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# The EMDR Therapy Butterfly Hug Method for Self-Administer Bilateral Stimulation Technical Report

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# The EMDR Therapy Butterfly Hug Method for Self-Administered Bilateral Stimulation By Ignacio Jarero & Lucina Artigas.

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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 [1-3]. In the year 2000, Lucy received the EMDR International Association (EMDRIA) *Creative Innovation Award* for the BH method.

The Butterfly Hug method is used in the in-person and online versions of the EMDR Integrative Group Treatment Protocol (EMDR-IGTP), the EMDR-Integrative Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS), the EMDR Therapy Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI), and the ASSYST Treatment Procedures, to reprocess the distressing/traumatic material [4-10].

The BH method has become standard practice for EMDR clinicians in the field while working with survivors of man-made and natural disasters or with populations living recent, present, or past prolonged adverse experiences (e.g., ongoing or prolonged traumatic stress).

From the Working Memory Theory perspective, the Butterfly Hug is a Dual Attention Stimulation (DAS) method that effectively loads the Working Memory due to all the motor activities it implies, while at the same time, the patient has the distressing/pathogenic memory in mind. Therefore, fewer resources will be available to recall the memory, rendering it less vivid and emotionally charged [11-15].

The BH **is not a self-soothing technique**. Desensitization (soothing) is the byproduct of the distressing/pathogenic material reprocessing using the BH as a self-administered BLS method during group or individual EMDR clinical practice.

As of today, **12 peer-reviewed published studies** have demonstrated the BH's effectiveness as a method of self-administered EB for the reprocessing of pathogenic memories [23-34].

In an article published in December 2021, the authors mention that when a person is in a state of anxiety and psychological tension, the **Butterfly Hug Method** can activate the Limbic Hypothalamus Pituitary Adrenal Axis (LHPA), which stimulates the hypothalamus and causes the corticotrophin-releasing hormone (CRH) secretion. This causes the activation of the Adrenocorticotrophin hormone (ACTH), which stimulates the production of serotonin and endorphin hormones, decreasing anxiety and making individuals feel relaxed, safe, and better sleep [16].

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### **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 sensations, without changing, judging, or pushing your thoughts away.*

*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 lap.***

See the picture in the appendix.

### **Uses for the BH Method.**

#### **During EMDR Therapy.**

During EMDR Therapy, 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/patients 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/patients 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 to keep the clients/patients inside their window of tolerance.

Instruction to the Client/Patient.

***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 lap."***

This takes about 2 or 3 minutes.

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Note: Clinical observations show that when using the BH during reprocessing phases, clients' hands change speed or even stop momentarily. 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 regulates the stimulation to maintain clients in their window of tolerance and allow appropriate reprocessing. According to Shapiro [17-18], 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 and the ASSYST Treatment Procedures.

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 lap."*

### **During the EMDR-IGTP, the EMDR-IGTP-OTS, and the ASSYST Treatment Procedures for Groups.**

During the EMDR-IGTP, the EMDR-IGTP-OTS, and the ASSYST Treatment Procedures for Groups, 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 the clinicians who form the Emotional Protection Team.

Dr. Francine Shapiro [17] stated: *"The Butterfly Hug has been used successfully to treat groups of traumatized children in Mexico, Nicaragua, and in the Kosovar refugee camps"* (P. 284).

With Palestinian children from a refugee camp in Bethlehem, the EMDR-IGTP with the Butterfly Hug as BLS method appeared to foster resilience for children exposed to ongoing war trauma [19].

### **To strengthen 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?"*

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

Note: Do the BH only six times to prevent taxing the working memory and decrease the positive vividness and somatic/emotional charge.

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The following is optional.

**Say, “Now, please take out your paper and draw the Safe/Calm Place you imagined. When you are finished, please do the Butterfly Hug 6 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 Therapy 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 distressing emotions/feelings and/or physical sensations when the self-soothing techniques do not work fast enough or are not effective.

Note: Over the past 25 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 patients. In these situations, the authors believe that the use of the BH could be an effective desensitization procedure.

**Say, “Now that you have learned the Butterfly Hug, you can use it anytime when you are having distressing emotions/feelings and/or physical sensations and your self-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 lap.”**

Note: The patients can do the BH while walking to increase the Working Memory taxation.

## **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 techniques. Do the BH only 6 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 [20], 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.”**

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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 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.

On March 29, 2020, during the Coronavirus (COVID-19) pandemic, in Spain, relatives could not attend the funeral of their loved ones but received online support from their friends 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 [21].

See the scripted protocol at <https://tinyurl.com/ym93rjtz>

## **Special Cultural Situations**

Based on the authors’ field experience teaching EMDR Protocols for Early Intervention and Prolonged Adverse Experiences to students from 70 different countries around the world, they believe that in certain cultural situations in which the eye movements could be interpreted as witchcraft, spells, shamanic rituals, or hypnosis and increase stress and anxiety in the patients, the Butterfly Hug could be a feasible alternative to making EMDR therapy intervention available [22].

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