Problems Effectively) is an integrated practice with behavioral and solution focus techniques for communication and conflict resolution to maintain relationship satisfaction and prevent long lasting conflict in the future (Worthington et al., 2015).

Partners' negativity and their former destructive relationship patterns can be a barrier to their positive interaction and change. Thus, the therapist discusses and processes stressful events with the partners. Some negative communication patterns such as criticism, contempt, defensiveness, and stonewalling (Gottman & Gottman, 2017) may need to be focused on early in the therapy sessions. The therapist can give explicit feedback to partners about the damage of the negative communication patterns. Also, the therapist might encourage the partners to explore the meaning of the negative comments/interactions for each other.

Phase 3. The final stage is for the maintenance of change and termination. The reason that brings the couples to therapy is the high level of distress that makes the partners' life miserable. Once, the negative interaction has been lessened, couples experience less distress, and they communicate effectively as well as able to resolve the conflicts in a respectful manner, then termination should be considered.

The last few sessions of positive couples therapy include reviewing the therapy process and discussing the couple's progress and strengths that helped them to resolve their problems while moving forward to the termination. Then, the therapist brings the topics about the possible high risk or challenging situations that may cause stress in relationships in the future. Next, the therapist can encourage the partners to think about hypothetical situations and ask them to generate solutions. Couple are encouraged to make a plan how they will deal with the possible triggers and stressful situations if these happen after therapy.

Since the therapy ends and couples accomplished therapy goals, therapist can start to talk about the termination or reduce the number of therapy sessions. For example, the therapist can offer the couple meeting every other week instead of a weekly meeting, or ask the couples how they would feel if their session ends in a few sessions. Also, it is important to discuss in the session, whether the couple has any additional goals. When the partners are no longer need a therapist's assistance and think the goals achieved, the couple therapy

ends. Also, the therapist let the partners know they can return to the therapy, if they are unable to resolve their problem in the future. Lastly, a follow-up treatment session every 6 months of the year might be planned with the couples. At the end of the therapy, therapist can close the session like, "goodbye" or "goodbye for now."

Conclusion

There is no doubt; all relationships go through ups and downs from time to time. Experiencing distress in the relationship is inevitable that may lead many couples to intense fights, make them feel distant, and disconnected from each other. A number of studies claimed that various detrimental effects of relationship distress treat couples' relationships and that causes dissolution, separation/divorce, conflict, and even intimate violence in relationships. Although some couples are willing to undertake couple counseling or therapy, they may feel overwhelming due to a long therapy process that mainly focuses on processing deeper negative emotions and fixing couples' problems. Contrarily, positive psychology provides a greater inside into the therapy process that can build satisfying couples relationships. With the aim of enhancing positive dimensions and strengths of couples relationships by reducing couples' stress and negative interaction patterns, positive couple therapy focuses on positive communication, problem solving, and active involvement skills. To achieve this aim, the therapist starts with building rapport by establishing a safe and accepting environment then assesses the couples' stress level as well as relationship functioning including their satisfaction level, communication patterns, and commitment to therapy. Once the therapy goals are set, positive couple therapy follows three stages (i.e., rebuilding relationship, improving communication and problem solving skills, and consolidation of positive change and termination) with positive psychology techniques including three good things, best possible future self, strengths and fulfilled genogram, emotional bank account, and loving kindness meditation. All these PPCT interventions encourage couples to seek positivity and change their negative communication pattern to promote personal and relational strengths, facilitate effective connection, increase positive emotions, satisfaction in the relationship and life.

Compliance with Ethical Standards

Author Contributions

EG developed the concept for this manuscript, carried out the literature search, critically analyzed the relevant literature, wrote the manuscript, and proofread it.

