Effects of the EMDR Couple Protocol on Relationship Satisfaction, Depression, and Anxiety Symptoms

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The aim of the present study was to evaluate the effect of the eye movement desensitization and reprocessing (EMDR) Couple Protocol on the relationship-satisfaction, depression, and anxiety levels of couples. This protocol differs from standard EMDR procedures in that the partners are together in the treatment session, and engage in bidirectional stimulation simultaneously. The treatment targets are disturbing events that the couples have experienced together. Couples have the opportunity to accept, recognize, and witness each other's recovery process during the session. The EMDR Couple Protocol consists of eight phases, and it was developed for couples wanting to improve their relationship. The study sample consisted of 18 couples suitable for the application of the EMDR Couple Protocol. Treatment was provided by an EMDR Europe Level 2 EMDR psychotherapist to the couples. The mean number of sessions was 14.27 ± 4.04. The couples showed significant improvement between pre-EMDR, post-EMDR, and at three months follow-up with large effect sizes for relationship satisfaction ($\eta^2 = 0.944$), depression ($\eta^2 = 0.385$), and anxiety ($\eta^2 = 0.258$). The present study evaluating the effectiveness of the EMDR Couple Protocol showed a positive effect on the relationship-satisfaction, depression and anxiety symptoms of the couples. The EMDR Couple Protocol appeared to be safe and effective.

Keywords: eye movement desensitization and reprocessing (EMDR); couple therapy; relationship satisfaction; depression; anxiety

Eye movement desensitization and reprocessing (EMDR) therapy is recommended for the treatment of post traumatic stress disorder (PTSD) by International Society for Traumatic Stress Studies Guidelines Committee (2019); National Institute of Health and Care Excellence (2018); and World Health Organization (2013). Developed by F. Shapiro in 1989, it is now being applied for a range of psychiatric disorders, such as psychotic disorders (De Bont et al., 2019; Öztanriöver et al., 2019), depressive disorders (Sepehry et al., 2021; Wood & Ricketts, 2013), anxiety disorders (Leeds, 2012; Yunitri et al., 2020), specific phobias (Demirci et al., 2015), and obsessive-compulsive disorder (Cengiz & Peker, 2020). There is preliminary evidence for its effectiveness in the treatment of these disorders. In addition to its provision as an individual therapy, EMDR-based applications have been also found effective in group treatments (Allon, 2015; Kaptan et al., 2021; Yasar et al., 2019; Yurtsever et al.,2018).

Although EMDR therapy is used with couples and families, no previous research has evaluated its effectiveness in these applications. In the present study, the EMDR Couple Protocol (CP) was provided to 18 couples who indicated a willingness to compromise and improve their relationship. The current presenting

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problems were emotional distance, communication problems, and/or sexual dysfunction, all with related emotional distress. The couples had previously received Imago couples therapy, strategic family therapy, and emotion-focused couple therapy. The hypothesis was that EMDR treatment would have a positive impact on their relationship satisfaction, depression, and anxiety state.

Couple Therapy

Couple therapy is a form of psychological intervention involving the presence of both partners in sessions led by a trained therapist. Couple therapy, often referred to as marital therapy, is a form of psychotherapy applied to alter the interaction of two individuals who are in conflict with one another. When marital hardships cannot be solved through individual therapy, or when the onset of distress in one or both parties is linked to marriage, couple therapy is one of the first options that comes to mind (Akdemir et al., 2006).

The treatments used in couples therapy include behavioral, emotion-oriented, psycho-dynamic, multi-generational, social constructivist, cognitive-behavioral, and systemic approaches (Gurman et al., 2015). Nearly all of these models have one object in common: changing negative interaction patterns and promoting supportive aspects of bilateral relations (L'Abate, 1998). None of these approaches prioritize adaptive information processing (AIP) theory or a trauma-oriented perspective.

Individuals who have experienced mental trauma may have difficulty establishing intimacy with others and maintaining self-care and stable relationships (Herman, 2015). A history of trauma may underlie their relationship hardships (Simeone-DiFrancesco et al., 2015). If an individual's relationship pattern consists of negative elements such as insecurity, anger, neediness, abandoning someone, being abandoned by someone, or self-blame, they are more likely to repeatedly experience maladaptive experiences (Wolynn, 2017). Couples may also experience traumatic experiences together in their relationship, such as cheating, illness, accident, death, verbal abuse, and physical abuse. These experiences can trigger or deepen a pattern of relationship problems.

The improvement of the couple relationship through resolution of traumatic experiences is the primary goal of EMDR CP. Individual traumas are addressed prior to working on shared traumas. According to EMDR's AIP model (Shapiro, 2007), it is assumed that resolution of traumatic memories will result in decreased symptoms and improved relationships.

