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Healing the Body through Awareness, and Expression: The Polyvagal Theory, and the
Expressive Arts in Therapy with Women Who Have Been Abused: A Literature Review

Capstone Thesis

Lesley University

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Specialization: Expressive Arts

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Abstract

There are women who are survivors of abuse who aren't receiving the appropriate therapeutic treatment. These survivors are not healing from their trauma that is held in their bodies. This is a literature review on the polyvagal theory, and the expressive arts in therapy with women who've been abused while also integrating intersectionality. The review further explores the most appropriate ways to implement the polyvagal theory in therapy with survivors, as well as the expressive arts. The review explores body-oriented therapeutic interventions as well; Specific interventions include, autonomic art mapping, show and tell, musical mapping, and movement, which the body is the main focus. Emotional and artistic expression helps survivors of abuse cope with the psychological effects that was caused by the abuse. Major search terms used were, polyvagal theory, women, abuse, expressive arts, and body-oriented psychotherapy. Findings from the review revealed three major themes/approaches to be beneficial, which were the body, polyvagal theory, and expressive art therapy. The polyvagal theory and the expressive arts, combined, are a great tool for allowing survivors to be more present in their bodies and to be able to self-regulate, by understanding where they find themselves in their bodies when they are triggered. Conclusions show a potential model of treatment that can be offered for this population.

Keywords: Abuse, Body, Polyvagal Theory, Expressive Arts, Women

Healing the Body through Awareness, and Expression: The Polyvagal Theory and the Expressive Arts in Therapy with Women Who Have Been Abused

Introduction

There has been an increase of evidence from research that demonstrates that violence against women is highly prevalent (Garcia, 2005). There is revised data that demonstrates that the estimated number of women killed by intimate partners or family members in 2012 was 48,000, and the annual number of female deaths worldwide resulting from intimate partner/family-related homicide is increasing (UNODC, 2018). One in three women globally experience some form of victimization in childhood, adolescence, or adulthood (Garcia, 2005). Women are being abused at a high risk whether it's from their partner, family members, or strangers, and forty-four percent to as many as eighty-five percent of American women have experienced sexual harassment at some point in their lives (Salazar, 2002). Recent evidence from the national crime victimization survey showed that certain crimes against women especially those committed by intimates are increasing (Salazar, 2002). This is an issue that is global, and women are more likely to die in the hands of someone that they know; someone who they'll typically trust. 58 per cent of all female homicide victims reported globally in 2017 were killed by intimate partners or family members, and little progress has been made in preventing such murders (UNODC, 2018).

A total of 87,000 women were intentionally killed in 2017 and, more than half of them, 50,000 were killed by intimate partner's or family members (UNODC, 2018). This means that 137 women across the world are killed by a member of their own family every day. More than a third, 30,000 of the women were intentionally killed in 2017 by their current or former intimate partner (UNODC, 2018). Women continue to carry the heaviest burden of deadly victimizations

as a result of gender stereotypes and inequality. Women who are killed by intimate partners are not usually a result of random or spontaneous acts, but from prior gender-related violence, such as jealousy and fear of abandonment, which result in these violent motives (UNODC, 2018). Although, countries have taken action to address violence against women and gender related killings in different ways; such as adopting legal changes, early interventions and multi-agency efforts, as well as creating special units and implementing training in the criminal justice system, there are still no signs of a decrease in the number of gender-related killings of women and girls (UNODC, 2018).

Intimate partner violence against women and girls is rooted in widely accepted gender norms about men's authority within society in general and the family in particular, and men's use of violence to maintain control over women. This is often evident in a lot of cultures based on their cultural beliefs and norms. Research demonstrates that men and boys who believe rigid views of gender roles and masculinity, are more likely to use violence against a partner, among other negative outcomes (UNODC, 2018). There has been key findings that were published by the World Health Organization that indicated that men are more likely to perpetrate violence if they have a limited education, a history of childhood maltreatment, exposure to domestic violence against their mothers, harmful use of alcohol, unequal gender norms, including attitudes that normalize the use of violence, and a sense of entitlement over women (UNODC, 2018).

In the current climate of social media and Television there are consistent stories on how a woman/girl is getting sex trafficked or murdered, and usually these acts are done by a male. Many women/girls have survived. Survivors need to be able to tell their stories, forgive, connect and heal their bodies. Survivors find themselves dissociating and disconnecting from their bodies; and for these individuals it becomes difficult to self-regulate when they are triggered.

The polyvagal theory in therapy while using the expressive arts will help survivors become more aware of their bodies and their autonomic nervous system in order to self-regulate, and the expressive therapies will allow survivors to process and express themselves through the arts.

Literature Review

Expressive Arts Therapies

The expressive arts therapy (EAT) or expressive therapies (ET) is a form of therapy that involves the use of the creative arts to encourage psychosocial growth and healing (Caffrey, 2019). Expressive arts therapy utilizes a variety of art forms during the therapeutic process (Caffrey, 2019). Consisting of music, poetry, dance/movement, theater, painting, and drawing. Focusing on the creative process, then the creative product. Therapists who use EAT techniques help clients analyze their emotions and thought processes as well as how such factors affect their physical well-being (Caffrey, 2019).

