

The EMDR Therapy Butterfly Hug Method for Self-Administered
Bilateral Stimulation

By Ignacio Jarero & Lucina Artigas.

August 9, 2020

The EMDR Therapy Butterfly Hug (BH) method for self-administered bilateral stimulation (BLS) was originated by Lucina (Lucy) Artigas during her work with the survivors of Hurricane Pauline in Acapulco, Mexico, 1998 (Artigas, Jarero, Mauer, López Cano, & Alcalá, 2000; Boel, 1999; Jarero, Artigas, & Montero, 2008). In the year 2000, Lucy received the EMDR International Association (EMDRIA) *Creative Innovation Award* for the BH.

The Butterfly Hug method is used during the EMDR Integrative Group Treatment Protocol (EMDR-IGTP; Artigas, Jarero, Alcalá, & López Cano, 2014), and the EMDR-Integrative Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS; Jarero et al; 2015) administration to reprocess traumatic material.

The EMDR-IGTP and the EMDR-IGTP for Ongoing Traumatic Stress (EMDR-IGTP-OTS) with the BH as BLS method has become standard practice for EMDR clinicians in the field while working with survivors of man-made and natural catastrophes or with a population living recent, present or past prolonged adverse experiences (e.g., ongoing or prolonged traumatic stress).

The BH is **not a self-soothing technique**. Desensitization (soothing) is the byproduct of the distressing material processing using the BH as a self-administered BLS method during group or individual EMDR therapy. Since 1998, the year in which Lucina (Lucy) Artigas created the BH in Mexico, it has been used for reprocessing of traumatic memories around the world. Up today, 28 published studies have shown the effectiveness of the EMDR-IGTP and the EMDR-IGTP-OTS using the BH as self-administered BLS method for the reprocessing of pathogenic memories in many populations (e.g., disasters survivors, ongoing geopolitical crisis, child victims of severe interpersonal violence, female survivors of domestic violence, cancer patients, terrorist attacks, ongoing war trauma, refugees). The BH does not have any evidence as a self-soothing technique (SST). Therefore, we respectfully recommend you do not use it as SST.

Instruction for the Butterfly Hug Method

Say, "Please watch me and do what I am doing. Cross your arms over your chest, so that the tip of the middle finger from each hand is placed below the clavicle or the collarbone and the other fingers and hands cover the area that is located under the connection between the collarbone and the shoulder and the collarbone and sternum or breastbone. Hands and fingers must be as vertical as possible so that the fingers point toward the neck and not toward the arms.

If you wish, you can interlock your thumbs to form the butterfly's body and the extension of your other fingers' outward will form the Butterfly's wings.

Your eyes can be closed, or partially closed, looking toward the tip of your nose. Next, you alternate the movement of your hands, like the flapping wings of a butterfly. Let your hands move freely. You can breathe slowly and deeply (abdominal breathing), while you observe what is going through your mind and body such as thoughts, images, sounds, odors, feelings, and physical sensation without changing, pushing your thoughts away, or judging.

*You can pretend as though what you are observing is like clouds passing by. **Stop when you feel in your body that it has been enough and lower your hands to your thighs/legs.***

See the picture in the appendix.

Uses for the BH Method.

During EMDR Therapy.

During the EMDR Therapy Standard Protocol, clinicians have used the BH with children, adolescents, and adults for the reprocessing of their pathogenic memories. Instead of the clinicians being in charge of the bilateral stimulation, clients are asked to do the Butterfly Hug during the Reprocessing Phases (4 to 6), and the three Prong Protocols Past adverse experiences, Present Triggers, and Future Template.

It is thought that the control obtained by clients over their bilateral stimulation may be an empowering factor that aids their retention of a sense of safety while processing pathogenic memories. EMDR clinicians reported that they have used the Butterfly Hug with more debilitated clients who easily get emotionally overwhelmed and dysregulated or with clients with a narrow window of tolerance to keep the clients inside their window of tolerance.

Instruction to the Client.

Say: “Please do the Butterfly Hug...observe what is happening to you...without judging or trying to change it...Stop when you feel in your body that it has been enough and lower your hands to your thighs.”

This takes about 2 or 3 minutes.

