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The Value of Art Therapy: An Intervention to Enhance Emotional Health of Children with Hearing Loss

Helen Boyle, Ed.D. & Peggy Dunn Snow, Ph.D.

Abstract

Deafness is the invisible, unseen sensory anomaly that is difficult for hearing individuals to understand. Deaf and hard of hearing children look the same as other children and have the same cognitive abilities as hearing children; they ambulate, laugh, cry, and have the same basic needs. Research data supports the fact that when intelligence instruments are used that do not rely on verbal and language processing abilities the results show that there is no difference in performance between hearing and hearing impaired children (Moore 2001; Vernon 1990). There is the same range of intelligence for both groups. However there is one difference between the two groups, deaf and hard of hearing children do not have the same language skills to express themselves and most of them experience difficulty receiving and processing aural (spoken) communication (Heward 2003). As a result, many deaf and hard of hearing children develop feelings of isolation.

Introduction

Muma & Teller (2003) states that there are two main communication functions: intent and content. Intent is the purpose of the message (Bruner, 1986). Content represents two aspects, explicit content and implicit content. Explicit content is the message itself, (examples: facts and commands.) Implicit content relates to inference and implies much more than the words in a message. It is in the area of implicit communication where hearing impaired individuals have difficulty. This is why we can predict that the more experiential repertoire that a person has socially, educationally, and emotionally, the more comprehension will occur. This is a notion that is supported by the constructivist theory which purports that the learner is an active participant in expanding existing knowledge for comprehension. The primary principle of the constructivist learning theory is the belief that learning and understanding takes place only when new concepts and ideas can be connected to something already known (Searle 1992). When individuals with hearing loss miss the implications of aural/oral discourse, their understanding decreases, and the probability of anxiety increases.

Types of Hearing Loss and Etiologies

Approximately 90 % of deaf and hard of hearing children are born to hearing parents who have little or no awareness of the extent and multitudinous effect that the loss of hearing will have upon their child. Most hearing parents have no contact with deaf individuals and rely on information offered by physicians and agencies that serve the hearing impaired. These resources are helpful but usually are not comprehensive with respect to the broad spectrum of interventions that should be

considered. The child who is pre-lingually deaf (before age 2) has significantly different needs from a child who is post-lingually deaf (after age 2). The degree of loss, the type of loss, the onset of loss, the language of the parents, and the acceptance of the hearing loss by the family are all variables to be considered. A communication system, oral or manual, and amplification should have priority over other needs of the child.

Although more than 400 etiologies of deafness have been identified, the Annual Gallaudet University Survey indicates that the cause of hearing impairment is listed as “unknown” for up to 50% of children with hearing loss (Gallaudet University 1998; Moores 2001). Hearing loss can be congenital or acquired through disease, trauma, or genetic influences.

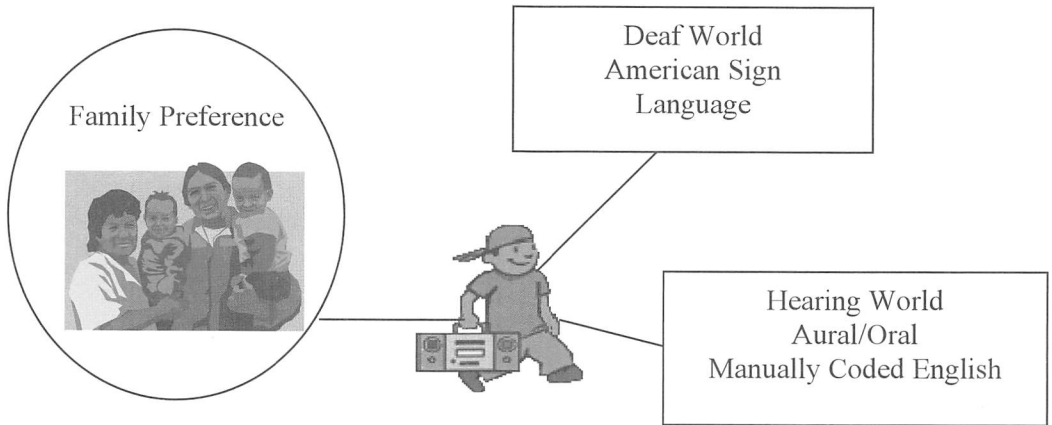
Genetic factors (autosomal dominant, autosomal recessive, or Xlinked) are the causes of about one-half of congenital deafness. One or both parents may carry the gene effecting the inner ear (sensorineural loss), the middle ear (conductive loss), or both (mixed losses). Some children have a co-morbidity of hearing impairment along with learning disabilities, physical disorders, or emotional/personality disorders that present additional challenges.