Clients do not need to have any artistic ability to engage in EAT, and through the arts clients cope with difficult cognitive and emotional concerns. EAT is used to treat a range of behavioral, emotional, and mental health conditions. Conditions such as, stress, anxiety, depression, eating disorders, chronic diseases, posttraumatic stress, traumatic brain injury, social skills challenges, developmental disabilities, and attention-deficit hyperactivity disorder (Caffrey, 2019). Resources or therapeutic interventions are provided for survivors, but these resources and therapeutic interventions are not appropriately implemented in a way that will be effective for this population. While using EAT therapists must be aware of their client's cultural background to appropriately implement the techniques. Therapists should acknowledge the role intersectionality plays in therapy, because it plays a big part on how effective therapy will be with their client.

Domestic Violence/Abuse, Therapy, and Intersectionality

Studies have shown that intersectionality plays a big role in therapy with survivors (Nunez-Santiago, 2018). In practice however, intersectionality is something that has not been acknowledged when working with survivors (Nunez-Santiago, 2018). For example, in the Latinx community there are fundamental issues in the way that the EAT with Latinx survivors of domestic violence is approached in research (Nunez-Santiago, 2018). There isn't enough research in regard to working with survivors of domestic violence who are Latinx, African American, or Black women. For example, researchers do not take into consideration that the Latinx community is big. Latin America is made up to 20 and more countries throughout Central America, South America, and the Caribbean (Nunez-Santiago, 2018). Each country having its own culture, set of traditions, its individual relationship to the US, and its own history of colonization, slavery, genocide, migration and revolution. Therapists need to understand their clients cultural background in order for clients to be able to have a trusting therapeutic relationship with them, and for healing to occur. "Counseling and therapy, especially with trauma survivors, especially with survivors who experience compounded oppression due to intersecting identities, should not be apolitical. The counselor and the expressive arts therapist cannot be afraid of being political if we want to be responsible and effective" (Nunez-Santiago, 2018, p. 31). As therapist we need to be political when working with survivors.

There are a lot of women who identify as Afro-Latinas or individuals who identify as Black/Afro-Latinx. The term Black/Latinx American refers to Latinx individuals of Afro-descendent ancestry, who identify ethnically as Latinx and racially as black or are perceived by others as Black (Sanchez et al, 2019). In the United States Latinx represent the largest and fastest growing racial/ethnic group, and the rates of Black/Afro- Latinx are expected to increase

(Sanchez et al, 2019). It is projected to triple by 2050, and it is estimated that by 2050 Black/Afro-Latinx will account for 30% of the U.S. population (Sanchez et al, 2019). Therapist should get to know their clients and how their identity plays a big role in their healing journey. Black/Afro-Latinx face multiple traumas at the historic-political, transgenerational, psychosocial, and personal levels associated with being a Black woman (Sanchez et al, 2019). In addition to encountering a number of cultural barriers that many Latinx individuals face in seeking therapy to heal from traumatic experiences, clients may be required to give extra energy to coping with racism and discrimination, and negative stereotypes that are associated with being Black/Afro-Latinx (Sanchez et al, 2019).

Black/Afro-Latinx deal with numerous systematic/institutional barriers to seeking trauma support for childhood sexual abuse at the individual, psychosocial, and contextual levels (Sanchez et al, 2019). “Black female bodies have long been sites of trauma, carrying not only the weight of the past, but present stereotypes that dehumanize and sexualize young girls before they even hit puberty” (Sanchez et al, 2019). Compared to white girls especially in the age range 5-15 years old, Black girls are perceived to need less nurturing, protection, support, and comfort. They are viewed as more independent and knowledgeable about sex (Sanchez et al, 2019). There is a commonly held stereotype about Black girls as hypersexualized, and it is defined by society’s attribution of sex as part of the natural role of Black women and girls. For services who embody racially and culturally specific, trauma-informed practice, there must be fundamental elements that should be present in order for the approach to be effective (Sanchez et al, 2019). A therapeutic relationship with Black/Afro-Latinx survivors must be based on mutuality and respect.

Overall, survivors must be seen, acknowledged, and honored. Their identities were essentially invisible in their families and communities, and therefore therapist must build a trusting and a genuine therapeutic relationship with their clients; this is critical for the therapeutic relationship to be successful. Acknowledging the role intersectionality plays will strengthen the interventions being used in therapy with survivors.

