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The Use of EMDR Therapy for Couples Considering Divorce: Theory and Practice
L'utilisation de la thérapie du mouvement des yeux, désensibilisation et retraitement pour les couples qui envisagent le divorce : Théorie et pratique

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ABSTRACT

Since its introduction in 1989, eye movement desensitization and reprocessing therapy (EMDR) has gained a solid body of evidence for its efficacious use in treating trauma and its effects. The process of divorce is likely to activate what is known as "small t" trauma reactions in each individual of the couple. "Small t" traumas are responses to common life difficulties such as divorce or unemployment, and usually bring out irrational cognitions and inadequate ability to cope with certain events. Recent years have seen a surge of interest in investigating how EMDR therapy may be used for these more common traumas that can have a strong impact on individuals and couples. In particular, this article outlines the use of EMDR with an expository case of a couple considering divorce after an affair. The article presents research support for EMDR as a psychotherapy model for both "capital T" and "small t" traumas. The expository case is considered, and clinical decision-making from an EMDR-based approach integrated with body-focused interventions is delineated. Finally, a call for future research is included.

RÉSUMÉ

Depuis son introduction en 1989, la thérapie du mouvement des yeux, désensibilisation et retraitement de l'information (EMDR) a acquis un ensemble de preuves solides pour son utilisation efficace dans le traitement des traumatismes et de ses effets. Le processus du divorce est susceptible de déclencher des réactions traumatiques, appelées « petit t », chez chaque membre du couple. Les traumatismes « petit t » sont des réponses aux difficultés communes de la vie telles que le divorce ou le chômage et font habituellement ressortir des cognitions irrationnelles et des capacités insuffisantes à faire face à l'événement. Ces dernières années, il y a eu une recrudescence d'intérêt à enquêter afin de déterminer comment la thérapie EMDR peut être utilisée pour ces traumatismes communs qui ont un impact important sur les individus et les couples. En particulier, cet article dresse les grandes lignes de l'utilisation de l'EMDR en prenant pour exemple le cas expositoire d'un couple qui envisage le divorce après une infidélité. L'article présente le soutien dans la recherche pour l'EMDR comme modèle psychothérapeutique pour les traumatismes « grand t » et « petit t ». L'exemple du cas expositoire est examiné, et la prise de décision clinique basée sur une approche EMDR intégrée avec des interventions centrées sur le corps est décrite. Finalement, un appel à la recherche future est inclus.

Eye movement desensitization and reprocessing (EMDR) therapy has established a reputation over the past 25 years as an evidence-based practice for trauma, and for cases involving posttraumatic stress disorder in particular. This article will outline how EMDR can be useful to counsellors addressing the traumatic response of a relationship breakdown and subsequent divorce due to the impact of an affair. First will be an overview of research regarding how EMDR is used for both "capital T" and "small t" traumatic responses. Following this, a link between how divorce can activate a "small t" traumatic response will be briefly explored. Then, the expository case of a couple considering divorce will be outlined. Duffy (2010) indicated that expository cases created from a clinician's professional knowledge base are advantageous in that they encourage reflection on clinical methods but do not require client consent as actual cases are not used.

The author will demonstrate how EMDR therapy can be used as the primary focus within an integrative approach that includes the compatible orientation of integrative body psychotherapy (Rosenberg, Rand, & Asay, 1985). The case transcript and discussion will illustrate how the counsellor makes decisions within this integrative framework throughout the couple's counselling process. Lastly, a discussion of the case and the need for future research are considered.

capital "t" trauma

EMDR has been shown to be helpful for people who have posttraumatic stress disorder (PTSD) diagnoses, which, according to the *Diagnostic and Statistical Manual, 5th Edition* (American Psychiatric Association, 2013), means the person must have at least been exposed to or witnessed death, threatened with death, experienced actual or threatened serious injury, or experienced actual or threatened sexual violence. In the United States, the Department of Defense (DOD) and the Veterans' Administration (VA) have recently supported the use of EMDR as an effective therapy for veterans suffering from PTSD (VA/DOD, 2010). Veterans Affairs Canada (VAC) has followed suit, endorsing EMDR as a treatment for PTSD (VAC, 2015). EMDR practitioners refer to these types of events involving death, war, assault, and/or injury as "capital "T" traumas (Laub & Weiner, 2013).

eye movement desensitization and reprocessing psychotherapy

For most of the latter half of the 20th century, evidence-based treatments for capital "T" trauma and PTSD have involved behavioural strategies such as exposure (Bisson, 2007) or cognitive-behavioural therapy (Margolies, Rybarczyk, Vrana, Leszczyszyn, & Lynch, 2013). More recently, EMDR psychotherapy has been found to be efficacious in treating trauma and its effects, specifically in treating PTSD (Schubert & Lee, 2009).