The Connection between Hearing Loss and Emotional Dysfunction

Hearing loss can have a major effect on a deaf or hard of hearing child’s behavior and self-esteem. Students may perceive themselves as different if they have hearing problems or difficulty communicating with others, especially if they wear cochlear implants/hearing aids and/or utilize an FM wireless communication system (Chotiner-Solano, 2004). Many hard of hearing children are confused about where they fit in – is it the hearing world or the deaf culture world? A schism occurs between the two groups.

If the family is hearing, stress is felt continually by the child and the family when aural/oral communication fails. If the family is deaf, no stress is felt because communication generally begins early using American Sign Language (ASL). When deaf and hard of hearing children are grouped together it may result in communication problems, as some children use ASL and others use Manually Coded English (MCE) or rely solely on audition and speech reading. Most professionally trained individuals who serve deaf and hard of hearing individuals believe that the population is so diverse with respect to their needs and abilities that it is impossible to place them into one category

(Easterbrooks, 2003). For older children who are deaf and hard of hearing, communication is still a troublesome issue.



Communication: Expressive/Receptive Language

How do inadequacies in communication affect a child? Research shows that depression and anxiety permeates a personality when there is an inability to receive and express feelings with others. For the deaf and hard of hearing children, these feelings come as a result of isolation from others, either because of communication difficulties or lack of self-identification.

Table 1

Psychological Dysfunction	Definitions
Anxiety	A fear of interaction with certain persons; a perception of threats that do not exist; physical and psychological changes
Depression	Can interfere with a person's interaction with others; delays cognitive growth; affect the general well being of the person; and creates thoughts of suicide
Lack of Self-Esteem	Feelings of worthlessness; not interested in setting goals; shy and withdrawn

For deaf children, feelings of low esteem and emotional disturbance are not uncommon. Trained counselors are among the many ancillary services currently being provided for the deaf in many public and private schools throughout the country. In addition, counseling agencies and residential programs have been established for deaf individuals throughout the United States for decades.

Table 2

Residential Programs for Deaf/Emotionally Disturbed
Children and Adolescents

State	Agency	Contact
California	Willow Creek Treatment Center 341 Irwin Lane Santa Rosa, CA 95401	707-576-7218 V victor@c-zone.net
Connecticut	Paces Program American School for the Deaf 139 North Main Street West Hartford, CT 06107	860-570-2220 http://www.asd-1817.org/edprograms/index.html
Florida	National Deaf Academy 19650 US Highway 441 Mt. Dora, FL 32757	800-752-7345 V/TTY http://www.nationaldeafacademy.com
	Tampa Bay Academy The Charter School of Tampa Bay Academy 12012 Boyette Road	800-678-3838 V http://www.nationaldeafacademy.com
Illinois	Center on Deafness Centerview Therapeutic School 3444 Dundee Road Northbrook, IL 60062	847-559-0110 V/TTY
Massachusetts	Special Needs Department Beverly School for the Deaf 6 Echo Avenue Beverly, MA 01915	978-927-7070 V/TTY http://www.beverlyschoolforthe deaf.org
	Walden School The Learning Center for Deaf Children 848 Central Street Framingham, MA 01701-4815	508-626-8581 V/TTY http://www.tlcdeaf.org
New Jersey	Marie H. Katzenbach School for the Deaf Plus Program P.O. Box 535 Trenton, NJ 08625	609-530-3196 V/TTY http://www.mksd.org/PLUS/plus.htm

