

A visual dialogue between *lived* and *perceived* experiences of Deafness

Addressing power imbalances when beginning therapy with vulnerable populations

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Bio

Lauren Ross is in her second year of Master of Art Therapy at the University of Johannesburg. She is an educator who has taught in both mainstream and special needs education, having spent the last decade at a school for Deaf children in Johannesburg. Her experience as an artist, dancer, musician, and performer has laid the foundation for these further studies in art therapy, having seen the benefit of the expressive arts in her own life and in the lives of her students, particularly in the Deaf community regarding creative opportunities for connection between the hearing and Deaf worlds.

Abstract

How does a hearing therapist avoid relying on stereotypes in an overarching characterisation of the Deaf experience to engage in meaningful and useful therapy for this population, who are vulnerable due to hearing loss and the dire socio-economic circumstances in South Africa? Adopting a mentalising stance, this arts-based research interrogates how I, a researcher-clinician, perceive potential Deaf clients, how those clients believe that I see them, how that belief affects their self-perception, and how this ultimately affects their behaviour, thoughts, and emotions. To achieve this, I am taking on the role of a participant observer, engaging in the artmaking processes and discussions alongside the participants and asking myself what I am asking of the participants. Carl Rogers' person-centred approach is fitting as it implies that clients can direct and inform their own therapy and healing. The exploration

of our experiences throughout this study exists through dialogue. Therefore, the therapeutic relationship is investigated through the lens of attachment theory. The findings are three-fold: firstly, that a dialogical approach in artmaking expedites the revelation of uncomfortable biases and prejudices within the group and provides a safe and meaningful space in which to explore these; secondly, that artwork underpins and reinforces communication and connection between hearing and Deaf people; and thirdly, that art therapy and mentalising – visual, intrapersonal, and interpersonal by nature – are meaningful approaches to working in the Deaf community in South Africa. This study motivates for the use of art therapy when working with Deaf clients and promotes mentalisation through a dialogical approach in artmaking.

Keywords: Art therapy, arts-based research, attachment theory, deaf, person-centred approach, mentalising

Introduction

In the past decades, there has been a shift from the medical perspective on deafness (lowercase 'd'), emphasising the need for a cure or solution, to a salutogenic approach, highlighting wellness and recognising Deaf (capital 'D') people as a fully-fledged cultural minority with as much value to contribute to society as any hearing person (Horowitz, 2007, p. 144). Unfortunately, I have witnessed that the lingering legacy of the former has affected how Deaf people are valued, supported, educated, and treated. A cycle of neglect, mistrust, underperformance, and mental health concerns has ensued.

This study aims to illuminate stereotypes and suggest best practices when working with Deaf people in therapy. I juxtapose mentalising alongside art therapy with a group of South African Deaf young adults from the Presidential Youth Empowerment Initiative (PYEI). This ten-month project sought to employ youth during the COVID-19 pandemic. Participants in the group, referred to as lived-experience researchers (LERs), are prelingually Deaf and struggling to obtain employment. Artworks by the participants and author were created during six sessions and presented as a visual dialogue comprising pre-emptive artworks by the author, artworks by the LERs and the author's response artworks. The method is iterative in process, promoting and modelling mentalising in the relationship between therapist, client, and artwork.

Deafness and mentalising

As explicated in attachment theory (Bowlby, 1973; Bowlby, 1988), mentalising is the ability to understand our minds, developed during the process whereby primary caregivers display insightful and attuned responses to our emotional experiences as infants (Bateman & Fonagy, 2012, p. 36-51). In this way, children learn to understand themselves and their behaviour because their caregiver accurately reflects their thoughts and feelings back to them. If this interaction is disrupted by separation, inconsistency, inaccuracy, loss or trauma, an insecure attachment style is likely formed, and an individual's ability to mentalise is severely hindered (Chilvers, 2022).