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References

Algoe, S. B., & Zhaoyang, R. (2016). Positive psychology in context: Effects of expressing gratitude in ongoing relationships depend on perceptions of enactor responsiveness. The *Journal of Positive Psychology*, 11(4), 399–415. https://doi.org/10.1080/17439760.2015.1117131

Antoine P., Andreotti E., & Constant E. (2019). Happy together: The development of dyadic functioning and individual well-being among heterosexual couples through a positive psychological intervention. In: L. Van Zyl & Sr. S. Rothmann (Eds), *Evidence-based positive psychological interventions in multi-cultural contexts* (pp. 105-129) Springer, Cham. https://doi.org/10.1007/978-3-030-20311-5_5

- Barry, R. A., Barden, E. P., & Dubac, C. (2019). Pulling away: Links among disengaged couple communication, relationship distress, and depressive symptoms. *Journal of Family Psychology*, *33*(3), 280–293. https://doi.org/10.1037/fam0000507
- Bernet, W., Wamboldt, M. Z., & Narrow, W. E. (2016). Child affected by parental relationship distress. *Journal of the American Academy of Child & Adolescent Psychiatry*, (55)7, 571-579. https://doi.org/10.1016/j.jaac.2016.04.018
- Bolier, L., Haverman, M., Westerhof, G.J., Riper, H., Smit, F., & Bohlmeijer, E. (2013). Positive psychology interventions: a meta-analysis of randomized controlled studies. *BMC Public Health*, *13*, 119-139. https://doi.org/10.1186/1471-2458-13-119
- Bradbury, T. H., & Bodenmann, G. (2020). Interventions for couples. *Annual Review of Clinical Psychology, 16*(1), 99-123. https://doi.org/10.1146/annurev-clinpsy-071519-020546
- Burn, G. W. (2017). 101 Stories for enhancing happiness and well-being: Using metaphors in positive psychology and therapy. Routledge. https://doi.org/10.4324/9781315672854
- Chan, E. W. L. & Tan, H. J. R. (2020). Positive psychology couple schema therapy: A new model of couple therapy focusing on reigniting couple attraction via schema therapy and positive psychology. *Journal for ReAttach Therapy and Developmental Diversities*, (2)2, 61-69. https://doi.org/10.26407/2019jrtdd.1.24
- Chan, E. (2018). Positive psychology couple therapy. *International Journal of Psychiatry*, 3(2). https://doi.org/10.33140/ijp/03/02/00005
- Ciarrochi J., Atkins, P. W. B., Hayes, L. L., Sahdra ,B. K., & Parker, P. (2016). Contextual positive psychology: Policy recommendations for implementing positive psychology into schools. *Frontiers in Psychology*, (7), https://doi.org/10.3389/fpsyg.2016.01561
- Compton, W., & Hoffman, E. (2019). *Positive Psychology: The science of happiness and flourishing* (3rd edition). Sage Publications.
- Conoley, C. W., Pontrelli, M. E., Oromendia, M. F., Bello, C., Del, B., & Nagata, C. M. (2015). Positive empathy: A therapeutic skill inspired by positive psychology. *Journal of Clinical Psychology*, 71(6), 575–583. https://doi.org/10.1002/jclp.22175
- Conoley, C.W., & Conoley, J. C. (2009). Positive Psychology and family therapy: Creative techniques and practical tools for guiding change and enhancing growth. Wiley.
- Donaldson, S. I., Dollwet, M., & Rao, M. A. (2015). Happiness, excellence, and optimal human functioning revisited: Examining the peer-reviewed literature linked to positive psychology. *The Journal of Positive Psychology*, *10*(3), 185–195. https://doi.org/10.1080/17439760. 2014.943801.
- Duncan, J. C., Futris, T. G. & Bryant, C. M. (2018). Association between depressive symptoms, perceived partner emotional expression, and marital quality. *Marriage & Family Review*, *54*(5), 507-520. https://doi.org/10.1080/01494929.2017.1414726
- Epstein N.B., & Falconier M.K. (2018). Communication Training in couple and family therapy. In: Lebow J., Chambers A., Breunlin D. (Eds), *Encyclopedia of couple and family therapy*. Springer, Cham. https://doi.org/10.1007/978-3-319-15877-8_100-1
- Fincham, F. D., Rogge, R., & Beach, S. R. H. (2018). *Relationship satisfaction*. In A. L. Vangelisti & D. Perlman (Eds.), *The Cambridge handbook of personal relationships* (p. 422–436). Cambridge University Press. https://doi.org/10.1017/9781316417867.033
- Finn, S. E. (2015). Therapeutic Assessment with couples. *Pratiques Psychologigues*, 21 (4), 354-373. https://doi.org/10.1016/j.prps.2015.09.008
- Fischer, M. S., Baucom, D. H., & Cohen, M. J. (2016). Cognitive-behavioral couple therapies: Review of the evidence for the treatment of relationship distress, psychopathology, and chronic health conditions. *Family Process*, 55(3), 423–442. https://doi.org/10.1111/famp.12227
- Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*. *Advance Online Publication*, 55(4), 316-340. https://doi.org/10.1037/pst0000172
- Folkman, S., & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist*, 55(6), 647–654. https://doi.org/10.1037/0003-066X.55.6.647
- Foran, H. M., Whisman, M.A. & Beach, S.R.H. (2015). Intimate Partner Relationship Distress in the DSM-5. *Family Process*, 54(1), 48-63. https://doi.org/10.1111/famp.12122

