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JOURNAL OF EMDR PRACTICE AND RESEARCH

 **SPRINGER PUBLISHING COMPANY**

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Couple Therapy When One Spouse Has Cancer: Integration of EMDR and Relationship Enhancement Therapies

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A diagnosis of cancer can be a major challenge for a couple. Some will navigate without major upheaval, but others will face difficulties that shake the foundations of the relationship. Eye movement desensitization and reprocessing (EMDR) therapy can be beneficial to both individuals in helping them resolve the present issues as well as past traumas that are hindering their ability to cope with the illness in the most effective way. This article describes how a couple therapy treatment developed by Johnson and Moore (2012, 2014) can be used for couples facing medical challenges. The treatment integrates individual EMDR therapy for each partner with conjoint couple therapy using Nonviolent Communication (Rosenberg, 2003) and Relationship Enhancement therapy (Guerney, 1987). The goals are to create a calming atmosphere between the couple, resolve the presenting problems, improve communication between the partners, and deepen the relationship. A descriptive case example describes the application of this treatment model to a couple who were struggling with the impact of the husband's serious medical problems on the marriage. The article also provides direction for addressing various challenges in couple work.

Keywords: couples; cancer; Relationship Enhancement; Nonviolent Communication conjoint therapy

Cancer has been referred to as the “emperor of all maladies” (Mukherjee, 2010), and its effect can be immense on the family. Illness does not strike just one individual. It ripples through their families like waves from a pebble dropped into a pond. In the most intimate relationship of the family, the couple, illness changes the dynamics of the relationship in profound ways. The effects of this stress can run the gamut from a complete breach of the partnership to a closer and more supportive relationship. There is an abundance of literature on this subject but little about the use of eye movement desensitization and reprocessing (EMDR) therapy (Shapiro, 2001) with couples and cancer.

In their initial EMDR training, many therapists watched a videotape (EMDR Institute, 1994) of a client, “Mary,” a patient with cancer who was on the brink of suicide. Mary was told by her doctor that she would have a painful death, and when her husband, Charlie, heard the news, he promptly left her. Mary purchased a gun with the intent of ending her life. It was at this point that Mary responded to an ad

in the newspaper seeking patients for an EMDR research project. During the EMDR processing, Mary experienced a high level of emotional distress, but by the end of this one session, Mary's attitude and approach to her disease had changed dramatically. Her hope returned, she accepted her husband's departure, and she vowed to die with dignity. One wonders, what would have happened if Charlie had also engaged in couple therapy with Mary?

Manne and Badr (2008) summarized research regarding the departure from the marriage by the husband or male partner when the wife receives a cancer diagnosis. They wrote,

Although clinical lore suggests that partners, particularly partners who are men, may be more likely to abandon their marriage during and after cancer, there is no evidence to support this contention. In fact, studies indicate that marital satisfaction after diagnosis is not significantly different from population norms. (Manne & Badr, 2008, p. 2542)

This article describes how a couple therapy treatment developed by Johnson and Moore (2012, 2014) can be used for couples facing medical challenges. The treatment integrates individual EMDR therapy for each partner with conjoint couple therapy using Nonviolent Communication (NVC; Rosenberg, 2003) and Relationship Enhancement (RE) therapy (Guerney, 1987). It also uses an innovative untested procedure during the conjoint sessions, in which the listening partner provides bilateral stimulation (BLS) while the other partner is speaking.

Couples and Cancer

O'Mahoney and Carroll (1997) reviewed the research that examined the impact of breast cancer on the patient and the couple's relationship. They said,

This research has typically explored the patient in isolation despite the fact that, for many women, this adjustment occurs in the context of an intimate relationship. Partners experience their own level of psychological distress which is comparable to the patients. (p. 398)

No matter what the type of cancer the individual struggles with, it presents the couple with a major challenge in their life.

The therapist can help a couple navigate this life-changing experience and mitigate the potentially devastating changes in their relationship. Manne and Badr (2008) recommended that therapy for couples facing cancer should focus on communication and intimacy. Their premise is that the couple engages in behaviors that either support or diminish the relationship and that this will determine the level of psychological distress they experience.