Francine Shapiro (1989) developed EMDR therapy in the late 1980s to address the impact of trauma. A more recent development in the EMDR model is the principle of adaptive information processing (AIP) (Shapiro, 2001). AIP suggests that

distress arises from information or memories that have not been processed fully. Shapiro proposed that in order to move past a distressing event or experience, the memory of that event must be sorted through the relevant neural networks. When this does not occur, memories and their associations (such as thoughts, images, and sensory reminders) become stored in a negative (maladaptive) network. People avoid disturbing memories and, when these cannot be processed or learned from, they remain frozen in the maladaptive network(s). These dysfunctional networks are thought to give rise to maladaptive trauma symptoms.

Schubert and Lee (2009) explained that EMDR helps to process the negatively stored memories through three mechanisms: (a) deconditioning that proceeds through a relaxation response; (b) neurological changes in the brain that activate and strengthen weak associations; and (c) factors that are involved with the client's dual focus of attention on both the memory and a concurrent task, such as eye movements (EMs). Stickgold (2002) explained that the neurological changes in EMDR therapy involve the reduction of both hippocampal-mediated memories and amygdala-dependent negative affect associated with a traumatic event.

The "eye movement" component of EMDR is the mechanism through which desensitization (D) and reprocessing (R) are understood to operate (Shapiro, 2001). The use of eye movements, whereby the therapist moves his or her hand back and forth in the client's visual field as the client tracks the movement, is intended to unlock the nervous system. Thus, the client attends to both an initially distressing memory and an external stimulus, stimulating both sides of the brain, known as bilateral stimulation (BLS). This essential quality of EMDR therapy is known as *dual attention*.

Although eye movement remains in the title of EMDR, the words now refer to BLS that can be achieved through eye movements, finger snapping beside the ears, or tapping on a client's hands (Shapiro, 2001). The D component of EMDR therapy refers to a person's desensitization to an anxiety-provoking stimulus. Shapiro (2001) has indicated, however, that the D element is necessary but not sufficient to achieve positive change. For Shapiro and EMDR clinicians, the information reprocessing (R) part of the model, or building of adaptive associations, is essential for achieving positive treatment effects (Shapiro, 2001).

Individual Procedure

EMDR psychotherapy comprises eight phases. The length of each phase depends on the client's background, their current coping abilities, and how many negative networks might be interfering with functioning. During the first phase of *treatment planning/history taking*, as in other therapeutic approaches, the clinician gathers relevant client history, develops the therapeutic relationship, and establishes mutual treatment goals. This phase also includes understanding a client's trauma history and prioritizing which memories will be targeted for reprocessing. In the *preparation* phase, clients are taught skills of emotional regulation, and their ability to tolerate distress is assessed and enhanced. For the *assessment* phase, clients identify a target for reprocessing. This phase identifies the following: associated

image, associated negative cognition, preferred positive cognition, rating of the positive cognition, relevant emotions/body sensations, and a rating of subjective disturbance.

The next phase, *desensitization*, is specific to targets identified during the *assessment* phase and may occur in each session in which a memory is targeted to be reprocessed. During *desensitization*, the target memories are activated through the process of dual attention via BLS. *Reprocessing*, or accelerated learning, occurs by clearing out the negative memory network, and subjective disturbance is reduced. In the *installation* phase, previously negatively stored target memories are linked up to more positive cognitive networks, and people see generalized positive effects within new memory networks (Shapiro, 2001).

The *body scan* phase involves the client thinking of the previously distressing memory and cognition, and reporting feelings that arise somatically. This phase is important because dysfunctionally stored information often expresses itself through bodily sensations (Shapiro, 2014). The seventh phase, *closure*, involves ensuring the client is grounded and is not leaving the session in distress. The final phase of EMDR therapy, *re-evaluation*, usually occurs in subsequent sessions to assess the impact of Phases 3 to 6 as outlined above. A full treatment plan will ensure that areas of dysfunction from both past and present are processed, and that future situations that include more functional responses are also targeted (Shapiro, 2001).

Couples' Procedure

When working with couples using EMDR therapy, D'Antonio (2010) indicated that treatment should begin with a joint session and use of a structured genogram with each partner to begin the history-taking process. After the initial joint session, he recommended individual EMDR-focused appointments with each member (D'Antonio, 2010). As part of the history-taking phase, the therapist will ask each partner to bring a list of "10 of your most negative experiences in your life" (p. 111) to the individual sessions. In treatment planning during the first conjoint session, the therapist asks for each person's description of the reason they sought therapy, and asks each for initial thoughts on goals as a couple. The therapist then prompts each person in the initial joint session to describe a recent exchange that represents a problematic interaction. The therapist at this point may state some tentative hypotheses about negative interactional patterns (D'Antonio, 2010).