Frederickson, B. L. (2002). Positive emotions. In *Handbook of positive psychology*. In: Snyder, C. R. & Lopez, S. J. (Eds), (pp.120–134). Oxford University Press.

- Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, 21(4), 572–583. https://doi.org/10.1037/0893-3200.21.4.572
- Genc, E. & Baptist, J. (2018). Managing conflict with parents-in-law in a secular society steeped in Islamic traditions: Perspectives of married Turkish couples. *Journal of Family Psychotherapy*, 30(1), 20–39. doi:10.1080/08975353.2018.1516986
- Genc, E., & Baptist, J. (2020). Muslim couples: The role of dyadic coping in buffering the effects of perceived religion-based discrimination on relationship satisfaction. *Journal of Muslim Mental Health*, 14(2). https://doi.org/10.3998/jmmh.10381607.0014.204
- Genc, E., & Su, Y. (2021). Black and White couples: Exploring the role of religiosity on perceived racial discrimination and relationship satisfaction. *The American Journal of Family Therapy*. 1-21.https://doi.org/10.1080/01926187.2021.1958269
- Gottman, J. & Gottman, J. (2017), The natural principles of love. *Journal of Family Theory & Review*, 9(1), 7-26. https://doi.org/10.1111/jftr.12182
- Gottman, J.M., & Silver, N. (1999). *The seven principles for making marriage work*. Crown Publishers Imprint (Three Rivers Press).
- Hershenberg, R., Mavandadi, S., Baddeley, J. & Libet, J. (2016), Capitalization in distressed couples: A pilot study and outline for future research. *Personal Relationship*, 23(4) 684-697. https://doi.org/10.1111/pere.12154
- Kauffman, C., & Silberman, J. (2009). Finding and fostering the positive in relationships: Positive interventions in couples therapy. *Journal of Clinical Psychology*, 65(5), 520–531. https://doi.org/10.1002/jclp.20594
- Knobloch-Fedders, L. M., Critchfield, K. L., & Staab, E. M. (2017). Informative disagreements: associations between relationship distress, depression, and discrepancy in interpersonal perception within couples. *Family process*, *56*(2), 459–475. https://doi.org/10.1111/famp.12201
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, 38(1), 145–168. https://doi.org/10.1111/j.1752-0606.2011.00249.x
- McGoldrick, M., & Gerson, R. (1985). Genograms in family assessment. New York: Norton.
- Norton R. (1983). Measuring marital quality: a critical look at the dependent variable. *Journal of Marriage and Family*, 45(1),141–51. https://doi.org/10.2307/351302
- Oka, M., Seedall, R. B., Robinson, D., W., Walker, J., Tambling, R. R., & Anderson, S. (2020). Therapist interruptions: An examination of gender and therapeutic alliance in couple therapy, *The American Journal of Family Therapy*, 1-17. https://doi.org/10.1080/01926187.2020.1823282
- Perloiro, M. d. F., Neto, L.M. and Marujo, H. Á. (2012). We will be laughing again: restoring relationships with positive couples therapy. In G.W. Burns (Ed.). Happiness, healing, enhancement: Your casebook collection for applying positive psychology in therapy (pp. 15-28). Wiley. https://doi.org/10.1002/9781118269664.ch2
- Ruini, C. (2017). *Positive psychology in the clinical domains: Research and practice*. Springer International Publishing. https://doi.org/10.1007/978-3-319-52112-1
- Salazar, L. S. (2015). The negative reciprocity process in marital relationships: A literature review. *Aggression and Violent Behavior*, 24, 113-119.
- Satheesan, S. C. & Satyaranayana, V. A. (2018). Quality of marital relationship, partner violence, psychological distress, and resilience in women with primary infertility. *International Journal of Community Medicine and Public Health*, (5)2, 734-739.
- Seligman, M. E. (2018). PERMA and the building blocks of well-being. *Journal of Positive Psychology*, 13(4), 333–335. https://doi.org/10.1080/17439760.2018.1437466
- Seligman, M. E., & Csikszentmihalyi, M. (2014). *Positive psychology: An introduction* (pp. 279-298). Springer Netherlands.
- Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410-421.https://doi.org/10.1037/0003-066X.60.5.410