EMDR

EMDR therapy (Shapiro, 2001) is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma (Chen, Zhang, Hu, & Liang, 2015; Watts et al., 2013). EMDR therapy is a set of standardized protocols and procedures that incorporate elements from many different treatment approaches. EMDR developer, Francine Shapiro, wrote about the traumatic impact of illness and asserted that the assault on the psyche of the client may be just as severe, or even more severe, when the perpetrator is perceived to be the client's own body. She noted that even if the client did not recover from the medical problem, EMDR therapy could be used to improve the client's quality of life (Shapiro, 2001).

EMDR Therapy for Clients With Physical Illness

There are several research studies investigating the use of EMDR therapy with clients suffering from a somatic disorder. Capezzani et al. (2013) conducted a pilot study comparing the efficacy of EMDR to cognitive behavioral therapy (CBT) in treating posttraumatic stress disorder (PTSD) in oncology patients in the follow-up phase of the treatment. They found that EMDR was effective in reducing scores on the intrusive symptom subscale of two traumatic symptom measures and that anxiety and depression improved. Jarero et al. (2015) conducted a pilot study using the EMDR Integrative Group Treatment protocol with female patients with cancer who had PTSD symptoms related to the disease and its treatment. The study showed a statistically significant improvement after treatment for patients in both the active phase of cancer treatment and the follow-up phase. This study showed an overall subjective improvement in the participants. EMDR therapy has also been used successfully to decrease the distress of patients with heart disease (Arabia, Manca, & Solomon, 2011). Schneider, Hofmann, Rost, and Shapiro (2008) reported on research done using EMDR for phantom limb pain. Tinker and Wilson (2005) also wrote about work with phantom limb pain. Shapiro (2001) cites McCann (1992) who wrote about EMDR overcoming PTSD that resulted from devastating burns suffered in a mining accident. Servan-Schreiber (2009) citing studies says, "Psychological traumas are associated with a wide variety of medical problems, while a major reduction in survival time after heart transplant, and specifically with a great frequency of cancers." He goes on to say that treatment with CBT and EMDR is helpful in addressing medical-related traumas.

Couple Therapy With EMDR

Conjoint and/or marital EMDR therapy has been described by several therapists. Capps (2006) combined EMDR with Gestalt therapy. Reicherzer (2011) wrote about using EMDR therapy with a gay couple in conjoint therapy. Other EMDR therapists have reported therapeutic gains with the use of EMDR in couples therapy (Flemke & Protinsky, 2003; Protinsky, Sparks, & Flemke, 2001; Snyder, 1996). Moses (2007) advocated for the use of EMDR in couples counseling in a model that promotes safety and balance. Protinsky et al. (2001) reported that EMDR fits within experientially based treatment and believes that it can increase therapeutic effectiveness. Flemke and Protinsky (2003) successfully integrated EMDR with Imago Relationship Therapy. Snyder (1996) reported therapeutic

gains in increasing intimacy with a lesbian couple in conjoint sessions using EMDR with one partner. The partner not receiving EMDR provided emotional support in alternate sessions.

EMDR Couple Therapy Integrated With Relationship Enhancement

Johnson and Moore (2012, 2014) developed a marital therapy approach which is an integration of EMDR therapy and RE.

Procedural Steps

1. History taking and assessment
2. Preparation
3. Individual EMDR provided to each partner
4. Conjoint sessions using NVC and RE, combined with bilateral tapping

History Taking and Assessment. When a couple requests marital therapy, the first question that should be asked is about the level of commitment to the marriage. If they are both seeking repair of the relationship and are committed to each other, then conjoint therapy may be used. The therapist should begin with a thorough history of the marriage and of the individuals. The Adverse Childhood Experiences Questionnaire (Felliti et al., 1998) is a way of quickly learning about the childhood trauma history of each individual. High scores on this 10-question measure are correlated with health, social, and economic risks (Felliti & Anda, 1998).