Neural pathways can be redirected with a therapist by building a healthy attachment within the therapeutic context. A large proportion of the cerebral cortex is dedicated to vision, and the face-to-face gaze of the infant and mother is essential for development (O'Brien, 2004, p. 11). However, the effect of hearing loss on language and communication is significant, and by extension, also on attachment and development (Klorer, 2005, p. 213). A prelingually Deaf infant will likely experience sensory deprivation regarding their attachment to hearing primary caregivers, causing insufficient neural circuits to be formed, minimising the creation of effective feedback loops (O'Neill, 2013, p. 5).

Mentalising and art therapy

The value of mentalising in art therapy has been researched by Fonagy (2004, 2012), Haysteen-Franklin (2019), Chilvers (2021), and Springham and Huet (2018), who have explored the use of artwork in presenting a view of the client's inner world (Bateman & Fonagy, 2004, p. 26). In *Mentalizing in group art therapy*, Moore and Marder (2019) extend the idea of mirroring beyond ostensive communication towards visual imagery, promoting the idea that tangible artefacts, representing internal states, can enhance the ability to mentalise. The artwork provides a separateness that can bring to the fore, clarify, and impact abstract or confusing thoughts and emotions (Moore & Marder, 2019, p. 30). The usefulness of applying this approach in therapy for South African Deaf unemployed young adults is explored in this article.

In the South African context, much of the research focuses on rectifying the injustices experienced by Deaf people in education (Rankhumise, 2020), with South African Sign Language (SASL) becoming an official language of

teaching and learning in schools as late as 2014. While the mental health needs of Deaf people have attracted a fair amount of research in the Global North (Aranda et al., 2015; Meristo et al., 2011; Wellman et al., 2013), research interrogating the complex layers of trauma underpinning the mental health of South African Deaf people is vacuous. Given the socio-economic and emotional threats to Deaf people living in South Africa (Martin & Storbäck, 2010; Moodley & Storbäck, 2011, 2015; Rankhumise, 2020; Horovitz, 2007, p. 61), it is likely that healthy attachments are further impeded. As a result, the capacity to mentalise is affected, disrupting psycho-social functioning. Developing effective feedback loops and holding others in mind are skills associated with mentalising. They are pivotal to this research and those mental health practitioners who wish to work with Deaf people.

Art therapy and Deafness

It makes a great deal of sense that the visual nature of art therapy would be an effective form of therapy for Deaf clients who make sense of the world in visual and spatial terms (King, 2020; Hoggard, 2006; Horovitz, 2007). However, art therapy does not directly address the relational challenges between therapist and client in a context laden with the power imbalances and cultural mistrust that apartheid has left in its wake. Nor does art therapy address the wariness between Deaf clients and hearing therapists in terms of language barriers and perspectives on the Deaf experience. Therefore, it is pivotal that potential therapists of Deaf clients in South Africa adopt a person-centred approach to build healthy attachments with their vulnerable clients.

This research, drawn from a more extensive master's study, argues that the optimal process in this context begins with a visual dialogue in which both the therapist and client engage in mentalising to address any underlying prejudices and unhelpful belief systems about one another. This approach can improve communication and trust, promoting an intentional way of negotiating positionality in therapeutic relationships. The triangulation between the lived experiences of Deaf South Africans, art therapy, and mentalising, therefore, becomes a rich approach to therapy for Deaf people.

In 2022, Section 6 of the Constitution's Eighteenth Amendment Bill (Notice 1156 of 2022, 6-7), recognising SASL as the country's twelfth official language in South Africa, was tabled in parliament and opened for public comment. Parallel to this, 2023 will mark the graduation of the first cohort

of art therapy students in the country (and continent). While both SASL and art therapy have been utilised in the country for decades, their formalisation creates a unique opportunity for researching best practices for Deaf people.