EMDR and Couple Therapy

EMDR therapy is based on the AIP model (Shapiro, 2007), which views current symptoms and behavioral patterns as rooted in unprocessed traumatic experiences. Developed as a treatment for individuals, it has been adapted for couple therapy (Errebo & Sommers-Flanagan, 2007). Although the integrated use of EMDR in couple therapy lacks a solid evidence base, its effectiveness in relational therapy has been demonstrated (Protinsky et al., 2001; Ricci et al., 2009). Protinsky et al. (2001) stated that the emotion-oriented therapies conducted with couples could be developed further by using EMDR to process traumatic memories. They developed an approach called eye movement relationship enhancement (EMRE), which includes key clinical components such as accessing and tolerating previously rejected feelings, reprocessing emotional experiences, and reinforcing couple intimacy (Protinsky et al., 2001; Ricci et al., 2009).

F. Shapiro et al.'s book about EMDR and family therapy contains several chapters on couple therapy (Shapiro et al., 2007). Moses (2007) outlined treatment with an attachment focus; Talan (2007) described the integration of EMDR with Imago therapy; and Errebo and Sommers-Flanagan (2007) provided examples of combining EMDR with emotionally focused therapy. In her book, R. Shapiro (2005) described using the standard protocol EMDR therapy for the traumas of a couple before and after the individuals met. She also stated that a future template was formed with partners, and new behaviors were designed and implemented within the relationship.

Although various protocols and approaches have been recommended, there is little or no empirical evidence that EMDR for couples is effective. Therefore, it is important to evaluate the effectiveness of EMDR in resolving traumas, problems, and emotional distress experienced by couples. The current study sought to evaluate the EMDR CP, which was developed for couples who want to improve their relationship. Another object was to evaluate the effect of the EMDR CP on the relationship satisfaction, depression, and anxiety levels of the couples. The couples were either married, engaged, or unmarried and together for 6 months or longer.

EMDR Couple Protocol

The EMDR CP was developed by Ceren Kurtay Dogan. Pilot applications were used in its development. In this application, couples work simultaneously in EMDR sessions to process shared traumatic or disturbing events. These sessions might focus on incidents such as an accident, an argument, a painful loss, cheating, or abuse. The protocol is suitable for couples who share the same traumatic experiences in their relationship. This protocol was applied with couples in an emotional relationship. However, it is also possible to work with people who share a common trauma, such as friends, colleagues, siblings, or other family members. It is also possible to apply the EMDR CP with more than two people. For example, all family members can be treated after a traumatic experience of losing a family member.

Individual sessions are conducted to determine which couples are suitable for the EMDR CP. The couples with motivation to sustain the relationship and who do not have overarching individual traumas are treated with EMDR CP.

The CP uses an eight-phase procedure. In phase 1, the couple meet with a therapist to discuss presenting problems. In phase 2, the partners have individual sessions to share their personal experiences with the therapist. If needed, a spouse might receive individual EMDR therapy to address past trauma. In phases 3 through 8, the couple works on shared distressing experiences.

The goal of treatment is to assist couples to achieve the long-term expectations in their relationships, and it is hypothesized that couples will feel less depressed and anxious and have greater relationship satisfaction, as well as feeling secure and hopeful. Unlike many other treatments, such as cognitive behavioral and emotion-oriented approaches, the EMDR CP does not focus on changing negative communication patterns or promoting mutual support. Instead, the focus is on the mutual processing of shared distressing experiences. The AIP model (Shapiro, 2007) predicts that this should reduce or eliminate presenting problems.

The following describes each of the CP phases.

1. *Identifying the Problem*

Couple Session. This phase is the first phase of the standard EMDR protocol, called the "client history phase." The couple who meet the initial inclusion criteria for the EMDR CP attend the first session together. Their history and presenting problems are reviewed, with a discussion about their communication style. Information regarding the couple's traumas and the source of the problem are obtained. Eligibility for the EMDR CP is re-evaluated.

In the relationship assessment, before describing traumatic experiences, the couple identify a general "negative relationship cognition" and a "positive relationship cognition." These are statements about the general condition of the relationship. The relationship negative cognition is a statement of belief about the relationship based on past experiences, and its score reflects the level of disturbance, scored from 0 to 10. The couple identifies this cognition together, and the score is the result of a mutual decision. Likewise, the relationship positive cognition is identified, and the validity score is taken. Examples of the relationship negative cognition are "Our relationship is a relationship without trust" or "Our relationship is an unexciting one." Examples of the relationship positive cognition are "Our relationship is a trustworthy one" or "Our relationship is an exciting one."

The relationship negative cognition is considered an evaluation of the current status, related to all the reasons that led the couple to therapy. The relationship positive cognition is considered the relationship goal. These scores are rechecked in the reevaluation phase that starts every treatment session. Treatment continues until the couples reach an ideal relationship rating (relationship positive cognition validity score = 7 points and relationship negative disturbance = 0 points).

Individual Sessions. In the first phase, both individuals are also evaluated separately. In individual sessions, it is again evaluated how each spouse separately communicates and expresses the problem. The number of individual sessions is determined by the therapist (Wolynn, 2017). Usually, one session is enough. In some cases, more sessions may be required.