D'Antonio (2010) recommended three individual sessions to "identify the central struggle of each partner's life, locate its origin in the past, and help the client begin to recognize its impact in the present" (p. 114). The therapist embarks on the preparation phase with each individual by providing overall emotional regulation and calming strategies, such as "safe place" (Shapiro, 2001, p. 125). After ensuring that clients are appropriate candidates for Phases 3 to 6 of EMDR therapy and that they fully understand the process, the therapist uses the relationship history, genogram, and list of 10 most negative experiences to identify potential targets. The targets selected for reprocessing should be central to the core issues for both the

individual and the couple (D'Antonio, 2010). Once targets are selected through treatment planning as above, Phases 3 through 7 proceed in the same fashion as in the individual protocol. The re-evaluation phase may be used at the beginning of each individual session to determine the need for more processing.

After individual sessions are complete, D'Antonio (2010) recommended a conjoint feedback session to assess the couple's interactions since the first intake session, and to reinforce any positive changes or interactions of note. At the feedback session, the therapist connects patterns from family of origin and relationship assessments to the couple's interactional patterns. At this point of the couple's process, the structure of treatment can vary a great deal, and a therapist relies on their clinical judgement for further integration of EMDR-focused interventions with more traditional couples' approaches (D'Antonio, 2010).

Empirical Support

There has been growing interest in establishing empirical support for EMDR with regard to events that might not be classified as "capital T" traumas, or symptoms that may not meet diagnostic criteria for PTSD (Pillai-Friedman, 2010). "Small t" traumas involve relatively common life difficulties such as divorce or unemployment, which often bring out irrational cognitions and impaired coping (Laub & Weiner, 2013). Perry (2002) claimed that prolonged "small t" traumas such as low-level neglect can negatively impact a child even more than surviving a "capital T" trauma. Shapiro (2012, 2014) has been instrumental in illuminating how reactions to negative life experiences are essentially traumatic responses, and that everyone experiences some level of difficulty in encountering them. She has shown that EMDR can help with the "sequelae of psychological trauma and other negative life experiences" (Shapiro, 2014, p. 71)—what Epstein (2014) referred to as part of being human and being alive.

EMDR is gaining research support for problems that are the result of distressing negative life experiences. Rather than being understood individually, mental health problems can be viewed from the AIP perspective as responses to distressing events in which processing is "stuck" (Shapiro, 2014). Several studies examine the use of EMDR for various types of anxiety (Capezzani et al., 2013; Morrissey, 2013) and depression (Shapiro, Hofmann, & Grey, 2013). Further, EMDR is gaining support as a "promising practice" for clients experiencing chronic pain (Tesarz et al., 2013), grief (Murray, 2012; Solomon & Rando, 2012), phantom limb pain (Wilensky, 2006), and (in combination with pharmacotherapy) psychosis (van den Berg, Van der Vleugel, Staring, De Bont, & De Jongh, 2013). EMDR therapy has also been shown to be effective with children (Kemp, Drummond, & McDermott, 2010) and adolescents (Field & Cottrell, 2011).

EMDR Psychotherapy: Affairs and Divorce

Divorce often galvanizes a response consistent with "small t" traumatic events. Accordingly, in each divorcing individual, the process can activate a negative

memory network of thoughts, feelings, and sensations associated with the relationship breakdown (Cvetek, 2008). Further, the decision to divorce can touch on other dormant memory networks in which dysfunctional and irrational cognitions and affect are stored, based on past personal and relational history with both "small t" and "capital T" experiences (Laub & Weiner, 2013). Lastly, EMDR therapy may serve as a helpful method to address the trauma that arises out of one or both partners engaging in sexual affairs (Glass & Wright, 1992; Meneses & Greenberg, 2015).

CASE EXAMPLE

A case example of a couple considering divorce is outlined below. The presentation outlines the background information, presenting issue, assessment process, case conceptualization, treatment progression, and treatment outcome. According to D'Antonio (2010), EMDR therapy with families or couples is best employed as part of an integrative perspective embedded with other theoretical approaches. Thus, EMDR psychotherapy for couples will serve as a primary conceptual framework for the case, supplemented by elements of integrative body psychotherapy (IBP) for couples (Rosenberg & Kitaen-Morse, 1996). The rationale for counsellor decision-making will be interspersed with transcripts from the therapy sessions.