Methods

Ethics

The research was approved by the faculties of both Art, Design and Architecture (FADA) and Education (Sem 2-2022-009) and undertaken with the approval and support of the principal at St Vincent School, where the LERs were employed. Informed consent (in writing and SASL) was obtained from each LER. Separate consent was given for the photographing of artwork, as well as for the filming of discussions. Records have been kept in password-protected files on a single device, and hardcopies of artwork have been stored securely. As part of the distress protocol of the research, interpreting and counselling services were offered to participants. However, no participant elected to use these. Participants were not compensated financially for their time. However, they received a USB containing the images of their artworks, a letter of reference, and a revised curriculum vitae to support future job applications.

Participants

Lived experience researchers

Of 25 Deaf young adults working at the school in the PYEI, three volunteers were recruited based on the criteria of deafness and their difficulty in finding employment preceding the PYEI programme. All are prelingually Deaf, people of colour between the ages of 25 and 35 and have grown up in South Africa. The highest level of education amongst the group members was Grade 10.

Researcher-clinician

I am an art therapy student and a researcher in this study. I am a hearing teacher of Deaf adolescents. I have qualifications in education, fine art, psychology, art therapy, and SASL. The participants expressed enough comfort with my fluency in SASL that they declined the offer of another interpreter during the consent process. Therefore, I am responsible for presenting, interpreting,

and transcribing the sessions. These multiple roles are typical for the under-resourced South African context, yet require much reflection to be cognisant of the research aims.

Data collection process, design, and analytical framework

Table 1: Breakdown of sessions

Session	Theme	Art activity	Figures
1	Situating ourselves in past, present, and future	Group image: magazine images collaged into three sections (past, present, and future)	Figure 1 (Pre-emptive artwork) Figure 5 (Response artwork)
2	Identifying skills and strengths	Used HEROized.com to design a superhero based on the list of strengths and skills that others in the group had identified in us	Figure 2 (Pre-emptive artwork)
3	Projecting hopes, dreams, and desires	Selecting playing cards in which we found meaning and placing them in order of our priorities	Figure 7 (Response artwork)
4	Applying resilience to barriers	Modelling clay bricks and building a wall. Labelling the front of the wall with barriers that had been experienced and etching coping mechanisms into the other side of the wall.	Figure 3 (Participant's group artwork) Figure 4 (Response artwork)
5	Exhibition	Reflecting visually on work made in sessions 1-4	Figure 6 (Exhibition)
6	Reflection	No artwork was made in the final session.	

Data was collected from three stages of artmaking over six weekly hour-long sessions (see Table 1) and juxtaposed with relevant literature about deafness, art therapy, and mentalising. In the first stage, I made pre-emptive artworks that preceded each group session, prompted by my beliefs about

the experience of Deaf people regarding specific themes outlined in Table 1. In the second stage, my pre-emptive artwork acted as a stimulus to which the LERs could respond by accepting or correcting my perspective about their experiences. In the third stage, my response artwork after each session reflected on the comparison between the first two stages and the shifts that had taken place in my perspective. Discussions during the workshops were filmed so that the information and reflections of all participants could be reviewed to reveal truths and untruths about one another's perceptions and how this might affect our behaviour, feelings, and approach to therapy. This process draws on ideas from dialogic ethics that assume we are shaped by the differences between ourselves and others (Arnett, 2009) and that learning emerges from the intersection of differing perspectives.

In a hermeneutic phenomenological study, *Beyond Voice: Conceptualising children's agency in domestic violence research through a dialogical lens*, Anita Morris (2020) links the analysis to the real-world context of her participants' experiences in a cyclical re-ordering, reflection, and re-writing throughout her stages of analysis to arrive at useful knowledge and a practical understanding and application for her research. There are four stages in hermeneutic phenomenological studies: a bracketing of pre-conceived beliefs by the researcher, a stage of intuitively attributing meaning by focusing on the variance in the data, analysing the data, and finally, describing the lived experiences of the participants, offering distinctions and critical descriptions in both written and verbal forms (Arnett, 2009).