- Sha'ked, A., Rokach, A., & Morris, R. (2013). Marital distress, loneliness and children's adjustment. *Psychology and Education: An Interdisciplinary Journal*, 50(3-4), 11–18.
- Sheldon, K. M., & Lyubomirsky, S. (2006). How to increase and sustain positive emotion: The effects of expressing gratitude and visualizing best possible selves. *Journal of Positive Psychology*, 1(2), 73-82. https://doi.org/10.1080/17439760500510676
- Snyder, D.K., Heyman, R.E., Haynes, S.N., & Balderrama-Durbin, C. (2018). *Couple distress in couple and family therapy*. In: Lebow J., Chambers A., Breunlin D. (Eds), *Encyclopedia of couple and family therapy*. Springer, Cham. https://doi.org/10.1007/978-3-319-15877-8_192-1
- The Gottman Institute (2013). *Apply the research: building your emotional bank account*. Retrieved from https://www.gottman.com/blog/apply-the-research-building-your-emotional-bank-account/
- Uckelstam, C. J., Holmqvist, R., Philips, B., & Falkenström, F. (2020). A relational perspective on the association between working alliance and treatment outcome, *Psychotherapy Research*, *30*(1), 13-22, https://doi.org/10.1080/10503307.2018.1516306
- Vaez, E., Indran, R., Abdollahi, A., Juhari, R., & Mansor, M. (2015). How marital relations affect child behavior: Review of recent research. *Vulnerable Children and Youth Studies*, 10, 321–336. https://doi.org/10.1080/17450128.2015.1112454
- Wiebe, S. A., & Johnson, S. M. (2016). A review of the research in emotionally focused therapy for couples. *Family Process*, 55(3), 390-407. https://doi.org/10.1111/famp.12229
- Williamson, H. C., Karney, B. R., & Bradbury, T. N. (2013). Financial strain and stressful events predict newlyweds' negative communication independent of relationship satisfaction. *Journal of Family Psychology*, 27(1), 65–75. https://doi.org/10.1037/a0031104
- Worthington, E. L., Jr., Berry, J. W., Hook, J. N., Davis, D. E., Scherer, M., Griffin, B. J., Wade, N. G., Yarhouse, M., Ripley, J. S., Miller, A. J., Sharp, C. B., Canter, D. E., & Campana, K. L. (2015). Forgiveness-reconciliation and communication-conflict-resolution interventions versus retested controls in early married couples. *Journal of Counseling Psychology*, 62(1), 14–27. https://doi.org/10.1037/cou0000045