Background Information

Jaswinder (Jas), a 44-year-old man, and Sarah, a 41-year-old woman, have been married for 13 years. They have one 10-year-old son, Rajiv. Both Jaswinder and Sarah were born in Canada. Jas is dark-skinned and was born to parents who immigrated to Canada several years after they were married in Southern India. Sarah has white skin and was born to parents who were born in Canada to Norwegian immigrants. Sarah and Jas (and their respective parents) live in a major urban centre in western Canada. Both Sarah and Jas speak to their parents several times a month, but both indicated they don't feel "close" to them. Sarah's parents divorced when she was 14 years old; Jas's parents are still together. They each are polite and friendly with their in-laws. Neither Sarah nor Jas currently attend organized religious events, but they grew up attending a Christian Presbyterian church and Sikh temple, respectively. They are both working professionals in their community.

Presenting Issue

Sarah and Jas sought counselling after it came to light that Sarah had had an affair with another man for the past 6 months. Jas was very upset and, upon initial intake, refused to consider the option of divorce. At intake, Sarah was not certain that she wanted to divorce, and was amenable to counselling in order to further explore their options. She had become nervous about the affair and decided to tell Jas when her lover began to call her at home. She was adamant that she had ended things with this man and had no intention of becoming involved with him again.

Case Assessment Process and EMDR

From an EMDR perspective, most relational difficulties are conceptualized as "small t" traumas, although the presenting issue is filtered through one's historical memory networks (Litt, 2010). Further, the counsellor needs to consider the impact of an affair on both parties, especially the person who identifies the affair as a betrayal (Croitoru, 2014).

First couple session. In the first session, implementing the history-taking and treatment-planning phases, the counsellor followed D'Antonio's (2010) procedure of using a genogram and questioning to outline family history and relationship history, and to assess the degree of distress associated with the affair. After going through standard confidentiality and safety policy discussions, the counsellor began by asking why each person was there.

Jas (J): I'm here because she had an affair and disgraced our family.
Sarah (S) [weeping for 30 seconds]: You don't understand why I did it. [softly)]
J: [shakes his head and clenches his fist in response. Long silence for 2 minutes….]

At this point, the counsellor sensed that Jas was not ready to talk openly about the effect of the affair. Following Croituru's (2014) work on betrayal, the counsellor decided to probe further with Sarah. He asked her to tell him more about what led up to having an affair.

S: I've been unhappy for several years. It just crept up on me … I tried to talk to Jas about it … but it's hard for me.
Counsellor (C): How did that go for you, trying to talk to him?
S: Well, I thought he might have figured it out because I was "not in the mood" a lot more than before. I also mentioned that I was worried about Rajiv, because, you know, the tension.
C: Thank you for telling me about that. How do you think these messages were received?
S: Probably not very well. [weeping for 30 seconds] …
C: What are you feeling right now?
S: I don't know … just feel bad. Maybe ashamed of what I've done.

At this point in the assessment process, the counsellor decided to refrain from discussing the affair for the time being, and to interview each member of the couple about their history using a genogram, as suggested by D'Antonio (2010). He initially focused on each of their families of origin. Continuing history taking, he asked each about intergenerational patterns.

C: I'd like you to talk to me about how people communicated in your family of origin and what stands out for you. I'll be jotting down some notes and asking you more questions as you go.
S: Well, growing up, no one ever talked about any kinds of problems. A lot of times I thought my mom and dad might be fighting but they never did in

front of me and sometimes had these fake smiles on their faces. What stands out … I remember this one family meeting and they were trying to make sure that my brother and sister were around to look after me. I remember I was about 8 or so and I said, "Mommy, I don't like it when you are away from us all the time." Then her face turned red, and she got really quiet. My dad then said, "Don't you dare talk to your mother like that." He sent me to my room, and I was really upset. [crying intermittently throughout)]

After asking Sarah more questions about her place and role in her family of origin, the counsellor turned his attention to Jas to explore these same themes and patterns. These aims are consistent with IBP principles of connecting intergenerational themes regarding communication with relational difficulties (Rosenberg et al., 1985). They also constitute the history-taking/treatment-planning phase of EMDR therapy.

C: Just like I asked Sarah, I'd like you to talk to me about how people communicated in your family of origin and what stands out for you.
J: [takes a breath, calmer than beginning of session] I guess the only way people were heard was through raised voices. I learned that I better yell so that people can get my point. It's probably not the best way.
C: Is there anything that stands out for you in your family as a time when you felt really upset about people yelling?
J: [taking a minute to think] Sometimes when people yelled I would just space out.