Integrating Morris' approach with Shaun McNiff's (1998) arts-based research, I arrived at a framework that guided my approach to data analysis. My pre-emptive artworks acted as my "bracketing of pre-conceived beliefs" (Arnett, 2009), in which I was able to demarcate my initial thoughts and ideas about Deafness from the lived experiences of the group. In intuitively reading through both my and the LERs' explanations of their artworks from the six transcripts, five themes emerged: moments of mentalising, interpersonal and intrapersonal communication, biases revealed, motivation for using art therapy with Deaf people, and links to attachment theory. I colour-coded and tabulated these, juxtaposing them with the relevant literature. These layers of analyses were converted into two word clouds (transcripts and literature) to visually gauge and compare patterns, prominent themes, and discrepancies between the lived experiences and the literature. Response artworks, describing the revealed shifts and insights, visually represented our insights throughout the

six sessions and informed my reflexive analysis. I used Lahad's (1997, p. 11) six-part story method as a stimulus for my reflexive journey, documenting my experiences according to his six questions: "Who are the main characters, what is their mission, what will help them, what are their obstacles and how do they cope with them, and what happens next?" Answering these questions allowed me to externalise my thoughts and feelings about our therapeutic relationship, isolate potential therapeutic goals, and make recommendations for this group.

Five fundamental techniques were referenced from mentalisation-based therapy (MBT), including support and empathy (promoting autonomy that elicits change), clarification (involving repeating statements to connect feelings and behaviours), exploration (involving curiosity and offering alternate perspectives), challenging (acknowledging and confronting false beliefs), and transference (where emotions are directed towards the therapist to hold and analyse them safely). Through analysing the art and discussions, I highlighted instances where these techniques had occurred, broadening any overly rigid, reactive, or unrealistic perspectives between us. The art activities included collages, digital artwork, clay work, and assemblage of found objects, explicitly chosen to contain the performance anxiety many clients experience around artmaking and to introduce gentle visualisation and symbolism.

Findings and discussion

This research sought to reveal biases and prejudices between a hearing research-clinician and Deaf LERs. It hypothesised that art making is a way to underpin and enhance effective communication amidst language barriers and promoted art therapy as an effective form of therapy for Deaf clients.



Figure 1: Pre-emptive artwork, Session 1 by author, photograph by author



Figure 2: Pre-emptive artwork, Session 2, by author, photograph by author

My first artwork (see Figure 1) attempted to understand the overall Deaf experience (understandable, given that it was the first session and I had not engaged sufficiently with the LERs yet). However, for my second pre-emptive artwork (see Figure 2), I created a piece for each individual in the group, automatically stimulating more in-depth discussion. While there was remarkable congruity between my pre-emptive artwork and the LERs directive artwork in Session 1, Session 2 aided the group in feeling seen, giving them the confidence to express their individual voices instead of being seen as a collective. Challenging my ignorance that the experiences of even three individuals could be sufficiently encapsulated in a single artwork was a critical mentalising moment that piqued curiosity within us and deepened communication between us.



Figure 3: Resilience, Session 4, by participants, photography by author



Figure 4: Response artwork, Session 4, by author, photograph by author

Between the first and last session, a shift from 'me and you' towards 'us' emerged through artmaking. A journey towards collaboration unfolded as the three stages of dialogue (pre-emptive, expression, and response art) became a single art object. The LERs had added clay bricks to my initial pre-emptive artwork (see Figure 3), which became unstable and required support. In response, I stacked expired hearing aid batteries to buttress the structure (see Figure 4).

These could not be glued together easily and had to be painstakingly grouped into smaller stacks. They were combined once the glue had dried. In the interim, the wall itself, already needing support, held up the unsteady battery stacks. This is not dissimilar to the experiences of the Deaf (Sussman, 1980, p. 18), who, for example, often teach their teachers how to sign to learn curriculum content. Similarly, hard-of-hearing people frequently act as interpreters between Deaf and hearing people. It is as though the one in need of support functions as support until the intended structure is up to the task. The participants reiterated this experience during the sessions.