Preparation. Education about EMDR therapy and preparation for processing is essential. Standard EMDR preparation procedures are used.

Psychoeducation About Fear and Neuroscience. Johnson and Moore (2012, 2014) recommend providing the couple with psychoeducation about fear and its neurobiological effects. Neuroscientists have shown that activation of the part of the brain where fear is dominant interferes with one's ability to use the part of the brain that experiences and shows empathy. Couples dealing with fear related to their own or their partner's illness may have difficulty with communication and support. Creating an atmosphere where the activation of the fear response is minimized or absent is essential for the meaningful communication that is needed to bring about change in a troubled marriage.

Individuals who have a history of trauma, or have difficulty regulating their emotional reactivity, struggle the most with the problem of establishing empathy in communication because they are so

easily triggered into a fear-based reaction. Once the fear chemicals, like adrenaline have been released, the body and brain are bathed in these hormones until they have been used up. Only then can the body return to the physical state of calm receptivity needed to feel and show empathy. The brain does not know the difference between real and imagined fear, so the perception or recollection of anger, fear, or hurt may be enough to set off the chemical reaction that blocks one's ability to empathize or experience their partner in the present moment (Johnson & Moore, 2012).

Changes can occur in the structure of the brain as the result of traumatic experiences, and memories of traumatic events may be stored differently because of the biochemistry present at the time of the trauma (van der Kolk, 2014). When the individuals can process and resolve past traumas, those events will no longer get in the way of resolving present conflicts. Present conflicts can then be addressed with the couple either individually or conjointly.

EMDR Individual Therapy

It is recommended that before beginning RE, each individual is first treated for past trauma. The therapist along with the couple makes the decision as to whether the individual treatment sessions are done together or separately. If the couple are supportive and open to each other's trauma, the EMDR processing sessions can be done conjointly. One should proceed with cautions here because family secrets may be revealed and create an awkward situation. See the "Discussion" section for a subsection on advantages and disadvantages of conjoint EMDR sessions.

An EMDR therapy session may also be provided partway through the RE sessions when a couple is familiar with the first four skills (empathy, expression, discussion, or problem solving) but wants to use the skills on an emotionally charged issue.

Nonviolent Communication

NVC is a tool developed by Rosenberg (2003). It involves a highly structured protocol that allows individuals to communicate in ways that do not activate defensiveness or reactivity on the part of the participants. The emphasis in NVC is on deep listening to foster respect, attentiveness, and empathy. In Johnson and Moore's (2012, 2014) approach to couple therapy, partners are taught to use the basic NVC model where attention is given to the way that communication is structured. The speaker is asked to use "I" statements when describing concerns to minimize

defensiveness on the part of the listener. The listener is instructed to not speak until the first speaker is finished and to give feedback what he or she understood the speaker to say. This process continues until there is a mutual understanding.

Relationship Enhancement

RE was developed by Louise and Bernard Gurney (Gurney, 1987) as a psychoeducational model to coach couples in effective communications skills. In RE coaching, couples practice showing deep empathy and effective expression and to discuss and negotiate problems in a manner that builds connection and trust in the relationship (Johnson & Moore, 2012). RE requires each participant sets aside his or her own thoughts and feelings to attend to that of the partner, demonstrating empathy for the other. A certain level of calm is required to learn and assimilate new communication skills in the RE coaching process.

RE is an evidence-based therapy. Accordino and Guerny published a review in 2014 of the last 20 years of research in RE and reported that RE had been found to be effective with a wide range of populations worldwide.

Bilateral Stimulation

Johnson and Moore (2012, 2014) added bilateral tapping as a technique that would create physical contact between the couple and create a calming atmosphere. During NVC and RE procedures, the partners hold hands, and the listening partner bilaterally taps the speaking partner's hands. Touching each other creates a physically intimate connection as they look at each other and tell each other in a calm and meaningful way how they feel and what they need.