Consistent with both EMDR and IBP, the counsellor discussed a plan to set mutual goals. Both Sarah and Jas agreed they would like to improve their interactions, meaning that each would show less emotional reactivity when speaking about their relationship and current difficulties. They also agreed that they would like to clearly and rationally discuss staying together or separating, without raising each other's perceived faults. The counsellor explained a rationale for doing some individual work with each of them. At the end of the session, Jas became teary. Without prompting from the counsellor, he blurted out:

J: I can't sleep! I keep seeing them together. Can't we just fix this now?
S: [weeping] I never wanted to hurt you—I was so unhappy … please forgive me.
J: [eyes fill with tears] I just can't hear that right now. I need to put it out of my mind.

At this point, the counsellor decided that, given Jas's distressed outburst, he would benefit from an individual session soon. Although the counsellor noted that Sarah was distraught, he also observed that Sarah used emotional regulation skills in session.

Before concluding the first session, the counsellor suggested that he would like to teach them an EMDR-based skill—putting triggering stimuli into a container

(Murray, 2011). The skill of regulating emotions via a container is part of the preparation phase of EMDR. The counsellor went through the script, both Jas and Sarah appeared to understand the skill, and each agreed to use it before they met again as a couple. The counsellor explained what the "10 most negative experiences" list is and asked each of them to complete this before their individual session (D'Antonio, 2010).

Individual Sessions (Jas)

Jas seemed more vocal and less angry at the beginning of the first individual session. The counsellor began by inquiring about the container exercise. He also asked about the 10 most negative experiences list that Jas had completed. Jas's answers and presentation helped the counsellor predict how Jas might handle strong emotional content during desensitization and reprocessing work and whether he was a good candidate for it:

C: So, how has it been going to practice putting things away, to be dealt with later, like we talked about with the container exercise?
J: Well, to be honest, it works okay when I am just mildly worked up. We can be civil talking about Rajiv's schedule. Then when I start thinking about the affair, well, it doesn't work so well. Then I can't really talk to her at all.
C: I am glad to hear that you have been using it for mildly annoying things. I don't know if you remember me saying while explaining it last time, that it is like running a marathon—you have to train up for using the skill for the big race, which are things like thinking about what happened with Sarah.
C: I was hoping we could talk more about how the affair is affecting you.
J: I am open to it, even though it's tough to think about.

For the remainder of the session, they discussed Jas's reaction to the affair, and ranked this and other events in his life, including things on his 10 most negative experiences list. The events were ranked using the Subjective Unit of Distress Scale (SUDS; Wolpe, 1969). The impact of the affair was the most subjectively disturbing event for Jas. He cried several times in session when describing imagining his wife and lover together. Toward the end of the session, the counsellor went through a resource development installation (RDI) of "calm place" with Jas (Korn & Leeds, 2002). It appeared that this was calming for Jas. The counsellor had observed Jas crying in session and subsequently calming himself down and thus thought that he would benefit from reprocessing some troubling images connected to the affair.

C: I was wondering if you would be interested in a treatment where we would work with some of those memories or visuals. The intention would be to reduce their power over you so that they are not so overwhelming anymore.
J: I am willing to try anything. It feels pretty crappy right now, so I think it won't be worse?
C: That is the reasoning behind this treatment. We want to be able to bring your crappy feelings and thoughts down to a more manageable level so you can

get through your days. I am going to give you a video that shows the treatment in action, as well as some websites so you can do your own research.
J: That'd be good. I'd like having some time to check things out.

When Jas arrived for the second session, he reported continued successful use of the container strategy and the calm place exercise (Korn & Leeds, 2002). Based on this report and his previous observations of Jas's emotional regulation, the counsellor ascertained that Jas was ready to proceed to the assessment phase of EMDR therapy. The counsellor also inquired about contraindications for EMDR treatment (Shapiro, 2001).

During the target assessment phase, Jas outlined a visual of Sarah and her lover in bed as the most distressing image. The associated negative cognition for that image was "I am unlovable." Jas identified his preferred positive cognition as "I am lovable." He identified his SUD to be "8 or 9" out of 10 and his validity of cognition (VOC) was "1." After some reprocessing, he appeared less distressed and reported much less anger in his feelings and bodily experience. He continued to report his SUD at "2." The counsellor probed further to ascertain what might be happening:

C: Sometimes people are afraid of their ratings going lower, because it might mean that the other person's behaviour was okay somehow. What do you think it would take for your distress to go to 0?
J: I think I need to believe that she is sorry. I'm pretty sure she is.
C: Okay, think about that. [Does a set of EMs.]