Expressive Arts Therapies and Domestic Violence/Abuse

The EAT are a powerful tool in therapy. It has been demonstrated that the arts and narrative programs are effective with incarcerated abused women. Almost half of the women in the nation's jail and prisons were physically or sexually abused before their imprisonment (Williams, et al, 2004). An 8-week pilot program was implemented at the Iowa Correctional Institution (ICIW) and it focused on addressing two questions: How can visual art and music empower incarcerated female survivors of domestic violence? Can art, music, storytelling, journaling, and support groups help incarcerated women alter their self-images affected by their abuse? (Williams et al, 2004). The ICIW consists of over 600 women who are incarcerated for various crimes and are serving sentences that range from one year to life (Williams et al, 2004). The article focused on one group of women, which consisted of 9 participants from the general population and aftercare community. They found that emotional and artistic expression helps survivors of domestic violence to create accounts/stories to cope with the psychological effects of severe stress that was caused by the abuse they had experienced (Williams et al, 2004). The interventions they used were effective such as art, storytelling, music therapy, and group support. These interventions fostered identity and their self-concepts change as the final outcome, which is congruent with the goal of empowerment.

Various studies have shown that music therapy can benefit a client's sense of self-awareness and self-confidence (Caffrey, 2019). It can help survivors process difficult memories, and it was also shown to improve motor and cognitive functioning as well (Caffrey, 2019). The abuse has an effect on these women self-expression, and expressive therapies such as dance, movement, and art therapy are helpful for clients who have trouble expressing themselves verbally (Caffrey, 2019). This can be a way for them to use their bodies, and their creative self to express themselves besides using words, because these women are silenced through their abuse. Talk-based therapies may be harmful for clients who are impacted by abuse, because survivors have a difficult time verbalizing their experiences or finding the right words to describe their emotional responses (Murray et al, 2017). Guided imagery and music therapy have been suggested as appropriate for fostering healing for survivors of domestic violence (Murray et al, 2017). It has been recognized throughout time the value of these approaches for addressing trauma symptoms and promoting healing among survivors of past abuse and trauma.

Group art-based interventions can be useful to foster social support and reduce isolation among survivors of abuse. Group art-based interventions can help survivors to practice social skills and boundary setting and allow them to share their experiences with others who have had similar experiences (Murray et al, 2017). Art can be used as a container for survivors for processing difficult emotions such as anxiety and fear, and it offers opportunities to reflect upon and discuss these emotions in a more symbolic and indirect ways. Creative interventions offer survivors an opportunity to focus on themselves and practice self-care, because the dynamics of abuse can cause survivors to feel that their own needs do not matter and EAT can grant them permission to prioritize and value themselves (Murray et al, 2017). Together the EAT and the polyvagal theory in therapy can be a powerful tool to use with survivors.

Polyvagal Theory

The polyvagal theory manifested in 1994 (Dana, 2018). The polyvagal theory shows that even before the brain creates meaning of an incident, the autonomic nervous system has evaluated the environment and led an adaptive survival response (Dana, 2018). The polyvagal theory explains three different parts of our nervous system and how we can use different therapies to rewrite the effect of trauma (Dana, 2018). It focuses on the autonomic ladder; at the top is the ventral vagal, the middle is the sympathetic branch, and at the bottom is the dorsal vagal.

The ventral vagal is when the person is feeling safe and social. Safety and connection are led by the ventral vagal, and this is when our heart rate is regulated, our breath is full, we take in the faces of friends, and we can tune into conversations and tune out distracting noises (Dana, 2018). When individuals find themselves in ventral vagal, we tend to see the big picture and connect to the world and the people in it (Dana, 2018). The sympathetic branch of the autonomic nervous system is activated when we feel unease, and this is when something triggers the neuroception of danger (Dana, 2018). This is when an individual's body goes into action and fight, freeze or flight happens. While in this state, our heartbeat increases, our breath becomes shallow, we are constantly scanning our environment, and we are on the move because we sense danger (Dana, 2018). This is a state where most survivors will find themselves in without being aware of it. The dorsal vagal is one of the oldest responses of the autonomic nervous system, which will be considered the last resort for our bodies. When our bodies feel trapped and action taking doesn't work it shuts down, collapse, or dissociates (Dana, 2018). This is another state where survivors often will find themselves without any awareness.

Each state evolved separately throughout the years (Dana, 2018). Our dorsal vagal circuit is 500 million years old, the sympathetic nervous system evolved 400 million years ago, and the ventral vagal evolved 200 million years ago. This demonstrates that our bodies for a long time survived only through dorsal vagal, and eventually developed other tactics of survival throughout time. Our autonomic nervous system has gone through its own evolution in order to keep us alive, and functioning.

Autonomic Nervous System and Domestic Violence / Abuse

According to Sperry, “prior to the advent of the brain, there was no color and no sound in the universe, nor was there any flavor or aroma and probably little sense and no feeling or emotion. Before brains the universe was also free of pain and anxiety” (as cited in Van Der Kolk, 2014, p. 51). Trauma impacts the whole human organism, body, mind, and brain (Van Der Kolk, 2014). An individual’s body with a history of abuse would adjust the autonomic nervous system to make it easier for defensive mobilization strategies to fight/freeze/flight behaviors, and this does affect self-regulation. For example, for survivor’s physiological recovery is affected after exercise or a mild exercise (Dale et al, 2009). After exercising it will take longer for a woman who has been abused to be able to self-regulate their heartbeat to normal. It has been found that an abuse history was associated with less vagal regulation of the heart, and an inability to rapidly re-engage vagal regulation (Dale et al, 2009). There’s an alarm system in the brain and when it is turned on, it automatically triggers preprogrammed physical escape plans in the oldest parts of the brain, which has a direct connection with our bodies (Van Der Kolk, 2014).