Note: Clinical observations show that when using the BH during reprocessing phases, clients' hands change speed or even stop for a moment. Clients report no awareness of this. As a result, it is helpful for clinicians to observe this phenomenon and refrain from instructing clients to keep doing the bilateral stimulation. The authors hypothesize that the Adaptive Information Processing (AIP) system is regulating the stimulation to maintain clients in their window of tolerance and allow appropriate reprocessing. According to Shapiro (2001; 2018), the intrinsic AIP system and the client's own associative memory networks are the most effective and efficient means to achieve optimal clinical effects.

For Online EMDR Therapy (TeleMental Health).

Sometimes circumstances do not allow the physical presence of our clients during therapy (e.g., pandemics, epidemics, war, or disaster zones, moving away to a distant city). Under those circumstances' clinicians have reported the use of the Butterfly Hug during EMDR therapy reprocessing phases.

The specific instruction is:

Say: "Please do the Butterfly Hug...observe what is happening to you...without judging or trying to change it...Stop when you feel in your body that it has been enough and lower your hands to your thighs."

During the EMDR-IGTP or the EMDR-IGTP-OTS

In the EMDR-IGTP and the EMDR-IGTP-OTS, the Butterfly Hug is used to work with small (3-10; e.g., families) or large groups (11-100) of children, adolescents, and adults to reprocess traumatic events. During this process, participants are under the close supervision of EMDR therapist that form the Emotional Protection Team (EPT; Adúriz et al., 2009; Jarero & Artigas, 2009, 2010; Jarero et al., 1999; Jarero et al., 2006; Jarero et al., 2008).

With Palestinian children from a refugee camp city in Bethlehem, the EMDR-IGTP with the Butterfly Hug as BLS method appeared to foster resilience for children exposed to ongoing war trauma (Zaghrou-Hodali, Alissa, & Dodgson, 2008).

Dr. Francine Shapiro (2001) mentions: *"The Butterfly Hug has been used successfully to treat groups of traumatized children in Mexico, Nicaragua and in the Kosovar refugee camps"* (P. 284).

To strength the Safe/Calm Place

Say, "Now, please close your eyes and use your imagination to go to a place where you feel safe or calm. What images, colors, sounds, and so forth do you see in your safe place?"

After the answer, say, "Please do the Butterfly Hug Only 6 to 8 times while you concentrate on your safe/calm place."

Note: Do the BH only 6 to 8 times to prevent taxing the working memory and decrease the positive vividness of images and emotions/body sensations.

The following is optional.

Say, "Now, please take out your paper and draw the Safe/Calm Place that you imagined. When you are finished, please do the Butterfly Hug 6 to 8 times while looking at your drawing."

Say, “*You are welcome to take your picture home and you can use it with the Butterfly Hug whenever you need to feel better.*”

Between EMDR Sessions.

Once the patients/clients (children, adolescents or adults) have learned the Butterfly Hug, they can be instructed to take this method with them to use between sessions, to desensitize any current highly disturbing emotions/feelings and/or physical sensations when the self-soothing techniques do not work fast enough or are not effective.

Note: Over the past 24 years, field observations and client reports have shown that if an internal trigger (e.g. flashback, nightmare, intrusive thoughts, etc.) or external ongoing stressors (e.g. aftershocks, sudden confrontation with the aggressor, etc.) elicit a high level of distress (SUD=6-10/10), self-soothing techniques do not work fast enough or do not work at all for certain clients (Jarero, Artigas & Luber, 2011). In these situations, the authors believe that the use of the BH could be a desensitization procedure. This could be explained by the working memory account (Maxfield, Melnyk, & Hayman, 2008).

Say, “*Now that you have learned the Butterfly Hug you can use it anytime when you are having disturbing emotions/feelings and/or physical sensations and your soothing techniques do not seem to be effective...Remember to observe what is happening to you...without judging or trying to change it...Stop when you feel in your body that it has been enough and lower your hands to your thighs.*”

For Resource Installation and Other Uses

To anchor positive affect, cognitions, and physical sensations associated with resources from any of the Resource Development Protocols or Guided Imagination technique. Do the BH only 6 to 8 times.