After several more minutes of processing, Jas rated his SUD at 0 (a "complete" EMDR session) (Shapiro, 2001). The counsellor then began a future template (Hensley, 2009):

C: When you see yourself knowing you are lovable in the future, with Sarah and with others, what does that look like?
J: Well, I just see myself being okay with myself and my quirks, being able to stand my ground with Sarah or my family and not try and please them too much. I can see that I know myself better.
C: Great. Focus on a scene where you accomplish that. Got it? [Jas nods.]
C: [after EMs] Reflecting on that scene in your mind, what do you feel right now?
J: I think the closest word is … peaceful.
C: Okay, where do you feel that?
J: In my chest. And hands.
C: Focus on the peaceful feelings there. [Set of EMs to enhance good affect.]

At the third individual session, Jas reported that feelings of guilt and shame had been prominent over the past several weeks. He and the counsellor discussed how these feelings were related to several of the 10 most negative experiences that involved his family of origin. Jas generated a target for processing around this is-

sue that involved his parents' "disapproving talk" about the affair. The counsellor followed the standard protocol for a successful session, meaning that the SUD came down to 0 and the VOC was rated at 7. Following D'Antonio (2010) and in preparation for the conjoint couple's feedback session, the counsellor asked Jas to think about how events from his early life have affected his relationship with Sarah.

Individual Sessions (Sarah)

When Sarah met with the counsellor for her first individual session, she appeared more distressed than during the first couple's session. As he did with Jas, the counsellor ascertained the most troubling issues from Sarah's perspective, as well as assessed whether she would benefit from EMDR treatment. Sarah described being haunted recently by feelings of guilt as she recalled telling Jas about the affair. She told the counsellor she had been holding it together but for some reason, was starting to "fall apart."

C: I am glad you are here. It sounds like you are overwhelmed. Can you tell me more about what is going on?
S: I am having trouble sleeping lately. I just keep picturing … the look on his face. When I told him what had happened. When I try to fall asleep, I see Jas's face, and he looks so disappointed, I just can't stand it.
C: You sound really troubled by that image. How is that affecting your interactions?
S: I kind of avoid eye contact with him. 'Cause when I see his face, it just reminds me, you know? That container thing isn't working too well right now. But early last week, it was working okay when we would just talk about the driving schedule or making lunch, that kind of thing. Now I just feel like a terrible person most of the time and it's interfering with a lot of my life.

For the remainder of the first session, the counsellor and Sarah worked to assign SUD values to images associated with the affair and Sarah's guilt. They also ranked events on Sarah's 10 most negative experiences list for future sessions. The counsellor taught Sarah an IBP strategy of using the breath to identify emotions in the body and to help change the direction of their energy (Rosenberg et al., 1985). It appeared that Sarah was able to use this skill almost immediately in session to subdue her negative emotions. The counsellor thus decided she would be a good candidate for an EMDR session focused on processing. He provided her with the appropriate explanation and resources (as above with Jas), and she appeared receptive to the treatment model.

For Sarah's second individual session, the counsellor provided further explanation of EMDR treatment and reminded Sarah of her container and IBP breathing regulation skills. Sarah indicated that the most troubling memory over the last couple of days continued to be telling Jas about the affair.

C: Sarah, when you think of the memory of telling Jas, is there an image the best represents it for you?

S: It's the expression on his face when I told him. [Target identification.]
C: What words go best with the picture that express your negative belief about yourself now?
S: I'm not sure… hmmm… [seems agitated]. [C shows her list of potential cognitions.]
S: Hmmm, I think it's "I am a bad person." [Identification of negative cognition.]
C: And when you think of his face, what would you like to believe about yourself now?
S: Okay, well, I think I'd like to believe that I am a decent person, even though I messed up. [Identification of positive cognition.]
C: When you think of his face now, how true do the words "I am a decent person" feel to you now, on a scale of 1 to 7, where 1 feels completely false and 7 feels completely true?
S: About a 2. [VOC.]
C: When you think about the expression on his face, and the words "I'm a bad person," what emotions do you feel now?
S: I feel … sad, and angry at myself. [Identification of emotions.]
C: On a scale of 0 to 10, where 0 is no distress, and 10 is the highest level of distress you can imagine, how distressing does the image seem to you now?
S: It's about a seven and a half. [SUD.]
C: And where do you feel the reaction in your body?
S: In the pit of my stomach. [Location of body sensation.]
C: I'd like you to bring up the picture of Jas's face, the words "I'm a bad person," and the sadness and anger in the pit of your stomach. Now, follow my fingers with your eyes. [C does a set of EMs.] Let it go, and take a deep breath. What do you get now?
S: I'm remembering being young, maybe 4 or 5. I can tell my parents are fighting. My mind thinks they are fighting about me.
C: Think of that. [Continues with EMs until he notes a shift.] What do you get now?
S: Huh. Well, remember that I told you my dad told me to go to my room back when we first came to counselling? That's what memory came up for me.
C: Think of that.