When the old brain takes over, it shuts down part of the higher brain, which is our conscious mind, and instead it prepares the body to run, hide, fight, or on occasion freeze. If the fight/flight/freeze response is successful and we escape the danger, we have access to all of our

senses (Van Der Kolk, 2014). If these responses are blocked, and examples would be, if people are held down, trapped, or are not able to take effective action, such as domestic violence, and rape, the brain will keep producing stress chemicals; and the brain's electrical circuits will continue to fire in vain (Van Der Kolk, 2014). This will continue long after the actual event is over, and the brain will continue to send signals to the body to escape a threat that no longer exists (Van Der Kolk, 2014). Survivors are constantly in alert, even when there isn't a threat.

Survivors have a lower threshold to express fight/flight/freeze behavior in response to stress and have a hard time going from mobilization to calmness (Dale et al, 2009). Survivors have state regulation difficulties with a bias towards behavioral states that are self-protective (Dale et al, 2009). This results in difficulty in feeling safe with others and being able to develop trusting social relationships. Using the polyvagal theory in therapy with survivors will help them be more aware of their bodies and allow for a reconnection to happen with themselves and others. The polyvagal theory will help with feeling safe with others and be able to build trusting relationships.

Polyvagal Theory in Therapy

The polyvagal theory provides therapists with a language to help their clients reframe reactions to traumatic events. Therapists would be able to help survivors to reframe their experiences and their personal narratives to be shifted to feeling heroic and not victimized. These women will be able to understand how their autonomic nervous system functions after experiencing their abuse, and by being aware of this they will be able to identify where in their body they often find themselves. This will allow them to reconnect with their bodies and be able to learn ways to self-regulate when they are triggered. Survivors do not meet diagnostic criteria for PTSD, but they do experience the symptoms of PTSD. For therapists the polyvagal theory

will allow them to understand trauma and the symptoms of PTSD in regard to how it affects the abused body. In PTSD the body continues to defend against a threat that belongs to the past (Van Der Kolk, 2014), this is something that survivors will often experience.

Body-Oriented and Cognitive Components

A polyvagal approach to therapy follows the four R's: recognize the autonomic state, respect the adaptive survival response, regulate or co-regulate into a ventral vagal state, and re-story (Dana, 2018). The clients will recognize the autonomic state that they are in, respect the adaptive survival response through understanding, be able to regulate or co-regulate into a ventral vagal state through awareness, and meaning making through re-story. When the three parts of the autonomic nervous system are working together, we experience well-being.

Therapists will help survivors to start noticing and then describing the feeling in their bodies, and not the emotions, such as anger, anxiety, and fear, but the physical sensations beneath emotions. Physical sensations such as pressure, heat, muscular tension, tingling, caving in, feeling hollow, and more while connecting this back to the autonomic nervous system. Therapist will work with this population in identifying these sensations associated with relaxation or pleasure, and this will help them to become more aware of their breath, their gestures, and movements. The autonomic nervous system reacts to the daily challenges of life, by telling us not what we are or who we are, but how we are in the environment. Survivors are more likely to experience intense autonomic responses, which ultimately affects their ability to regulate and feel safe in relationships, and be able to form healthy relationships (Dana, 2018). The polyvagal theory helps therapists to be able to understand that the behaviors that these women portray are autonomic actions in regard to survival after their abuse.

Therapy through a polyvagal view supports clients in remaking the ways their autonomic nervous system works when the drive to survive is in competition with wanting to connect with others (Dana, 2018). The way we should think about the autonomic nervous system is that it is the foundation upon which our lived experiences are built, and that the way we move through the world is guided by the autonomic nervous system. Survivors often think, “It’s my fault.” They have an inner critic that mirrors society’s response, due to how their autonomic nervous system responded to the threat, and therapists will help these women appreciate the protective intent of their autonomic responses that they often feel (Dana, 2018).

According to O’Donohue, “Our bodies know they belong; it is our minds that make our lives so homeless” (as cited in Dana, 2018, p. 43). The mind creates a story of what the autonomic nervous system already knows, and initially story follows state (Dana, 2018). The ability of these women being able to navigate their autonomic nervous system by correctly identifying where they are on the autonomic ladder, and then being able to track their shifts up and down the ladder will allow them to know how to return to ventral vagal regulation. Our experience of self happens through autonomic awareness, and with this awareness these women will be able to listen to their embodied stories (Dana, 2018).