Teachers in a Guatemalan school for child victims of parental violence tell the children that they can feel God’s love through the Butterfly Hug.

For Laub and Bar-Sade (2009), the Butterfly Hug “*becomes an attachment cue as it is connected to the soft touch of mommy or daddy or a good loving hug* (p. 292).”

Roy Kiessling (personal communication, 2009) mentioned that on occasions when a child wants a hug from a parent, clinicians can introduce the Butterfly Hug to parents in the following way:

Say, “*As you are holding your child sitting in your lap, cross your arms in front or behind, depending upon whether your child is facing, or his/her back is towards you, then, hug and tap.*”

With very young children, Kiessling asks the parent to do the following:

Say, “Hold your baby with (his/her) head against your chest or looking over your shoulder. Using your thumb and little finger of the hand resting on your child’s shoulder, tap alternately on (his/her) shoulders.

Other professionals have used this method as a substitute for touching clients (especially useful in COVID-19 times) and they might say, **“Please give yourself a Butterfly Hug for me.”**

During in Vivo Exposure.

During in vivo exposure, use the Butterfly Hug to process the traumatic experience. For example, in the Quiche’s region of Guatemala, people who are witnessing the burial of their relatives use the Butterfly Hug to comfort themselves and to cope with the experience.

Recently, March 29, 2020, during the Coronavirus (COVID-19) pandemic, in Spain the relatives could not attend the funeral of their loved ones but received online support of their friend doing the Butterfly Hug all together on the computer screen.

As a Self-Care Method

Clinicians working in their office or EMDR therapy early intervention team members working in the field can run a mental movie of the day’s activities while doing the Butterfly Hug, to facilitate the AIP system to process any distressful information through somatic, visual, auditory, olfactory, gustatory, and tactile channels (Jarero & Uribe, 2014).

We invite you to see this video with a full explanation.
<https://www.youtube.com/watch?v=BG15QOFHtbE&feature=youtu.be>

Special Cultural Situations

Based on the authors’ field experience teaching EMDR Early Intervention Protocols to students from 67 different countries around the world, they believe that in certain cultural situations in which the eye movements could be interpreted as witchcraft, spell, shamanic ritual, or hypnosis and increase stress and anxiety in the patients, the Butterfly Hug could be a feasible alternative to making EMDR therapy intervention available (about Melville, 2003).

REFERENCES.

Aduriz, M.E., Knopfler, C., & Bluthgen, C. (2009). Helping child flood victims using group EMDR intervention in Argentina: Treatment outcome and gender differences. *International Journal of Stress Management*, 16(2), 138-153.

Artigas, L., Jarero, I., Mauer, M., López Cano, T., & Alcalá, N. (2000, September). *EMDR and Traumatic Stress after Natural Disasters: Integrative Treatment Protocol and the Butterfly Hug*. Poster presented at the EMDRIA Conference, Toronto, Ontario, Canada.

Artigas, L., Jarero, I., Alcalá, N., & López Cano, T. (2014). The EMDR Integrative Group Treatment Protocol (IGTP) for Children. In M. Luber (Ed.). *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters* (pp. 237-251). New York, NY: Springer.

Boel, J. (1999). The Butterfly Hug. *EMDRIA Newsletter*, 4(4), 11-13.

Jarero, I., & Artigas, L. (2009). EMDR Integrative Group Treatment Protocol. *Journal of EMDR Practice & Research*, 3 (4), 287-288.

Jarero, I., & Artigas, L. (2010). The EMDR Integrative Group Treatment Protocol: Application with Adults During Ongoing Geopolitical Crisis. *Journal of EMDR Practice and Research*, 4(4), 148-155.

Jarero, I., & Uribe, S. (2014). Worst Case Scenarios in Recent Trauma Response. In M. Luber (Ed.). *Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets*. Springer.

Jarero, I., Artigas, L., & Hartung, J. (2006). EMDR integrative group treatment protocol: A post-disaster trauma intervention for children & adults. *Traumatology*, 12, 121-129.

Jarero, I., Artigas, L., & Luber, M. (2011). The EMDR protocol for recent critical incidents: Application in a disaster mental health continuum of care context. *Journal of EMDR Practice and Research*, 5(3), 82-94.