Although the effects of bilateral tapping have not been well researched, two studies with nonverbal patients with dementia (Amano & Toichi, 2014) and with intellectual deficiencies (Barol & Seubert, 2010) found that bilateral tapping produced a calming effect, with reductions in overt behavioral agitation and distress. BLS is recommended in the *EMDR Military and Post-Disaster Field Manual* (Shapiro, 2004, p. 2) for use with traumatized agitated patients in the emergency room: "For high but not overwhelming affect, BLS can be used in short sets to take off the edge" (Quinn, 2008). Research investigating the physiological effects of eye movements has found a relaxation response, with a consistent decrease in heart rate (e.g., Schubert, Lee, & Drummond, 2016).

Descriptive Case Example

Presentation

The case of married couple, Jean and Bob, involved past and present illnesses. Jean (63 years old) and Bob (65 years old) were retired professionals who came in for therapy because of serious conflicts that were threatening the marriage. They had been married for about two years, and they both affirmed that they would like to save the marriage. The couple reported issues related to Bob's poor health. Initially, Bob had not fully disclosed to Jean that he was not as healthy as he had presented himself. He had had several surgeries for spinal and cervical problems and had arthritis and Type 2 diabetes. He also had not told Jean that he had been diagnosed with PTSD and had frequent panic attacks as well as obsessive compulsive disorder (OCD).

History

History taking was done with the couple together and separately. In the initial conjoint session, they told the therapist how they had met and decided to marry. Both Jean and Bob had been married previously. They had many common interests, and both had felt during the courting process that they were a good match.

Jean's first marriage was a good one. She had been married to her first husband for over 20 years, but during the last 10 years, her husband was seriously ill, with a debilitating illness that eventually led to his death. During that time, Jean cared for him and their two children as well as working at her profession. This was a difficult time for her. She described her childhood as unstable in that her mother was not a very supportive parent and had divorced and remarried four times. Her father had died of melanoma. At the current time, her children were grown and married with children of their own, and she had a loving and close relationship with them. Bob reported that he also felt close to his stepchildren and their families.

Bob, who was now suffering from numerous health problems, had also been married before, but the marriage had ended after only 3 years. They had one child, with whom Bob had only limited contact, and their relationship was strained. He felt that his ex-wife had poisoned their child against him. As a result, he felt he had a closer relationship with Jean's children and grandchildren. In addition to his health problems, Bob had a serious history of trauma from both childhood and his military service. His father was a World War II veteran, and his mother was a young bride who came to the United States from a war-ravaged country

and who had to adapt to an entirely new kind of life. He described his father as a violent alcoholic, and Bob often felt in fear of his life. He witnessed domestic violence and was the victim of physical abuse.

Bob and Jean described their marital conflicts as serious, and they felt that the future of their life together was threatened. Jean would get very angry and critical toward Bob and then Bob would, in his own words, “crumble.” Jean’s anger began when she realized that Bob’s poor health meant that their plans to have an active life full of travel and physical activity were not going to happen. Jean was angry and doubtful that she could be happy in this relationship. Bob was devastated and felt helpless. His physical symptoms were worsening.

Course of Treatment

After the initial history-taking sessions, therapy began with four separate EMDR sessions for Jean and Bob, focusing on the current issues they were experiencing. This was followed by two conjoint sessions.

Jean’s Individual EMDR Sessions

Jean received four individual EMDR sessions. Her goal was to decrease her reactions to Bob’s health problems. She was immediately triggered when Bob mentioned that he did not feel well. The individual history taking and preparation phase with Jean revealed that she probably had PTSD as a result of her experiences in taking care of her dying husband. She understood that Bob’s illness was overwhelming and disappointing for her, and she wanted to get to the place where she could cope with it and stay in the marriage. Jean also expressed her anger in terms of feeling disrespected and not treated as an intellectual equal by Bob.

Jean was fearful of her emotions but proceeded to process some of her trauma around her first husband’s illness and death and her anger at Bob. At the end of one processing session, she said, “I should appreciate him. He might not be here forever either. It’s stupid trivial things I get annoyed about.” Her issues with Bob resolved to the point where she felt she could continue with the marriage.