Polyvagal Theory and Expressive Therapies

The field of Expressive Therapies (ET) and Creative Arts Therapies (CAT) have shown interest in related areas to Polyvagal Theory (PT) and certain techniques and methods. For example, in drama therapy (DT), certain authors have explored reducing pain, improving communication and suggesting solutions for oppressed and victimized groups (Leveton, 2010). In music therapy (MT), improvisation – based work and song-writing techniques have been used

with traumatized individuals to help with connectivity and creativity (Stewart, 2010). In terms of technique, the most popular, and arguably? The most successful is when both cognitive, body-oriented, and psycho-social exercises are utilized within the treatment planning and process. For example in dance movement therapy (DMT), it supports the human right to embody (Gray et al, 2017). Music, movement, dance, and rhythm are activities that helps with shifts between physiological states, and trust is built in safety, and relationships are built in trust. Safety begins in the body (Gray et al, 2017). There are a lot of various exercises that involves different modalities that can be used with survivors in the beginning of therapy while using the polyvagal theory.

Techniques and Exercises in ET

Autonomic Art Map

An exercise that can be used in therapy is creating an autonomic art map with your client. While creating an autonomic art map the client will be able to use their right hemisphere, and its love of imagery into action (Dana, 2018). The right hemisphere is not as influenced by prediction, and what often comes up in an art map often brings new awareness (Dana, 2018). This can be very helpful for women who have been abused in becoming more aware of their body. Art maps can help these women illustrate one autonomic state or all of them. Being able to create one state will help foster an intimate connection to that autonomic experience, while illustrating the states it will help with becoming more aware of the relationship between the states.

Show and Tell.

Another exercise that can be used in therapy in regard to the polyvagal theory is called three things: show and tell (Dana, 2018). This exercise will require the client to choose an object

that represents each of their three states of the autonomic nervous response (ventral, sympathetic, and dorsal). The therapist can ask their client to bring things in from home, or even go for a walk with the client if they feel comfortable doing so and picking objects from outside. This will help women who have been abused have more of a visual of how their states look like to them, which will allow them to understand their states in a more intimate way. The therapist can also have the client write about the states. Writing a reflection of an experience of sympathetic or dorsal vagal dysregulation can help support a safe re-viewing of the experience for women who have been abused. Music is also a great way that the therapist can help the client become more aware of their autonomic states.

Musical Mapping.

An exercise that the therapist can do is called musical maps. Music is both a modulator and activator of the autonomic nervous system (Dana, 2018). Music produces reactions in the body, which include stimulation of emotion and processing parts of the brain. Music has an effect on our levels of hormones, which are deeply embedded in the nervous system (Dana, 2018). Music can produce sounds of safety or survival, and it can stir autonomic state shifts. The therapist can ask the client to create a playlist for each of their autonomic state that would produce a response to that state. For example, a playlist can focus on the ventral vagal state, which it'll include songs that produce responses of safe, social, calm, excitement, passion, compassion, connection, play, celebration, joy, rest, and restoration (Dana, 2018). Another playlist can focus on songs that can sink into or dwell in the suffering of sympathetic and dorsal vagal moments that can be too intense and overwhelming to their system. This will help women who have been abused create playlists that matches their mood, and the autonomic resonance can

make it possible for them to safely touch their suffering. A third playlist can be a mixture of songs that produces a response to all of the states.

Connectivity through Movement

Another exercise that the therapist can do with the client can include movement. The therapist can help these women be able to connect to an individual state and be able to express it in a form of a motion, and then explore more with transforming between states by linking one movement to the next. This will help these women be more aware of their states, while also being present in their bodies. Movement can help women who have been abused get to know an activated state, to induce state shifts by state (Dana, 2018). The therapist can mirror these movements this can help increase somatic and emotional understanding between people. It enhances the feeling of connectedness and increase empathy for the women who have been abused by mirroring their movements. There are other exercises such as sculpting the different states, which gives a form to the autonomic nervous responses, and also breath and sound that can be used as well.

The therapist can help women who have been abused alter their breath in a way that they can engage the vagal pathways that influence the beating of the heart and the messages sent to the brain (Dana, 2018). Breath is a great way to help women who have been abused with self-regulation. Voluntary regulation of breathing practices has an influence on psychological states and often improves symptoms of anxiety, depression, and posttraumatic responses (Dana, 2018).

Other Body-Oriented Interventions and Exercises that can be used with Survivors

The body is a metaphor of a blueprint, a hologram of our history. Survivors hold their trauma in their body. There are many body-oriented exercises that can be used with survivors

that allows for reconnection to happen with the body. There are exercises that do not require the therapist to touch the client, and then there are other exercise that does. Therapist must discuss touch with their clients in the beginning of the therapeutic relationship when they are doing bodywork with them (Conger, 1994). Therapist will need to consider the history of abuse of touch and their expectations of touch for its use, therapist must touch their clients while never exceeding the emotional level therapist are working at (Conger, 1994). Therapists must constantly be aware of the effect their touching is having; Therapist touch but are not touched. Therapists may be in danger of repeating cultural wounds of gender and class, disempowering rather than awakening (Conger, 1994). As a therapist being aware of oneself is very important and being aware of their client during body-work.