The counsellor continued with the desensitization and reprocessing phases. Eventually, as per EMDR protocol, once the SUD rating declined to 0, he moved on to the installation of the positive cognition identified at the beginning of the session. Sarah had agreed to an extended session, and thus they worked on several targets related to her family of origin. Each of the targets was processed completely, meaning the associated SUD moved to 0. Sarah indicated at the end of the session that she wanted to take responsibility for making amends with Jas. She also reported feeling free of taking on all of "the blame" for other things that had

transpired in their relationship. The counsellor then invoked a "future template" (Hensley, 2009), where Sarah saw herself making amends while being clear of guilt for aspects of the behaviour for which she was not responsible. The counsellor considered the extended session to represent the same amount of processing as was accomplished with Jas in three sessions. He thus asked Sarah to prepare for the upcoming conjoint feedback session with Jas (D'Antonio, 2010).

Conjoint Feedback Session

D'Antonio (2010) stated that the goals of this session are to help understand the couple's case from a perspective that integrates their coping mechanisms used to "survive childhood" with their "reactive emotional states" and their "dysfunctional interactional pattern" (p. 121). Jas and Sarah each indicated that their interactions have been "better" over the past 3 weeks (the time frame since their first session). Both reported feeling much less triggered in their everyday interactions. Through an EMDR lens, this suggests that maladaptive networks related to the relationship and the affair have been minimized and linked with more adaptive networks. The counsellor asked for an example of how things had been better and less reactive. Jas began.

J: Well, we have had some conversations where I actually listened to her.
C: How would you say that is different from how you typically do things?
J: Normally I would be so pissed off that I wouldn't want to listen to her. I think I was angry below the surface even before the affair.
C: How were you able to listen to her?
J: Some stuff has really clicked for me since the first meeting. I've been better able to separate out moments of being angry instead of dumping it all on Sarah. Once that lifted for me, I felt more available to listen.
C: Sarah, how do you think Jas was able to do that?
S: I'm really proud of him. He has been working really hard. And so have I, to be more direct about things with him. I also wrote him a letter to tell him how truly sorry I am.
C: How were you able to do that?
S: I wanted to own up to my actions. I want to state my thoughts and feelings more.

The counsellor asked Jas about the letter. Overall, it appeared to have been a welcome and necessary step in the healing process for both of them. He then asked each person about early response patterns and their effect on significant relationships. Sarah stated that she often tried to keep her mother happy during her childhood, and this had resulted in her not speaking up about her needs. She was able to verbalize how this affected her treatment of Jas at various points, particularly in regards to choosing an affair. Jas identified that he often "shut down" when he sensed his family was disappointed with him. Following D'Antonio's (2010, p. 123) script, the counsellor outlined how the two patterns fit together in an unhealthy way.

C: Here's a summary about how what you just discussed affects your relationship. Jas, you shut down by being emotionally unavailable or angry, and Sarah, you shut down too by getting sad and not directly stating your needs. Jas, when you are unavailable then angry, it leads Sarah to shut down and not state her needs. Sarah, when you get sad and don't speak up, then Jas shuts down and gets angry.

Each appeared to understand this cyclical pattern. Jas said he felt "hopeful" about moving forward, and Sarah said she felt "relieved" to hear it aloud. The counsellor ended the session by having the couple do some breath work in tandem (Rosenberg et al., 1985). He sensed that some significant positive changes had occurred for both of them and that this exercise would help solidify these. They both indicated that they were willing to come back and continue to work on the goal of enhancing their relationship through healthier interactions.

Subsequent Course of Therapy

During the next couple's session, Jas announced that he had made a decision about the relationship that he would like to communicate with the counsellor present. Sarah was amenable to hearing this. He became quite emotional and declared that while he was on the road to forgiving Sarah, he had discovered that he felt confused about moving forward. He explained that he felt like a disappointment to everyone around him—Sarah, his family of origin, even himself. He felt pressure to go into a more lucrative profession, and stated that his current job does not bring him any joy or passion.

J: I've really been thinking about it over the past month, and though I feel much better about what happened, I still think it would be best if we get divorced. I hope we can do this in the best way possible for us and Rajiv.

S: [Appears shocked. Several minutes of silence.] I need to leave.