In this phase we collect all the usual psychosocial intake information, while viewing the situation thought an AIP lens, to identify earlier experiences which contribute to current problems. The most important purpose of individual sessions is to find out why the couple seeks therapy; whether it is to ease the divorce or improve the relationship. This protocol is appropriate for the couples who are seeking to improve the relationship.

Extra information provided in the individual sessions, events and details that are not appropriate to be known by the other partner, are noted. Each partner, is asked to articulate their personal motivation for couple therapy and it is clarified whether they are suitable for the protocol. In addition, while evaluating their childhood and adolescence, the individual's

personal traumas are identified. If necessary, these personal traumas are addressed and processed with EMDR before EMDR CP is initiated. In necessary cases, more than one session can be conducted with one partner. At this phase, the therapist's decision determines the next steps.

2. *Preparation for EMDR CP*

This phase is the "preparation phase," which is the second phase of the standard EMDR protocol. The couple attends the sessions together. Unlike individual EMDR therapy, the therapist focuses primarily on the relationship. The "safe place" exercise from the individual EMDR protocol is included in the EMDR CP. This is a place *where the relationship and the couple* feel safe together.

Bidirectional stimulation: It is applied to both individuals at the same time. It will be useful to finalize this application method during the safe place formation.

3. *Assessment*

In the standard EMDR procedure, phase 3 is referred to as the "assessment phase." In this phase, the target memory for each session is determined. The target memory should be a collective memory. It can be either a traumatic incident both experienced as external to the relationship, or a traumatic event or conflict between the couples. Even though a memory that is considered a traumatic memory for one spouse may not be a traumatic memory for the other, the partner is also asked to provide information on the target memory, including the worst image, negative cognition (NC), positive cognition (PC), validity of cognition (VOC), emotions, Subjecitive Unit of Disturbance (SUD) score, and bodily sensations.

The NC and PC in the EMDR CP differ from the self-referencing ones used in individual EMDR treatment. In this CP, the cognitions refer to the relationship (see Figure 1). Each spouse gives a separate personal rating for the validity of their preferred PC, indicating how true their cognition feels to them, using the VOC scale (1 = not valid, 7 = totally true). Each spouse also rates the extent of disturbance of the memory with the SUD scale (0 = neutral, 10 = worst possible). The SUD and VOC scores are collected as per standard EMDR procedures (see Figure 1).

4. *Desensitization*

During this phase, bidirectional stimulation is applied at the same time to the couple. The purpose is to provide the integration of the target memory to adaptive memory network. Bidirectional stimulation is performed by the method preferred by the couple. The worst-scene question asked in EMDR for couples aims to find the common worst scene in this protocol. At the end of each memory set, the therapist requests both partners to briefly express the reminiscence and then notes them. The length and speed of the set which are suitable for both partners are determined by the therapist.

5. *Installation*

In the standard EMDR protocol, phase 5 is called "installation." In this phase, by ensuring that the traumatic memory is matched with positive cognition (about the relationship), the goal is to strengthen positive thoughts about their relationship. The individual VOC scores are examined to evaluate the effectiveness of the treatment.

6. *Body Scanning*

The body-scanning phase applied in individual sessions is implemented to both partners at the same time. At this stage, while the couple is sitting, one is seated in a suitable position to give bilateral stimulation to the other, and to then touch each other. It is important that they sit together, so that they may feel safe. The couple may be guided to change the position to sit face to face without holding hands, but tapping the knees of each other. If abreaction is observed in this position again, they sit side by side without touching each other and they are given separate bidirectional stimulation. One EMDR device can be shared. In that case, one is given the headset, while the other uses the hand apparatus. In the case there is no availability of an EMDR device, they can tap their own knees, or the rapid eye movement exercise can be used. The speed of the bidirectional stimulation is determined by the therapist.

7. *Closure*

Each session ends with phase 7, called "closure" in the standard EMDR protocol and "windup" in the CP. The therapist provides feedback to the couple, reminds them of resources they can use during the coming week, asks them to repeatedly perform the safe place exercise together when needed, and explains possible post-session processes. Feedback is expected from the couple. Positive relationship cognitions are discussed; developments and success during the process are highlighted.