State	Agency	Contact
New Mexico	Desert Hills of New Mexico 5310 Sequoia NW Albuquerque, NM 87120	505-836-7330 V info.deserthillsnm@yfps.com-
New York	Lake Grove School Moriches Road P.O. Box 712 Lake Grove, NY 11755-0712	516-585-8776 V/TTY
	Hillside Children's Center RTF-Ely Cottage 1183 Monroe Avenue Rochester, NY 14620	716-256-7500 V http://www.hillside.com
Ohio	Buckeye Boy's Ranch 5665 Hoover Road Grove City, OH 43123	614-875-2371 V http://www.buckeyeranch.org
Pennsylvania	Elwyn, Inc. Program for Deaf and Hard of Hearing 111 Elwyn Road Elwyn, PA 19063	215-895-5500 V/ http://www.elwyn.org
	Pressley Ridge Schools—Western Pennsylvania School for the Deaf Collaborative 300 Swissvale Avenue Pittsburgh, PA 15218	412-371-7000 V
Virginia	Virginia Treatment Center for Children 515 N. 10 Street or P.O. Box 980489 Richmond, VA 23298-0489	804-828-8822 V http://www.vcuhealth.org/vtcc/index.html
Wyoming	Cathedral Home for Children P.O. Box 520 Laramie, WY 82073	307-745-8997 http://www.cathedralhome.org

Retrieved on 5-20-05 from <http://clercenter.gallaudet.edu>

Psychotherapeutic treatment for emotionally disturbed deaf children and youth has proved to be beneficial in managing inappropriate anxiety and personality disorders. One form of psychotherapeutic treatment is art therapy, which can decrease unhealthy attitudes toward others and foster positive self-identification when self-concept is poor due to past traumatic experiences. The art therapist accomplishes this by developing trust with a child through a prescribed routine. Initially, in an art therapy session the children are engaged in discourse about their art production without any hint of an evaluation about its merits or quality.

Probes of increasing intent are utilized in Art Therapy: (1) overt/literal (tell me about your art); (2) associative (describe your feelings and dreams); and (3) empathetic (tell me what this means to you) to help the child understand self and the world (Dunn-Snow & D'Amelio 2000). The non-verbal art expressions allow "Deaf students (to) expand their skills and express themselves in an area they typically find extremely difficult: expressive communication." (Henley 1987).

What is Art Therapy?

"Art Therapy is a human service profession that utilizes art media and images, the creative art process, and patient/client responses to the created art productions as reflections of an individual's (social) development, abilities, personality, interests, concerns and conflicts. Art Therapy practice is based on knowledge of human development and psychological theories that are implemented in the full spectrum of models of assessment and treatment... Individuals with developmental, medical, educational, social or psychological impairments benefit from Art Therapy. Art Therapy is practiced in mental health, rehabilitation, medical, forensic, and educational settings." (American Art Therapy Association, 1997).

In educational settings, art therapy refers to understanding and helping a child through art activities. (Rubin 1984). Like art education, Art Therapy encompasses art concepts and technique skills. However, when the emphasis on art is used as therapy, attention is given to art forms/themes and how they relate to the child's thoughts, feelings, and social development. Art Therapy has been used with individuals whose problems are primarily social and emotional. However, individuals whose conditions include cognitive, sensory and physical impairments also benefit from this intervention (Anderson 1992).

The Value of Art Therapy for Children With Hearing Loss

Art Therapy normalizes the environment by allowing the child to articulate emotions through non-threatening activities that require no verbalization. Communication is no longer a problem. Understanding that hearing loss has no direct effect on art production, the therapy builds on children's strengths and minimizes their verbal limitations (Kunkle-Miller 1990).

Setting the stage for therapy is important for its success; establishing a comfortable environment enhances the child's ability to develop socially and cognitively. Because the child is given an opportunity to proceed at her own pace and choose among a variety of

art expressions, immediate feelings of self worth and self-identity are established.

During Art Therapy, a variety of elaborate art supplies are given to the child; this creates a sense of self worth because the child is seen by others to be worthy of using and caring for the materials. An interesting aspect of Art Therapy is the Expressive Therapies Continuum (ETC), which recognizes that the type of media/materials that a child chooses has a psychological component.

