

The History of the Butterfly Hug and the First EMDR Group Protocol in the World

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Before our training as EMDR clinicians, we were working as a couple therapists using systemic, Jungian, and body-oriented approaches. We can remember how frustrated we felt when treating clients with posttraumatic stress disorder (PTSD) with these approaches without any success.

Our first encounter with EMDR therapy was in 1997. We attended a family therapy conference, and as we walked through the halls, we saw a small sign at the entrance to one of the classrooms that said “EMDR.”

We entered the room out of pure curiosity. An American woman gave a talk on EMDR to the dozen or so attendees. At the end of the lecture, we approached her, and she told us that she had been trained by the creator of EMDR, Dr. Francine Shapiro, and that she had her permission to train others.

At the time, we didn't know she was lying to us, so we went to her house and received the “Level 1 Training.” Finally, we completed the official EMDR therapy training in September 1998.

The fortuitous encounter we had with EMDR therapy in 1997 changed our lives. We remember that during the drive home after our fieldwork in Acapulco early in 1988, we made two transformative decisions: the first was to dedicate our professional lives to alleviating human suffering caused by trauma through EMDR therapy, and the second was to achieve this through humanitarian work.

In this regard, through our most recent humanitarian project, called the ASSYST HEART, from March 2022 to December 2025, nearly 12,000 specialized mental health providers from 57 countries have been trained pro-bono, supporting countless children, adolescents, and adult survivors of catastrophic scenarios worldwide.

On October 8, 1997, Hurricane Pauline devastated the coasts of the Mexican states of Oaxaca and Guerrero, becoming one of the deadliest, most destructive, and costliest hurricanes in the country's history.

Seeing the scenes of devastation on television, we felt a “fire in the belly,” an urgent need to help. So, we organized the first humanitarian aid effort of our lives. In January 1998, we arrived in Acapulco (the capital of the state of Guerrero) with very little knowledge of EMDR and none of early intervention, but with a great desire to help.

On the first working day, we arrived at the “Casa de la Cultura” (House of Culture), and over 200 people were waiting for us. We decided to teach self-soothing techniques. At the end of the day, Nacho was leading an exercise called the Light Stream, and he asked Lucy to bring it to a close. She was happily playing with a small 4-year-old boy who, between laughs and spontaneous hugs, asked her. *When you return home ... who will hug me? ...* She put herself in the center of the circle of people... And, in a moment of inspiration, she answered him with the Butterfly Hug.

A few days later, the state government asked us to help children from a school two hours away from Acapulco. When we arrived, we were informed that the hurricane had destroyed the school and that the children were taking classes under a mango tree, using long wooden tables. While Nacho was talking with the teachers and thinking about how we could provide individual EMDR therapy for dozens of children, Lucy started playing with a small group of them.

They sat in a circle around Lucy under a mango tree as a roof and sea sand as a floor. She asked the children if they remembered the Hurricane, and all of them said yes. Then, she asked if they still felt afraid, and all of them said yes.

Lucy asked them to use their fingers and draw in the sand how they felt at that moment. Once the children finished the drawing, Lucy taught them the Butterfly Hug and instructed them to let whatever happened happen and to stop when they felt in their bodies that it was been enough. Once the children stopped the Butterfly Hug, she asked them to erase the drawing and draw how they felt at that moment.

She repeated this procedure a few times, then asked the children to remember the hurricane again and whether they still felt the fear. The children's answer was not at all. Then the children returned to play, and Lucy approached Nacho and said, "*I know what to do to help these children.*" At that moment, the first EMDR therapy Group Protocol in the world was born.

We had three main early challenges; the first one was that EMDR therapy was practically unknown in Latin America. The second one was that we were totally unknown in Latin America, and the third one was that there was no research on group EMDR therapy worldwide.

In 1998, we sent Dr. Francine Shapiro photos and a description of our work in Acapulco by regular mail. She was fascinated and suggested that we conduct research. We remember saying to her, "*What is the purpose of research, Dr. Shapiro, if we already saw the amazing results?*" Her answer was, "*You must conduct research to solidify your work in the eyes of the world, to have it declared empirically validated by the large international organizations such as UNICEF, then thousands of thousands more will be healed in the coming years*".

And we follow her suggestion, encouraging and guiding others to conduct research. The result was that as of today, our protocols and treatment interventions have over 100 peer-reviewed publications in international academic journals spanning in nearly 60 clinical populations, making them the most researched in the EMDR early intervention and ongoing traumatic stress field.

Since 1998, we have faced four main challenges in providing EMDR therapy in the field to individuals affected by natural or human-caused disasters and conducting research. Those main challenges have led to breakthroughs in the field of EMDR therapy.

The first one, as we mentioned earlier, was in 1998, after Hurricane Pauline. The challenge was how to provide individual EMDR therapy in a group format to alleviate the suffering of many people with a limited number of EMDR clinicians.

The solution was the development of the EMDR integrative group treatment protocol (EMDR-IGTP) for early intervention, and the EMDR Butterfly Hug method for self-administered bilateral stimulation.

At that time, we had no formal training in conducting research, and we had to learn how to do so in such difficult circumstances, with highly mobile populations and the ethical mandate to provide therapy to all study participants. The answer was to conduct randomized controlled trials with four assessment times and with two arms: the immediate treatment group and the delayed treatment group, rather than a waitlist control group.

The second challenge was a few years later, when we realized that many populations were living with recent, present, or past prolonged adverse experiences, which produce life-lasting, ongoing, or prolonged traumatic stress.

To address these populations, we developed and researched the EMDR-IGTP for Ongoing Traumatic Stress (EMDR-IGTP-OTS) and the EMDR Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI).

The third one was right after the September 19, 2017, earthquake in Mexico City, and the challenge was how to treat and conduct research on acute stress disorder and posttraumatic stress disorder intrusion symptoms to regulate the autonomic nervous system of thousands of survivors in an efficient, effective, and secure way. The answer was the acute stress syndrome stabilization (ASSYST) treatment interventions.

And the fourth one was the COVID-19 pandemic, during which we developed and conducted research on online versions of the protocols and treatment interventions we previously mentioned.

Today, we are ready for the next challenge...

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