8. *Reevaluation*

The following session starts with discussion of the previous session, progress made toward goals, and

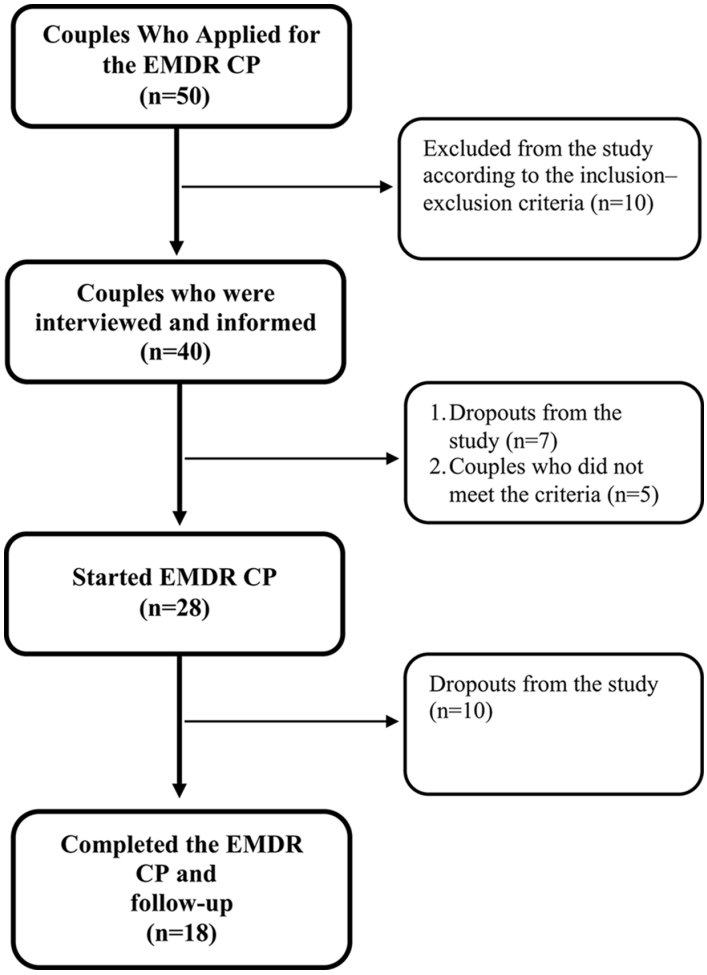


Figure 1. Flow chart of participants included in the study.

relevant events over the previous week. The target for that day's session is identified, and treatment continues with phase 3 or 4, as appropriate.

Method

This study sought to evaluate the effectiveness of the EMDR C P, with couples who were seeking to improve their relationship. It was hypothesized that the treatment would result in improved relationship satisfaction and a decrease in symptoms of depression and anxiety.

Study Design

The clients who applied for couple therapy were evaluated by the program therapist to determine if they met inclusion criteria for the EMDR CP. This evaluation was conducted at intake and after each of the first two phases. Phase 1 included an initial couple session for history taking and treatment conceptualization, and phase 2 provided individual sessions with each partner for additional history taking, plus, if needed, individual EMDR treatment. After this, the couples to be included in the study were asked to sign an informed consent form. Assessment measures were administered before starting the protocol's phase 3, at the end of the treatment, and at 3 months post-treatment. Couples received no additional treatment after completing the protocol. Measures included the Relationship Satisfaction Scale, Beck Depression Inventory, and Beck Anxiety Inventory. The obtained data were processed into the data set and subjected to appropriate statistical analysis.

Participants

Fifty couples applied for treatment. From 50 couples, 40 met initial inclusion and exclusion criteria, and they started phase 1. Following seven dropouts and exclusion of five couples determined to be unsuitable,

28 couples started phase 3. There were 18 couples (18 females and 18 males) who completed the protocol and their data are included in the analyses (see Participant Flow Chart, Figure 1).

The study was conducted at the Institute of Behavioral Sciences in Davranis Bilimleri Enstitusu, Istanbul, Turkey, between 2016 and 2020. The research was approved by the Istanbul Gelişim University Ethics Committee with the IRB approval number 2020-31-35. Participants were included in the study on a voluntary basis as per the inclusion and exclusion criteria.

Inclusion criteria at initial assessment:

1. Being over the age of 18
2. Having a relationship for at least 6 months
3. Volunteering to participate in the study and signing the voluntary consent form
4. Having a traumatic experience that constitutes a problem for the relationship

Exclusion criteria at initial intake:

1. A clear decision on separation, such as a petition for divorce
2. Pregnancy and breastfeeding
3. Presence of major personality pathologies in individuals

Assessment

Suitability assessments were conducted by the treating therapist in phases 1 and 2.

Assessments were conducted with standardized measures before starting phase 3 of the protocol, at the end of treatment, and 3 months after the end of treatment. They were administered by Ceren Kurtay Doğan.

Relationship Satisfaction Scale. It was used to determine the general relationship satisfaction levels of the participants. A high score obtained from the scale indicates a suitable relationship satisfaction. The 5-point Likert type scale consisting of seven items has a one-dimensional structure. The higher the score, the more satisfied the respondent is with his/her relationship. The scale was developed by Hendrick in 1998 (Hendrick et al., 1998). Turkish validity and reliability study was conducted by Çelik in 2014 (Çelik, 2014).

Beck Depression Inventory. It was used to scale the depressive symptoms of the participants. A high score obtained from the scale indicates severe symptoms. Obtainable score from the 4-point Likert type scale consisting of 21 items varies between 0 and 63. Scores of 0–13 are in the minimal depression range, 14–19 mild, 20–28 moderate, and 29–63 severe. Higher total scores indicate more severe depressive symptoms. The scale was developed by Beck in 1961 (Beck et al., 1988); Turkish validity and reliability study was conducted (Hisli, 1988).