The ETC theory describes three categories of characteristics in art media: fluid versus resistive, simple versus complex, and structured versus unstructured. Fluid media materials are fingerpaint, watercolor, poster paint, chalk, oil pastels, and water based clays. Resistive media materials are crayons, magic markers, pencils, oil based clays, Styrofoam, cardboard, wood, and stone. Simple and complex media refers to the number of steps and mental operations required in using a particular art medium. Other art mediums are structured versus unstructured. The art therapist directs the art task in a structured approach while the artist spontaneously develops the art task in an unstructured setting. For children with special needs, allowing free expression by the child is psychologically and emotionally beneficial (Dunn-Snow 2000). Opportunities for decision-making and problem solving are promoted when a child is allowed to select materials and choose how to use them.

The value of Art Therapy is also embedded in the art process. Demonstrating the art process and providing open-ended activities for the child to express on canvas/paper or with clay/wood allows the child to develop personal and unique interpretations of emotions. Art Therapy is not having the child copy a finished art product. Art Therapy is a process involving children in expressive activities where they can choose their materials and art forms knowing that it's okay to take risks and to undo their mistakes, if they wish. The process promotes cognitive and emotional development that leads to a reduction of anxiety and depression.

Traditionally, there was a widely held belief that people with hearing impairments lack abilities for abstract thinking and imagination (Myklebust & Bruton 1953). Many art programs available to this population place an emphasis on imitation rather than expression. As early as 1968 art therapist Rawley Silver disputed this notion and stated "It would be more accurate to say that the Deaf child lacks opportunities to use his or her imagination." Silver's (2001) research indicates that art

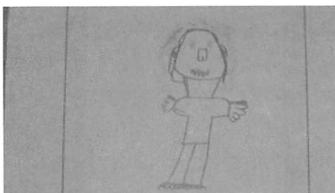
experiences can develop abstract thinking abilities by teaching such concepts as conservation, sequential ordering, grouping of objects and spatial relationships. Montage/collage in which art forms are combined reinforces the same process used in combining words to form sentences. (Kunkle-Miller 1990). Art Therapy is thought to reinforce, activate and extend language. (Uhlen & DeChiara 1984)

A Ten-Week Study

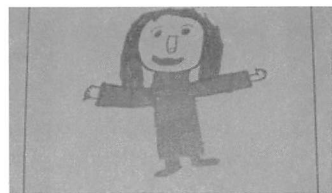
There is a direct link between self-esteem and self-portraits (Sundaram-Raghuraman 2002). Research has proved that art therapy through self-portraits can document a child's cognitive and emotional growth or regression. Art therapist, Peggy Dunn-Snow (1999), facilitated a Florida State University ten-week art therapy seminar for graduate and undergraduate art education and art therapy majors. The students were assigned to three different elementary schools where they instructed children who had special needs. Students with hearing loss were among the targeted group.

The study utilized a curriculum based upon F. Ringgold's story, *Tar Beach*, Hale Woodruff's drawing *Poor Man's Cotton* and a Negro spiritual *Swing Low, Sweet Chariot*. Each week the students learned about the lives of Southern slaves prior to the Civil War, studied a quilt that depicted the activities of the slaves, and were assigned art activities to demonstrate their understanding of the historical events. Two portraits were used to assess the students' cognitive and emotional growth. As a final demonstration of their accomplishments, the students planned an art show to display their work for family members. Strengths and weaknesses of student progress were documented.

For one student with hearing loss, the first portrait was small, without color or details, not covering more than one-eighth of the canvas. In the final portrait, the figure was significantly larger with eyebrows, pupils in the eyes, nostrils on the nose, color on the hair, and cuffs on the blouse. Other children with hearing loss showed similar growth.



First Portrait



Second Portrait

The contrast between the first and final self-portrait suggests that this student experienced cognitive growth and more awareness of her environment as indicated in the details, color, and increased dimensions of the portrait. The more detail a child puts into a picture, the more the child is aware of the environment and emotionally connected to the world.

Conclusion

This article has presented the theoretical and practical aspects of providing support to deaf and hard of hearing children through Art Therapy. The therapeutic approach of using art expression is beneficial for deaf and hard of hearing children because it relies on non-verbal expression. Children are able to normalize their environment, resolve feelings of worthlessness, and assume a positive self-image. While Art Therapy is a recommended therapy for deaf and hard of hearing children, it is known that there is no one approach for all children who have hearing loss. Art Therapy is one of several successful treatments for emotional and social disorders.

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