Another form of prejudice that was revealed was that the low expectations for Deaf children by teachers, therapists, or parents often become a self-fulfilling prophecy (Horovitz, 2007, p. 34), resulting in frustration, isolation, inferiority, self-hatred, oppression, generalisations, an overwhelming need for protection, security and value, deep-seated anger, depression regarding fears of inadequacy, incompetence, and displacement within a family (Horovitz, 2007, pp. 21, 51). Despite research indicating that the prevalence of mental illness in the Deaf population is comparable to that of the hearing population (Rainer, 1966; Pollard, 1994), Deaf patients are often misdiagnosed by clinicians with insufficient understanding of Deafness (Martin & Storbäck, 2010, p. 67). Cognitive and behavioural problems for Deaf people are more likely to be a result of a combination of genetics, neural functioning, and environmental stressors (Horovitz, 2007, p. 61) than of deafness. Illnesses such as cytomegalovirus infection, meningitis, and rubella (well-documented causes of deafness) have also been associated with mental disruptions (Horovitz, 2007, p. 15). Furthermore, the cognitive and social barriers experienced by Deaf people are often caused by a lack of social input and knowledge of appropriate social behaviour, inadequate schooling, and a lack of reciprocal relationship with hearing parents who could not communicate beyond gestures, as well as profound isolation from others (Horovitz, 2007, p. 61). These social, emotional, or behavioural issues that are mistakenly

traced back to the deafness of the client should oftentimes be ascribed to the incompetent signing and communication skills of a caregiver. The opposite approach is far more effective: being competent to work with Deaf people and raising expectations of what they *can* do instead of what they cannot do. This research is dialogical and person-centred. The mentalising approach became fundamental in redistributing these power imbalances. The visual nature of our communication formed a modality more compatible with the abilities of the LERs. As a result, it was easier for them to be vulnerable and open with someone perceived as being on their side, as opposed to someone who may have, historically, represented a discriminatory group in their experiences (Horovitz, 2007, p. 13).



Figure 5: Response artwork, Session 1, by author, photograph by author

An emerging symbol of the octopus in its natural environment (see Figure 5) recognises the valuable creativity and problem-solving ability of Deaf people. LER Lee explains, “We can’t communicate, and so we shrivel up into ourselves like an octopus outside of the sea. When we are in our natural environment, we have so many creative ideas and confidence” (Lee, transcript from Session 6, 2022). Figure 5 expresses awe of this community and an acceptance that they are a fraction of themselves when forced into a world that is not their

own. To visit the natural environment of another, not to fix or save but to discover and attune, will lead to better understanding, enhancing all kinds of communication and integration.

Although Session 3 was themed around hopes and desires, there was resistance to exploring this in-depth. LERs commented, "I'm embarrassed" or "There are too many barriers!" I realised that special care is required when undertaking the dream journey process of MBT. To imagine a safe and happy space might in and of itself feel unsafe due to the fear of failure and the protective boundaries that vulnerable people put in place. For those exposed to adversity, stress, and risk, there may be few experiences of safety, and therefore it may feel risky to imagine. It is better to probe gently for stories and to point out, with sensitivity, those aspects that feel safe and positive. Building the dream journey should be seen more as a process than a starting point toward a safe space. This is an important reminder for therapists not to make assumptions about clients and to work from the point at which their clients are.



Figure 6: Exhibition, Session 5, by author and LERs, photograph by author



Figure 7: Response artwork, Session 3, by author, photograph by author

The exhibition in Session 5 (see Figure 6) revealed that my artwork had shifted from large, generalising, two-dimensional artwork to smaller, individualised works. By Session 3, I moved into the third dimension as though discovering a new level: literal *depth* (see Figure 7). Session 4 was no longer three separate artworks but a single collaborative piece. Again, a fundamental shift in our relationship as co-researchers. I made this observation in hindsight and subconsciously, reiterating the value of meaning making in art therapy: how the artwork brings unconscious thoughts and feelings to the fore. Springham and Huet (2018, 5) extend this idea, stating that “if humans make meaning through attachment, then ostensive communication theory requires that art objects be inter-personalised before they can be experienced as personal”.