Beck Anxiety Inventory. It was used to rate the anxiety symptoms of the participants. A high score obtained from the scale indicates severe symptoms. Obtainable score from the 4-point Likert type scale consisting of 21 items varies between 0 and 63 (Beck & Steer, 1993). Scores of 0–7 are in the minimal anxiety range, 8–15 mild, 16–25 moderate, and 26–63 severe. Higher total scores indicate more severe anxiety symptoms. The scale was developed by Beck. Turkish validity and reliability study was conducted (Ulusoy et al., 1998).

Treatment

The participants received the EMDR CP. It was provided in eight to 22 weekly sessions, of 90 minutes duration, over a 6-month period. Treatment ended when all the target memories in the couple's therapy plan are addressed. Couples did not receive any additional treatment at the institute or from any other therapist during the 3-month follow-up period.

Therapist

All treatment was provided by the second author, Ceren Kurtay Doğan, an experienced psychologist, who developed the EMDR CP. She is trained in various therapy orientations, such as EMDR (Europe Accreditation), sexual therapy, child and adolescent EMDR applications (Level 1), schema therapy, Imago therapy, and strategic family therapy.

Statistical Analysis

All statistical analyses of the study were made via SPSS 22.0. Descriptive analyses were performed as mean ± standard deviation for continuous variables and as a frequency and percentage for categorical variables. Repeated measures ANOVA was used after checking the parametric assumption to compare the values of the scales of the participants in repeated measurements. Effect size is calculated with partial eta squared (η^2). Student *t*-test was used after testing to meet the parametric assumptions in comparing the continuous variables between the two groups. In all analyses, $p = .05$ dual was used as the cut-off value for statistical significance.

Results

The mean age of the participants who completed the study was 36.13 ± 7.51 years and 50% (n = 18) of them were women. The average relationship duration was determined as 7.66 ± 5.58 years. Educational status distribution was found to be 11.1% (n = 4) primary school, 38.9% (n = 14) high school, and 50.0% (n = 18) university; 61.1% (n = 22) of the relationships were marriage, while 16.7% (n = 6) were dating. (Sociodemographic information of the participants is provided in Table 1).

The average number of couple sessions provided to the completing participants was found to be 14.27 ± 4.04.

Attrition

Ten of the 28 couples who began treatment did not complete the study. Three dropped out at the end of the first session, four between sessions 1–5, and three after the sixth session. Various reasons were cited for leaving the study and included moving out of the city, ending the relationship, and COVID.

SUD and VOC Scores

In EMDR therapy, the SUD and VOC scores are taken at the beginning and end of each reprocessing session. A statistically significant difference was found in the comparison of SUD and VOC values before and after the session for each memory ($p < .001$). The mean SUD values were found to be 6.69 ± 1.53 before the session and 0.17 ± 0.38 at the end of the session (t = 56.144, $p < .001$, d = 4.184). The mean of VOC values was 3.20 ± 1.06 before the session and 5.88 ± 0.32 at the end of the session (t = −48.071, $p < .001$, d = −3.582).

Psychometric Scores

As can be seen in Table 2, the participants reported significant positive changes on all three psychometric scales at posttreatment, with results maintained at 3-month follow-up. On the Relationship Satisfaction Scale, pre–post and pre-follow-up comparisons found a significant statistical difference in all participants (F(2, 70) = 974.931, $p < .001$, η^2 = 0.948), for both female (F(2, 34) = 592.269, $p < .001$, η^2 = 0.955) and male (F(2, 34) = 394.593, $p < .001$, η^2 = 0.944) groups (Figure 2).

On the Beck Depression Inventory, pre–post and pre-follow-up comparisons found a statistically significant difference in all participants (F(2, 70) = 59.148, $p < .001$, $\eta^2 = 0.385$), for both female (F(2, 34) = 50.316, $p < .001$, η^2 = 0.532) and male (F(2, 34) = 18.202, $p <$ .001, 0.268) groups (Figure 3). Mean scores were in the mild range at pre-treatment, and in the minimal range at post-treatment and follow-up.

