The Butterfly Hug.

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“This content will appear in: Implementing EMDR Early Mental Health Interventions for Man-Made and Natural Disasters: Models, Scripted Protocols, and Summary Sheets, used by permission from Springer Publishing Company, 2013”

The Butterfly Hug was originated and developed by Lucina Artigas during her work performed with the survivors of Hurricane Pauline in Acapulco, Mexico, 1998 (Artigas, Jarero, Mauer, López Cano, & Alcalá, 2000; Boel, 1999; Jarero, Artigas, & Montero, 2008).

For the origination and development of this method, in 2000, Lucina Artigas was awarded the Creative Innovation Award by the EMDR International Association. In Francine Shapiro’s 2001 EMDR text, she wrote, “The Butterfly Hug has been successfully used to treat groups of traumatized children in Mexico, Nicaragua and Kosovar refugee camps” (Shapiro, 2001, p. 284). 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 Script.

The “Butterfly Hug” (BH) provides a way to self-administer Dual Attention Stimulation (DAS) for an individual or for group work.

Say, “Would you like to learn an exercise that will help you to feel better?”
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.

Now 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.”

**Uses for This Method.**

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 6-8 times while you concentrate on your safe or calm place.”

When working with the EMDR-Integrative Group Treatment Protocol (EMDR-IGTP), the Emotional Protection Team (EPT) members are spaced around the group so that they are able to hear the child’s answers. Sometimes, children will say their answers out loud, giving the members of the team the chance to respond to each individual as needed. It is important to observe the children to make sure that they are able to follow the directions of the EPT and to imagine the safe or calm place. Members of the EPT can be alert and quietly go up to a participant to help as needed.

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.”

Make sure to notice the children’s responses. There is no talking during this time so that the children are not taken out of their process. As with any other Bilateral Stimulation (eye movement, tapping, sounds), sometimes the mind associates to negative material, therefore, it is important to monitor the effects.
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, whether to desensitize any current highly disturbing affect that arises when the self-soothing techniques are not effective, to reground with their safe or calm place or simply to help them get to sleep more easily.

Note: 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 -as a self-administered dual attention stimuli- could be a desensitization mechanism. 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 that you are having disturbing feelings and your soothing techniques do not seem to be effective, or you want to go back to your Safe Place? You can also use it to get to sleep more easily. Do you have any questions before we stop for today?”


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There are many other uses for the Butterfly Hug such as the following:

**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 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.

Self-Soothing.

Use of the Butterfly Hug in session with the therapist can be a self-soothing experience for many trauma-therapy clients. For instance, the therapist might say, “Would you like to use the Butterfly Hug while you are telling me what happened?”

Other professionals have used this method as a substitute for touching clients and they might say, “Please give yourself a Butterfly Hug for me.”

Standard EMDR Protocol.

During the EMDR Standard Protocol, some 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. It is thought that the control obtained by clients over their contralateral stimulation may be an empowering factor that aids their retention of a sense of safety while processing traumatic memories.
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 information processing system and the client’s own associative memory networks are the most effective and efficient means to achieve optimal clinical effects.

- To use this method during Phases 4 (Desensitization) and 5 (Installation), clinicians ask the participants to recount the event out loud 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, “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.”

- Clinicians report that they have used the Butterfly Hug with clients with debilitated egos because it produces less abreaction than other bilateral stimulation techniques.

**In Vivo Exposure.**

- During in vivo exposure, use the Butterfly Hug to process the 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.

**EMDR Integrative Group Treatment Protocol (EMDR-IGTP)**

- In the EMDR-IGTP, the Butterfly Hug is used to work with children and adults who have survived traumatic events, to process primary traumatic memory, including the death of family members. During this process, the children and adults are under the close supervision of mental health professionals who form the Emotional Protection Team.
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).

Secondary Traumatization Prevention.

Clinicians could use the Butterfly Hug simultaneously with their clients as an aid to prevent secondary traumatization. For instance, the Adaptive Information Processing system stimulation could facilitate the adaptive processing of the information for clients as well as for clinicians.

REFERENCES.


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