

The Butterfly Hug Method for Bilateral Stimulation

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The Butterfly Hug method was originated and developed by Lucina 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). The Butterfly Hug had become standard practice for clinicians in the field while working with survivors of man-made and natural catastrophes.

The “Butterfly Hug” (BH) is a self-administer Bilateral Stimulation (BLS) method (like the eye movement or tapping) to process traumatic material for an individual or for group work. Desensitization (self-soothing) is a reprocessing byproduct using the BH as BLS.

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.”

See picture at the appendix.

Uses for This Method.

During the Standard EMDR Protocol.

During the EMDR Standard Protocol, clinicians have also used it with adults and children to facilitate primary processing of a fundamental traumatic memory or 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).

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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 traumatic memories. Clinicians report that they have used the Butterfly Hug with clients with debilitated ego structure because it produces less abreaction than other bilateral stimulation methods.

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 had 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 while recounting the incident. 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’ assumption is that the Adaptive Information Processing system is regulating the stimulation in order to maintain clients in their window of tolerance and allow appropriate reprocessing. According to Shapiro (2001), the intrinsic Adaptive Information Processing (AIP) system and the client’s own associative memory networks are the most effective and efficient means to achieve optimal clinical effects.

Another way to use this method during Phase 4 (Desensitization) is that clinicians could ask the client to recount the event out loud or run a movie from just before the incident took place up to the present while doing the BH.

Say, “Please tell the story out loud while you are doing the Butterfly Hug from just before the incident took place up until the present.”

If the person does not want to tell the story out loud for personal, legal or national security reasons, ask them to say the following:

Say, “Please run a movie in your head while you are doing the Butterfly Hug from just before the incident took place to the present. Please let me know when you finish.”

Use this method during Phase 6 (Body Scan) if clients report any distressing body sensations after the body scan. If so, then ask them to observe it while doing the BH, until whatever is causing the distress is gone.

Say, “Please do the Butterfly Hug while just noticing what happened, without judging it and without trying to change it. Stop when whatever was distressing you has gone away.”

During Web-Based EMDR therapy.

Sometimes circumstances do not allow the physical presence of our clients during therapy (e.g., war or disaster zones, moving away to a distant city), under those circumstances clinicians has report that they have used the Butterfly Hug for Bilateral Stimulation during reprocessing phases.

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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 had been enough and lower your hands to your thighs.”*

During the EMDR Integrative Group Treatment Protocol (EMDR-IGTP)

In the EMDR-IGTP, the Butterfly Hug is used to work with children, adolescents and adults who have survived traumatic events, to process primary traumatic memory. During this process, the children, adolescent or adults are under the close supervision of mental health professionals who form the Emotional Protection Team (Adúriz et al., 2009; Jarero & Artigas, 2009, 2010; Jarero et al., 1999; Jarero et al., 2006; Jarero et al., 2008).

Say: *“Please leave your crayons aside and 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 had been enough and lower your hands to your thighs.”*

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

To install 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 or calm place.”*

Note: Do the BH only 6 to 8 times in order to prevent more stimulation that could decrease the vividness of the Safe/Calm Place or open associated channels with distressing material.

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.”*

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Field observations and client reports show 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 mechanism. This could be explained by the working memory account (Maxfield, Melnyk, & Hayman, 2008).

Once the patients or clients (children 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 affect that arises when the self-soothing techniques do not work fast enough or are not effective.

Say, “Now that you have learned the Butterfly Hug you can use it anytime that you are having disturbing feelings and your soothing techniques do not seem to be effective.”

For Resource Installation.

To anchor positive affect, cognitions, and physical sensations associated with resources from any of the Resource Development Protocol/s or “guided images” produced by the technique of “guided imagination” and BLS is appropriate. 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.

During the Pasta de Conchos mine tragedy in Mexico in 2006, a paramedic stabilized and saved the life of a mine engineer who was having a heart attack using 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 occasion, 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 has the parent 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 and they might say, **“Please give yourself a Butterfly Hug for me.”**

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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.

To Prevent Secondary Traumatization

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 Adaptive Information Processing (AIP) system to process any distressful information through visual, auditory, olfactory, gustatory, and tactile channels (Jarero & Uribe, 2014).

Special Cultural Situations

Based on the authors' field experience teaching EMDR Early Intervention Protocols to students from 63 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 (in reference to Melville, 2003).

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Appendix.



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Teresa Paredes doing the Butterfly Hug.