TABLE 1. Sociodemographic Characteristics of the Participants

Variable	Total participant (n = 36)
Age (year; mean ± *SD*)	36.13 ± 7.51
Gender (n (%))	
Female	18 (50%)
Male	18 (50%)
Relationship time (year; mean ± *SD*)	7.66 ± 5.58
Number of children (mean ± *SD*)	0.77 ± 0.98
The number of therapy sessions (mean ± *SD*)	14.27 ± 4.04
Relationship type (n (%))	
Married	22 (61.1%)
Engaged	6 (16.7%)
Dating	8 (22.2%)
Education level (n (%))	
Primary education	4 (11.1%)
High school	14 (38.9%)
University	18 (50.0%)

TABLE 2. Comparison of the Participants' Baseline, Post-EMDR, and Follow-Up Psychometric Scale Scores

Variable		Baseline (I)	Post-EMDR (II)	Follow-up (III)	*F* value	df	*p* value	η^2	Post-hoc
Relationship Assessment Scale	Total	12.08 ± 2.61	29.91 ± 1.64	30.47 ± 1.64	974.931	2.70	**<.001****	0.948	I<II = III
	Female	12.22 ± 2.34	30.33 ± 1.53	30.83 ± 1.82	592.269	2.34	**<.001****	0.955	I<II = III
	Male	11.94 ± 2.92	29.50 ± 1.68	30.11 ± 1.41	394.593	2.34	**<.001****	0.944	I<II = III
	Statistics according to the gender	*t = 0.315 df = 34 p = .755*	*t = 1.550 df = 34 p = .131*	*t = 1.330 df = 34 p = .192*					
Beck Depression Inventory	Total	14.33 ± 5.95	7.88 ± 2.53	7.80 ± 7.80	59.148	2.70	**<.001****	0.385	I>II = III
	Female	16.33 ± 5.76	8.27 ± 2.27	8.05 ± 1.76	50.316	2.34	**<.001****	0.532	I>II = III
	Male	12.33 ± 5.60	7.50 ± 2.79	7.55 ± 2.30	18.202	2.34	**<.001****	0.268	I>II = III
	Statistics according to the gender	*t = 2.112 df = 34 p =* **.042**	*t = 0.917 df = 34 p = .366*	*t = 0.730 df = 34 p = .470*					
Beck Anxiety Inventory	Total	16.11 ± 6.18	10.66 ± 4.58	9.58 ± 3.65	55.116	2.70	**<.001****	0.258	I>II = III
	Female	16.50 ± 6.88	11.22 ± 4.98	10.33 ± 4.32	22.722	2.34	**<.001****	0.205	I>II = III
	Male	15.72 ± 5.56	10.11 ± 4.21	8.83 ± 2.74	31.869	2.34	**<.001****	0.336	I>II = III
	Statistics according to the gender	*t = 0.373 df = 34 p = .712*	*t = 0.722 df = 34 p = .475*	*t = 1.242 df = 34 p = .223*					

η^2: Eta squared effect size value, *: $p < .05$, **:$p < .01$

On the Beck Anxiety Inventory, pre–post and pre-follow-up comparisons found a statistical significant difference for all participants ($F(2, 70) = 55.116$, $p < .001$, $\eta^2 = 0.258$), for both female ($F(2, 34) = 22.722$, $p < .001$, $\eta^2 = 0.205$) and male ($F(2, 34) = 31.869$, $p < .001$, $\eta^2 = 0.336$) groups (Figure 4). Mean scores were in the moderate range at pre-treatment, and in the mild range at post-treatment and follow-up.

A comparison of psychometric scores of female and male participants found no differences between sexes, except on the Beck Depression Inventory, where a statistically significant difference was found before EMDR therapy, with women reporting greater depression ($t = 2.112$, $df = 34$, $p = .042$) (see Table 2).

Discussion

Considering the previous publications about the EMDR application on couples were based on largely case reports or clinical experiences, the results of this study can be considered to make an important contribution to the field of EMDR concerning couples. In the present study, it was observed that there was a significant improvement in the couples' relationship satisfaction, the level of depression, and anxiety symptoms in the data after the protocol was applied.

The decrease in the depressive scores of partners in our study is one of the most important findings. A study in the literature recommends couple therapy

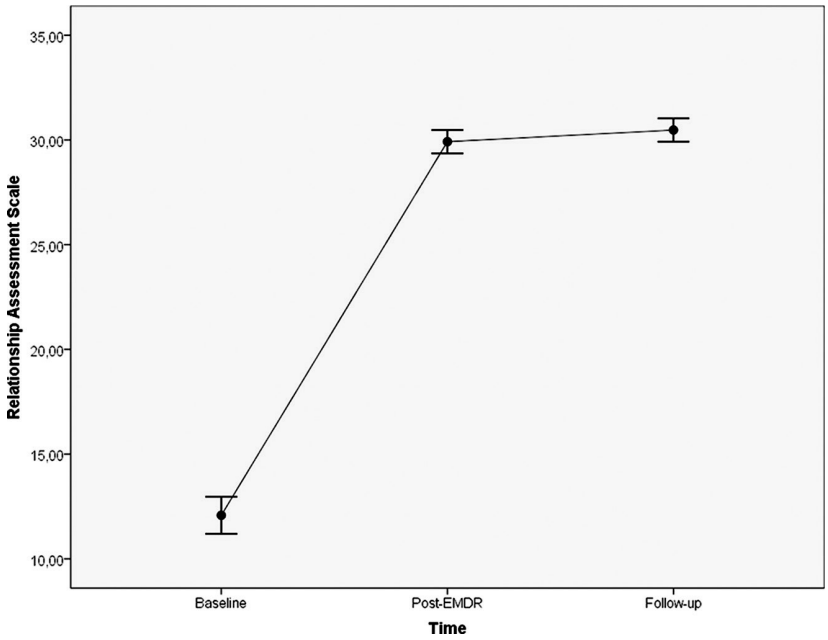


Figure 2. Change of Relationship Assessment Scale by EMDR.