An error was made by the therapist in that the depth of Jean’s trauma surrounding her childhood was not explored more thoroughly. She reported later that visiting those memories had been so difficult for her that she did not want to continue individual EMDR therapy. In retrospect, the therapist realized that working on childhood trauma with Jean would have been beneficial because she reported that although the work

she did regarding her reactions to Bob’s complaints was helpful, the process had triggered other painful memories, and she did not want to go there.

Bob’s Individual EMDR Sessions

Bob received four individual EMDR sessions. His goal was to change the way he would deteriorate every time Jean got angry with him. Because he had been in therapy for many years, he understood that his PTSD was detrimental to his relationship.

Before Bob and the therapist ventured into the details of his early trauma, they worked on the issues between him and Jean. Bob was soon able to report that he no longer would crumble when Jean was angry and critical. Bob made good progress with EMDR therapy in resolving his PTSD.

Jean and Bob’s Conjoint Marital Sessions

Once these individual sessions appeared to prepare Bob and Jean for conjoint therapy, they were brought together. The structured approach of NVC therapy was used to enhance communication between Bob and Jean. The therapist asked them to sit facing each other, holding hands and tapping while they took turns telling each other in “I” statements how they felt and what they needed. This was done for two sessions, and upon conclusion, Bob and Jean said, they were fighting less and enjoying more activities together.

Follow-Up

Jean and Bob both reported greater satisfaction with their relationship. Jean confirmed that she felt she could continue in this relationship and enjoy the activities they could still do together. Bob’s anxiety about the relationship was no longer present, and he presented as a much happier person. He also was able to draw some boundaries with his adult daughter and grandson that he had not been able to do before and was supported in this effort by Jean. He also said his OCD symptoms had improved and that this also enhanced his relationship with Jean.

Discussion

When Is Conjoint EMDR Treatment Recommended?

Shapiro (2001, pp. 287–288) recommended separating partners while EMDR is used to process anxiety-provoking material. However, many published reports of EMDR couple therapy have successfully used conjoint sessions, with the partner present during EMDR

processing, and there may be good reasons to keep partners together during EMDR trauma processing.

Conjoint EMDR therapy may be advisable for the following reasons:

- a. When developing a safe place, one partner can make reference to his or her calm/safe place during conflict to deescalate the conflict.
- b. Knowing the connections between the past traumas, present triggers, and future projections can provide intimacy that allow the couple a deeper connection and avoid or process future triggers.
- c. When one's partner becomes associated with the healing process, the transference becomes connected to the partner instead of or in addition to the therapist.
- d. Keeping the partners together during the EMDR processing reinforces their connection to each other and supports their ability to negotiate conflict in the future.

When Is Conjoint EMDR Treatment Recommended or Not Recommended?

Conjoint EMDR therapy is recommended when a couple presents as being committed to the relationship and will to do the work to resolve the issues between them. If the relationship is damaged beyond repair, then individual work is the route that should be taken.

One or both members of the couple may need extensive individual work if their traumatic past is interfering with their ability to be a supportive and loving partner. For example, if the wife is triggered by traumatic memories of sexual abuse from her past, she would benefit from processing them before she can be comfortable in her sexual life with her husband.

There are several indicators that a therapist might want to incorporate EMDR into RE therapy for couples. When either partner is unable to regulate own emotional reactivity when learning the basic RE skills, he or she may need to learn the self-soothing skills demonstrated through EMDR to allow him or her to learn and practice an RE skill. It may prove beneficial to add EMDR to RE therapy for couples if the couple is familiar with the first four skills (empathy, expression, discussion, or problem solving) but is having trouble using the skills on an emotionally charged issue.

Conclusion

It is the author's experience that the combination of EMDR with the techniques of RE or NVC can deepen

and solidify a couple's relationship, particularly when they are facing a battle with cancer. Given the prevalence of cancer, it is inevitable that most therapists will encounter individuals and couples who are struggling with this disease. Some will challenge themselves without devastating damage to the relationship, whereas others will need help. In addition to helping them cope with the grief such an illness brings, therapists can also help couples strengthen and deepen their relationship.

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