Jarero, I., Artigas, L., Mauer, M., López Cano, T., & Alcalá, N. (1999, November). *Children's post-traumatic stress after natural disasters: Integrative treatment protocol*. Poster presented at the annual meeting of the International Society for Traumatic Stress Studies, Miami, FL.

Jarero, I., Artigas, L., Montero, M. (2008). The EMDR integrative group treatment protocol: Application with child victims of a mass disaster. *Journal of EMDR Practice and Research*, 2, 97-105.

Iberoamerican Journal of Psychotrauma and Dissociation
Revista Iberoamericana de Psicotraumatología y Disociación
Volumen 11, Number 1.
www.revibapst.com

Jarero, I., & Artigas, L., Uribe, S., García, L, E., Cavazos, M.A., & Givaudan, M. (2015). Pilot Research Study on the Provision of the EMDR Integrative Group Treatment Protocol with Female Cancer Patients. *Journal of EMDR Practice and Research*, 9(2), 98-105.

Laub, B, and Bar- Sade, E. (2009). The Imma EMDR Group Protocol. In M. Luber (Ed.) *Eye Movement desensitization and reprocessing (EMDR) scripted protocols: Basic and Special Situations* (p.292.). New York. Springer.

Maxfield, L., Melnyk, W.T., & Hayman, C.A.G. (2008). A working memory explanation for the effects of eye movements in EMDR. *Journal of EMDR Practice and Research*, 2(4), 247-261.

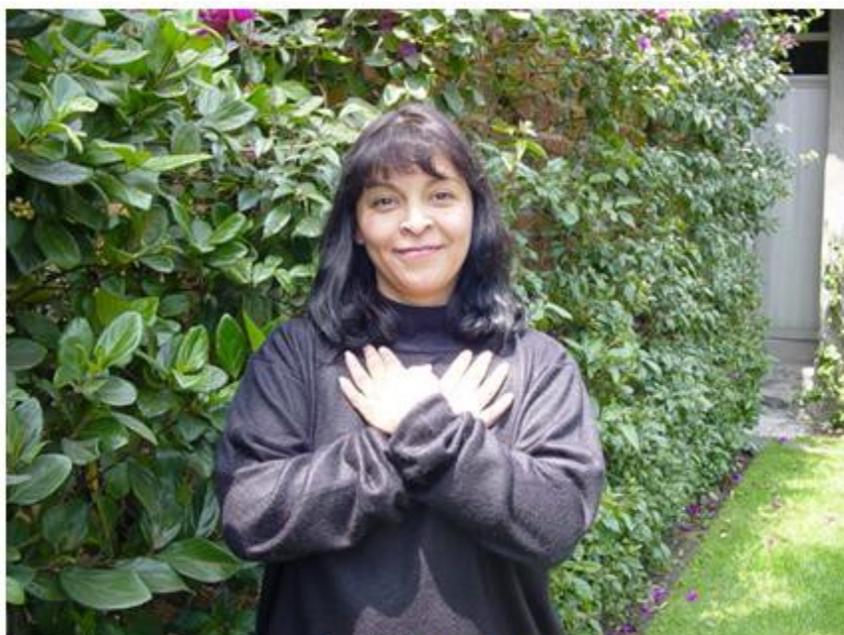
Melville, A. (April 2003). Psychosocial Interventions: Evaluation of UNICEF supported projects (1999-2001). UNICEF Indonesia:

Shapiro, F. (2001). *EMDR Basic Principles, Protocols, and Procedures. Second Edition*. New York: Guilford Press.

Shapiro, F. (2018). *EMDR Basic Principles, Protocols, and Procedures. Third Edition*. New York: Guilford Press.

Zaghrou-Hodali, M., Alissa, F., Dodgson, P. (2008). Building resilience and dismantling fear: EMDR group protocol with children in an area of ongoing trauma. *Journal of EMDR Practice and Research*, 2, 106.

Tere Paredes Doing the Butterfly Hug.



Derechos Reservados y es
Confidencial

Iberoamerican Journal of Psychotrauma and Dissociation
Revista Iberoamericana de Psicotraumatología y Disociación
Volumen 11, Number 1.
www.revibapst.com