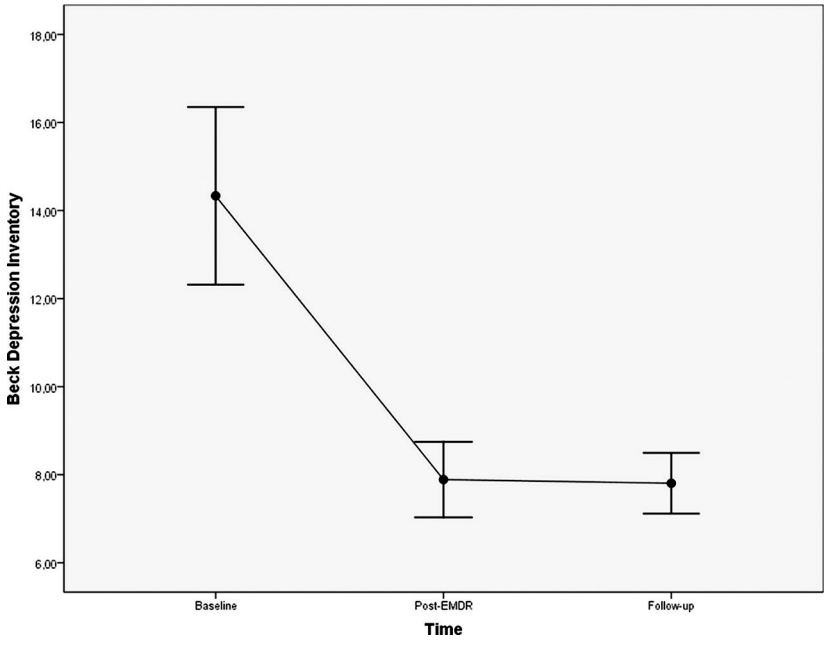


Figure 3. Change of Beck Depression Inventory by EMDR.

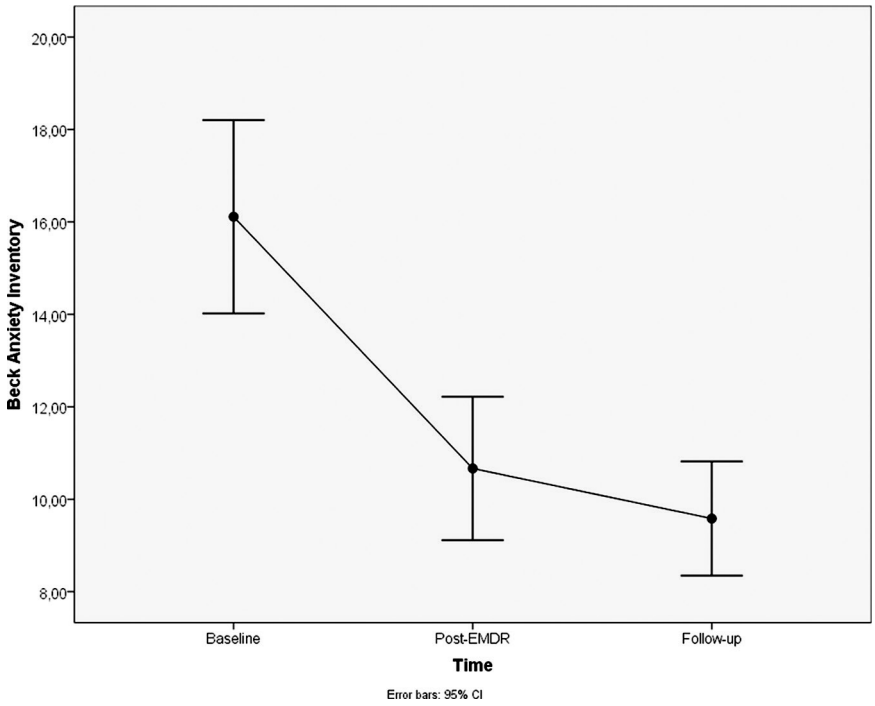


Figure 4. Change of Beck Anxiety Inventory by EMDR

for depressive patients who have a regular relationship with their partner. In the meta-analysis, there is no determined difference found between couple therapy and individual psychotherapy in terms of depressive symptoms and relationship distress (Barbato & D'Avanzo, 2008). Therefore, since the EMDR CP also treats the individual history with an AIP perspective, it may be an important alternative in the treatment of depression for patients with a partner.