Body-Oriented Grounding Exercise- Basic vibratory and grounding

The therapist should do a demonstration of this exercise for their client. The client will stand with their feet about 10” apart, toes slightly turned in so as to stretch some of the muscles of the buttocks (Lowen, 2012). The client will bend forward and touch the floor with the fingers of both hands. The knees should be slightly bent. No weight should be on the hands; all the body weight is in the feet. The client should let the head drop as much as possible (Lowen, 2012). Therapist should remind the client to breathe through their mouth easily and deeply, and make sure to keep breathing. The client should let the weight of their body go forward so that it is on the balls of the feet, and the heels can be slightly raised. The client should straighten the knees slowly until the hamstring muscles at the back of the legs are stretched but making sure that the knees should not be fully straightened or locked. The client will hold this position for about one minute. After doing this grounding exercise the therapist should process it with the client, by exploring the clients experience with their body after finishing the exercise.

Body-Oriented Breathing Exercise- Belly Breathing

The client will lie on a rug on the floor and bend their knees. Their feet should be flat on the ground about 15” apart, toes slightly turned out (Lowen, 2012). The client should bring their head back as far as it will comfortably go to extend the throat; place both hands on the belly above the pubic bones or area so they can feel the abdominal movements (Lowen, 2012). The client will breathe easily with their belly through an open mouth for about a minute.

Yoga

Yoga is a well-known body-oriented practice that can be very impactful for survivors. Yoga is focused on connecting the mind and body and allows survivors to feel more aware and in control of their body. Yoga practice would help with the negative impact of abuse on a psychological functioning, as well as self-concept, and coping skills (Dale, L., et al, 2011). The goal of yoga is to unite the mind, body, and spirit through exercise, breathing, and meditation. Yoga helps with developing resiliency factors, such as self-awareness, and it is assumed to reduce psychological stress, and it helps increase mindfulness that can help with dissociation and allowing the individual to be more present (Dale, L., et al, 2011).

Trauma sensitive yoga exercises can be more successful than dialectical behavioral therapy in decreasing intrusions and hyperarousal in women who experience symptoms of PTSD (Dale, L., et al, 2011). Yogic breathing and movements can help with improving regulation of the nervous system. Women who practice yoga are initially exercising their autonomic nervous system to improve and normalize the abuse-related damage to the autonomic nervous system regulation (Dale, L., et al, 2011). Yoga is the most known body intervention that can be used with survivors, but there are other body interventions that can be appropriately used as well.

Other body interventions that can be used in therapy with this population are, sensorimotor, psychotherapy, somatic experiencing, clay field work, and dance/movement (Werbalowsky, 2019). It has been proven that dance/movement therapy can establish safety and foster empowerment, reconnection, and resilience with women who have experience domestic violence (Fuller, 2018). Combining these body-interventions with the expressive arts can be a very impactful tool as well. The expressive arts include art, music, storytelling, journaling, and much more.

Results

The literature in this study demonstrated three key areas in using the polyvagal theory in therapy with women who've been abused: the body, intersectionality, and the EAT.

Table X1

Table Showing Issues and Goals for Increased Body Awareness

Issues Concerning Body Awareness	Goals of Body Awareness
Disconnection	Re-connection
Self-regulation	Education on Autonomic Nervous System (ANS)
Distorted Communication with Body	Health Communication with Body

As table 1 describes, there are several major themes to consider in regard to the body and therapy with this population. Results demonstrate that disconnection and re-connection to the body and its function, and relationship to self and identity was a major category of concern in

treatment. Self-regulation, along with re-learning how to communicate with one's body and the potential use of education of the CNS.

Table 2

Table Demonstrating a Need to Acknowledge Intersectionality and other Trauma related to Identity

Issues Concerning Identity/Intersectionality	Identified Clinical Needs
Lack of acknowledgement and training	Training on Intersectionality and the Body
Racism and Subjugation experiences	Training and acknowledgment of cultural humility, and resource building
Lack of research	Research on different cultures and therapy

As table 2 describes, there are several major themes to consider in regard to intersectionality and other trauma related to identity with this population. Results demonstrate that the therapists must consider other trauma held in the body due to their client's identity during treatment. There isn't enough research done in regard to working with survivors who are Latinx, African American, or any other minority groups. Therapists should be trained on intersectionality and the body.

Table 3

Table Demonstrating Findings from the EAT Literature on Voice and Identity

Voice and Identity: Areas of Concern	EAT Techniques and Methods
Silenced Voice and Identity	Re-claiming silenced voice. Examples: Songwriting, journaling, painting, drama, and more.
Psychosocial and Emotional Psychological: anxiety, depression.	Observe and experience through storytelling, Art as representation for and of emotions and symptoms.

As table 3 describes, there are several themes to consider in regard to EAT as a form of voice and identity with this population. Results demonstrate that the EAT can help survivors observe their emotions and thought processes as well as the factors that affect their physical well-being. Factors such as stress, anxiety, depression, and PTSD symptoms and the EAT can be a form of voice for survivors in helping them express and tell their stories.