The next day Sarah phoned and told the counsellor that she felt devastated, "… like the bottom fell out from under me, like I was watching my parents leaving each other again in slow motion." The counsellor considered this reaction as a signal that another negative network had been activated for Sarah. He explained this briefly to her and asked if she and Jas could attend another session together. They were both agreeable.

When they met together for the joint session, Sarah reported an irrational sense of "not being good enough" whenever she contemplated the divorce. She was worried about what she would tell her parents and friends. The counsellor decided it would be beneficial for Sarah to reprocess some of her distress with Jas witnessing behind one-way glass. He asked them both if they were agreeable to this, and they stated they were. He made it clear to Jas that his role was just to be an observer and, if he became overwhelmed with what was occurring with Sarah, he could go for a walk and/or use some of his container or calm place skills.

Sarah chose the "disappointed look" on her father's face as the target image. She chose "I am not good enough" as her negative cognition and "I am good enough

no matter what other people think" as her preferred positive cognition. Her SUD rating was 7 and the VOC was 2. In the end, it was a complete session. After the processing, both Jas and Sarah came together to debrief. Jas said directly to Sarah, "I'm glad I got a chance to actually witness how this is affecting you. I am so sorry and I still think this is the best thing for now."

The couple came back several more times to make practical decisions about telling their son about their decision to divorce as well as to determine custody arrangements. The counsellor provided a referral to another professional who specializes in helping children through divorce. Both parties expressed sadness and regret, but affirmed that they were no longer overwhelmed by the situation. The counsellor noted that, by the last few sessions, they were interacting much more effectively, and were clearer about what they wanted for themselves and their family, despite making the choice to divorce.

DISCUSSION

In many ways, incorporating EMDR with couples is similar to other approaches to couples' therapy. The counsellor works to assess the couple's interaction style and skills, discusses the couple's goals, and encourages them to utilize strategies learned in session outside the office (Dattilio, Kazantzis, Shinkfield, & Carr, 2011). The counsellor works with the couple to identify areas of emotional vulnerability (McKinnon & Greenberg, 2013), and they explore issues related to infidelity and forgiveness (Fife, Weeks, & Stellberg-Filbert, 2013). Like any effective counselling, the counsellor is aware of cultural factors such as gender, socioeconomic factors, religious/cultural norms, and their impact on the couple's development and on the counselling process (DuPree, Bhakta, Patel, & DuPree, 2013).

The key distinction between EMDR and other approaches is the means by which distress is reduced. In cognitive behavioural approaches, counsellors encourage the couple to change their cognitions as the central means for resolving problems (Epstein, 2001). In emotion-focused therapy, the key for resolving couples' problems is accepting, making sense of, and expressing emotions (McKinnon & Greenberg, 2013). The EMDR psychotherapy model focuses on reducing distress through both emotional expression and cognitive change, by way of neural networks (Murray, 2012). In EMDR therapy, the resolution of individual memories/images through BLS and AIP involves the transformation of cognitions, emotions, and body sensations (Shapiro, 2001). Such tripartite transformation of individual distress is thought to enhance relational patterns for the couple (Litt, 2010).

The case presented here illustrates how incorporating EMDR therapy with couples is different than with individuals. The couple is seen as "the client," and the counsellor makes clinical decisions and treatment plans with the best outcome for the couple as a whole in mind. This does not always mean that the couple will stay together. The counsellor also needs to decide if it would be healing to have one witness another's pain, as he chose to do in one of the above-described sessions. Incorporating EMDR in couples' therapy can reduce reactivity in inter-

actions (D'Antonio, 2010) by allowing partners to communicate without feeling triggered by negative associations.

Further Research

EMDR in couples counselling is currently *not* considered an evidence-based approach. A literature search for EMDR being used with divorcing couples reveals only conference presentations (e.g., Kannan, 2008; Omaha, 2004). Several peer-reviewed articles exist regarding EMDR strategies with couples, but these rely largely on case studies or theoretical explorations (MacKinnon, 2014; Taylor, 2004). Thus, there is a need for more research support for EMDR with this population.

SUMMARY

Researchers have shown strong support for the use of EMDR to address "capital T" traumatic reactions. Many clinicians are beginning to utilize EMDR in their practices to address the problems that can arise from "small t" trauma, such as coping with relationship breakdown, betrayal, and divorce. The case presented here highlighted how a counsellor used EMDR therapy as the primary way to work with a couple to achieve their overall goal of less reactivity in their interactions, regardless of whether that meant staying together. EMDR therapy can work well as part of an integrative approach, as demonstrated here with the counsellor's integration of IBP principles and interventions.

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