Another important finding of our study is that there was no significant difference between the effects on male and female relationship satisfaction and depression and anxiety symptoms. In fact, there was a continuous absence of this difference after the sessions and during the follow-up period. This result suggests that EMDR couple application benefits men and women in a similar way. Along with that, further studies are necessary to demonstrate this result.

Suitability

Couples were assessed for suitability in phases 1 and 2 by Ceren Kurtay Doğan. EMDR CP is suitable for those couples who are motivated and engage with therapy for trauma that has affected their relationship.

Individual sessions are important for suitability. The most important aim at individual sessions is why the couple is participating at the therapy, whether it is to ease the divorce or improve the relationship. This protocol is appropriate for the couples who are willing to improve the relationship. One of the reasons for attrition in this study was a decision to end the relationship.

The EMDR Couple Protocol

The most important difference of this protocol from many other EMDR protocols is that the partners are taken to the session at the same time and bidirectional stimulation is performed simultaneously. Couples who receive the EMDR CP have the opportunity to oversee, accept, recognize, and witness each other's recovery process during the session as they deal with the common wounds that have occurred in the relationship individually and with one another. The therapist plays the role of a facilitator who determines the sequence and the framework in the session most of the time. While the sequence and framework are very important, the core factor is the couple's experience of shared recovery from their mutual wounds and all the possible emotional and physical contacts that occur during the sessions.

An important view that influenced the development of the protocol is Hendrix's (2007) Imago Relationship Theory. He stated that childhood experiences and traumas have an important effect on the choice of spouse/partner. He said that the relationship provides them the opportunity to recover from

childhood experiences and traumas. Imago couple therapy claims that this is why people choose partners who resemble their parents, and who will cause similar wounds or trigger their trauma (Hendrix, 2007). Hendrix's Imago theory can be used to understand many relationship conflicts. This view is supported by Moreno (1953), who stated that an individual who develops symptoms within social relationships will also recover via social relationships.

Another crucial hindrance in advancing couples therapy is the partners' personal resilience. Individual needs or past traumas of partners can prevent mutual work with couples (Astor & Sherman, 1997). An important advantage of the EMDR CP is that it evaluates the partners individually and from an AIP perspective, and applies individual EMDR treatment before working together, if needed. In this way, precautions are taken regarding the potential problems arising from the personal histories of the partners, and that may arise during the couple sessions.

From these points of view, the EMDR CP is a critical intervention for many couples who are eligible to work with this protocol. It can open a blocked therapy process by resolving old familiar detrimental patterns, which had previously prevented progress in therapy and resulted in repetitious cycles. The protocol is a technique, which can be integrated into the therapy process by therapists who work with any couple therapy approach.

Possible Mechanisms. The most likely reason for this result can be considered the effect of desensitization and reprocessing of the shared traumas that the participants experienced together, along with reprocessing of memory networks related to the relationship. The effects of the study are in accordance with predictions from the AIP theory (Shapiro, 2007).

There are also several other possible mechanisms. Another possible reason for the positive treatment effect is the couple sharing a common visualization during the safe place exercise, and setting goals for the relationship together during the therapy process. In addition, the literature has shown a correlation between relationship satisfaction and the time partners spend together (Hirschberger et al., 2009). Therefore, the fact that individuals engaged with each other and spent increased time together during the therapy process may be considered as another important reason. In addition, the EMDR CP contains techniques and approaches from other couple therapies, and these elements may also have contributed to the outcome.

Limitations

The results of the study should be evaluated within some limitations, together with the couple's originality and strengths. The most important limitation is the fact that there was no randomized control group in the study. Another important limitation is the limited priority sampling. In addition, the limited sample size is a hindrance to generalization of the results. Also, the couples' reasons for applying to therapy were not examined. Another important limitation is that the study had no waitlist control group or a comparison group in which a different couple therapy was applied. Therefore, it is not possible to rule out other possible causes for the treatment outcome, such as the passage of time alone, or the time the couple spent together. No mental trauma scales were used in this study. EMDR and AIP theory offer a trauma-focused perspective. In her AIP model, F. Shapiro (2007) hypothesizes that an internal information processing system has evolved to allow people to reorganize their responses to disturbing life events and their initial dysfunctional memories toward an adaptive state. Her AIP theory predicts that improvement would result from the EMDR CP. However, the improvement in the effect on traumatic stress as an intervening variable could not be measured in this study because there was no psychological trauma scale. Another limitation is the loss during treatment of 10 of the 28 couples. Although this seems to be a high rate, it should be noted that the COVID-19 pandemic occurred during the study period. It is also a likely that the risk of attrition is greater in couple therapy, compared to individual treatment, due to couple separations and couple problems.

Conclusion

This study provides preliminary evidence that the application of the EMDR Couple Protocol may increase the couple's relationship satisfaction, for both female and male partners, and may decrease their levels of depression and anxiety. It makes an important contribution to the limited literature on EMDR couple applications. Further studies are considered necessary to evaluate the effectiveness of the EMDR CP, and its possible effects on various variables.

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