Translating Results into a Model for Clinical Practice

The model below (see figure 1) highlights the body as the central concern as an emerging theoretical framework for treatment. It represents two areas which a potential model of treatment can be considered for this population.

Increasing body awareness is suggested to be the first area of practice to pay attention to when working with this population. The model demonstrates the use of both the polyvagal theory and the EAT in treatment, and it's focused on reconnection, educating the client on their autonomic nervous system, while the client is learning on how to communicate with their body. The EAT will help the client create a voice for their body and learn how to listen to it. The

challenges may be acknowledging intersectionality and other trauma related to identity for the client, which also affects the body.

This model demonstrates that the therapist should be trained on intersectionality and the body. The therapist should acknowledge cultural humility and resource building, and the therapist should do their own research on their client's culture. During treatment the therapist should guide the client in exploring their identity and how it affects their body in regard to their intersectionality.

The coming consequence for both the therapist and the client is a strong therapeutic relationship, and for the client to experience healing from their abuse. The client will be able to experience, reconnection with their body, awareness, and self-regulation. The client will feel heard.

Figure 1. Shows a Recommendation of a Polyvagal – Informed Treatment Model in EAT

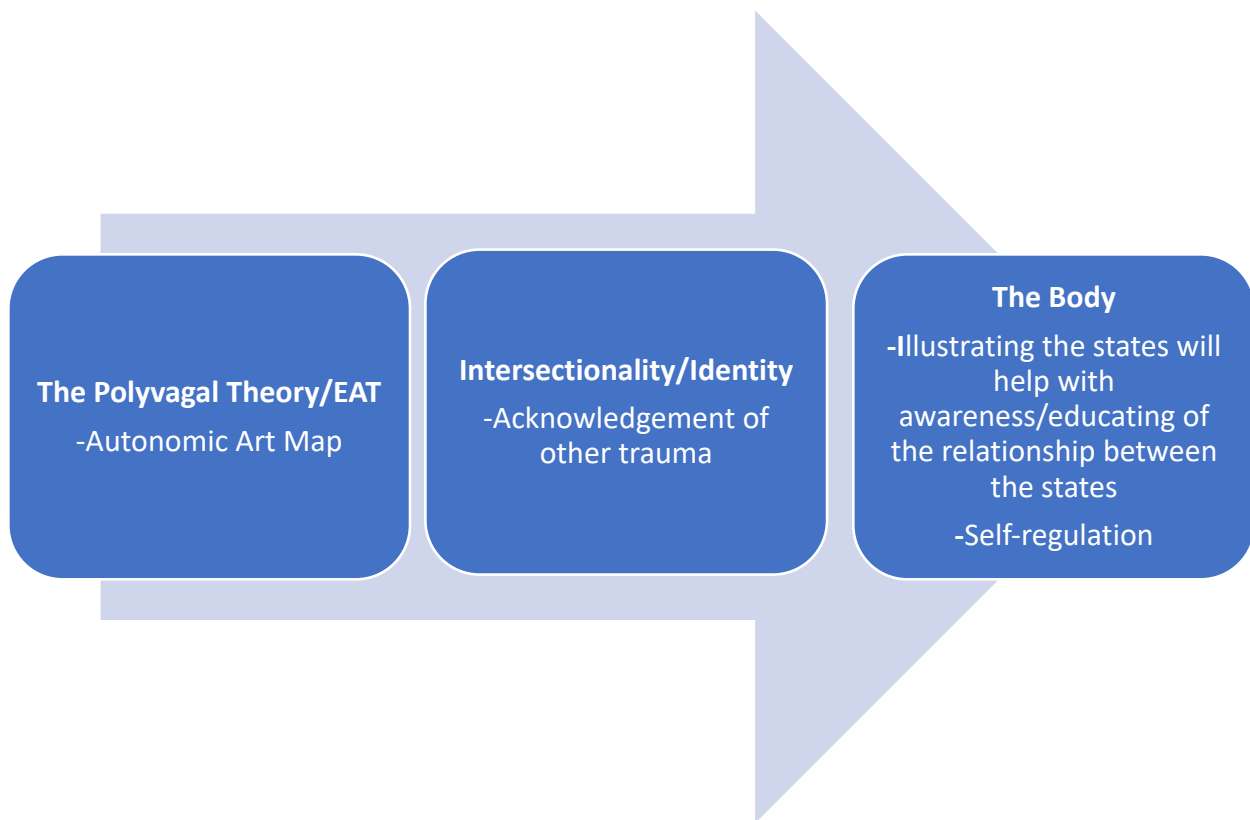


Figure 1 demonstrates a synthesis of the findings with an example of how the polyvagal theory and the EAT can be implemented in treatment. You can guide your client in creating an autonomic art map of their ANS. The therapist can hold a space for the client while acknowledging other trauma they have experienced due to their identity/intersectionality. By illustrating the states in their ANS this will help the client become more aware of their body and learn about the relationships between the states in relation to their trauma. Ultimately, this awareness and knowledge will allow the client to learn how to self-regulate from being in dorsal vagal or sympathetic to ventral vagal.

Discussion

Findings revealed that three major areas of practice are needed to be considered when working from a polyvagal theory perspective with abused women. Those areas are body, intersectionality, and the EAT. The body, acknowledgement of and training on intersectionality and useful EAT methods and techniques can be successful with this population.

The body plays a big role in therapy when using the polyvagal theory with clients. Women who have been abused experience a disconnection with their body, and re-connection is needed for healing and awareness to occur. Survivors are often not aware of their bodies when they are triggered, and because of this it is difficult for survivors to self-regulate, and this is where the polyvagal theory in therapy plays a role. There are four R's in this approach: recognize the autonomic state, respect the adaptive survival response, re-story, regulate or co-regulate into ventral vagal state (Dana, 2018). An abuse history was associated with less vagal regulation of the heart, and an inability to rapidly re-engage vagal regulation (Dale et al, 2009). It will be helpful for survivors to learn about the three parts of their autonomic nervous system (ventral, sympathetic, and dorsal) because it will help them be aware of where they are in their bodies and to self-regulate. Therapists will help survivors recognize what state they are in, respect and accept that state, meaning making through re-story, and the therapist can teach the client different techniques to co-regulate into ventral vagal.

Intersectionality is not acknowledged in the therapeutic setting (Nunez-Santiago, 2018), and in order for the polyvagal theory in therapy to be effective therapists must acknowledge the components that create their client's identity. When working with survivors from the Polyvagal and EAT lens, the most important aspect to consider is the client's identity/intersectionality. The research identified clear gaps in the literature that address the question on how society interacts

with clients' identity, and how does it affect those clients. Therapists work with individuals who come from diverse backgrounds and stories, and who are born outside of the United States. Therapists need to acknowledge this as a clinical – human dynamic that will need to be supported through training and education of culture and difference. Survivors will be coming into therapy with multiple dimensions to trauma; in relation to their culture and identity; trauma that will also be held in the body.

The EAT is a powerful tool to have while using the polyvagal theory in therapy with survivors. Survivors are silenced because of their abuse, and finding their voice is a huge part of their healing journey with their body in therapy. The EAT encourages psychosocial growth and healing (Caffrey, 2019). The EAT provides various of options for clients to express themselves and combining it with the polyvagal theory can help survivors express themselves while reconnecting/communicating with their bodies.

Identifying Challenges

The polyvagal theory in therapy might not be a helpful approach for clients with neurological disorders. This may be due to the fact that it requires a lot of thinking and using different parts of the brain. When working with a survivor from a different country a challenge can be the language barrier between the client and the therapist. This can affect how successful therapy can be for the client. Lastly, a client with a physical disability might impact how much they are able to participate in body-oriented exercise or the EAT.

Therapists also need to ask questions and do their own research in regard to their client's culture and get to know them; build trust by showing their client that they see them. When therapists are working with survivors who identify as Black/Afro-Latinx, therapists and

helping agencies should provide racially and culturally informed strength-based interventions. Acknowledging the intersectionality will strengthen the therapeutic relationship and will allow for the polyvagal theory to be more impactful in therapy. Once the trust is built in the therapeutic relationship, it will be much easier for the client to explore their autonomic nervous system; their body in relation to the trauma/abuse it has endured. Integrating the EAT will create a voice for survivors, and it will allow survivors to express, process, and understand without using words.

Conclusion

According to James, “The greatest thing then, in all education, is to make our nervous system our ally as opposed to our enemy” (as cited in Dana, 2018, p. 3). The polyvagal theory in therapy can welcome hope for survivors in their healing journey. Hopefulness lies in knowing that while experiences can reshape the nervous system, ongoing experiences can reshape it. (Dana, 2018). The brain is continually changing in response to experiences and the environment, and the nervous system is also engaged and can be intentionally influenced (Dana, 2018). Survivors have a poorer vagal modulation, which might be associated with social anxiety, and difficulty recovering from depression (Dale, L., et al, 2011). There is a physiological basis to symptoms of anxiety and depression experienced by survivors. Survivors can experience symptoms such as dissociations, physiological regulation difficulties, and mood disturbance (Dale, L., et al, 2011).

The findings and proposed theoretical model for treatment offers a suggestion on how to combine education about the polyvagal function through EAT techniques and methods. Survivors would be provided an opportunity to learn how to reshape their autonomic nervous system that will allow them to self-regulate when they are triggered or experiencing symptoms from the abuse they have experienced. For example, autonomic art mapping, musical mapping,

movement, and body-oriented exercises. The polyvagal theory in therapy is a client-centered and relational- physiological approach for therapists to provide the space and support for survivors in regard to helping them become more aware of the effect that their abuse had on their autonomic nervous system. According to Dobzhansky, “The fittest may also be the gentlest, because survival often requires mutual help and cooperation” (as cited in Dana, 2018, p. 44).

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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