The LERs’ innate understanding of visual and spatial symbolism and their display of unprecedented active listening (necessarily needing to watch the person signing without interruption to optimise communication) struck me as abilities from which the hearing world could learn a great deal. The idea that an entire community is labelled based on the one thing they cannot do is arrogant and ignorant: they are ‘deaf’ to the hearing world, not ‘signers’,

'people of the eye' (Lane et al., 2010), or 'listeners' (in contrast to 'hearers'). The LERs' artwork in Session 4, expressing their resilience (see Figure 3), reiterates the abilities for which they *should* be defined: those who have learned to ask, who seek connection, who patiently allow everyone a chance to express themselves, who have hope in the face of immense adversity, holistic communicators, or visually oriented. Defining and interpreting Deaf people's lives in terms of their hearing status is a limiting approach that overlooks how diverse and remarkable Deaf people are (Horovitz, 2007, p. 8; Bahan, 2004, p. 17). In many Deaf communities around the world, and gradually gaining momentum in South Africa, is the belief that Deaf culture is something to be proud of and helps individuals feel part of an influential collective that is seen and recognised to have ability, power, and agency.

It is important to note that while the artwork acted as the common means of communication between spoken English and SASL, it did not substitute the need to use SASL in the sessions. Nonetheless, the joint and collective interpretation of visual imagery was key in problem solving during the sessions. The value of alternative perspectives in mentalising and the clarity that comes through projecting our thoughts and emotions onto an art object in the art therapeutic process should be emphasised here (Springham & Huet, 2018, p. 5).

Session 4 was exceedingly difficult for me, from both a facilitator's perspective and in terms of actual artmaking. The former was characterised by what I perceived to be an unengaged group who preferred to check their phones, arrive late, and leave early. The latter was characterised by an artwork that kept breaking, a mess I felt I could not control, and a product I was embarrassed to present for the research. The perceived inadequacy of the artwork was an interesting vessel to reflect the mentalising between the LERs and me and our desire to present something of ourselves that instilled pride instead of failure. Furthermore, my meaning making in my final response artwork did not correlate with the findings and insight leading up to this point. However, in the discussions from Sessions 5 and 6, the LERs felt that Session 4 was the most meaningful and valuable for them.

Upon reflection and much like a revelation, I have concluded that it was at the point of my ultimate despondency, hopelessness, frustration, and lack of progress that resonated with the group most of all, highlighting the need to feel something before one can truly understand it. This was the moment

we were indeed on the same page about their experiences. It had brought about meaning for the LERs, levelled the power imbalances effectively, and connected us in ways that could not be expressed as richly as through the process of artmaking and reflection. Susan Bruckner (Horovitz, 2007, p. 63) warns of a similar sentiment: that the art therapist may experience the same frustration, isolation, and confusion Deaf people face daily. She writes, "As difficult as this may be, it is an important experience, which may add to empathy and honesty in discussing feelings, especially as they relate to the experience of deafness".

The abovementioned literature pointed towards the finding that the artworks aided in safely expressing complex emotions and assisting visually oriented people in expressing themselves amidst language barriers. In addition, the more surprising finding was in noticing my increased comfort with laughter between the first session and the last. The ability to laugh at ourselves represented the developing trust between us. It is integral in making connections with those different from us, and it appeared to me that there was a great deal more honesty and straightforwardness between Deaf people than hearing, bypassing social niceties with respect and therefore arriving at the truth more readily than through the political correctness often associated with hearing South Africans.

Findings

Biases and prejudices revealed included our shift from approaching one another from our respective Deaf and hearing cultural groups towards seeing one another as individuals within these groups and ultimately understanding ourselves in relation to each other in a single group. Through a dialogical lens, the LERs revealed that both the low expectations placed on them regarding achievement and productivity, and the high expectations placed on them regarding goals and dreams, were equally harmful. While it may seem caring to welcome someone into one's own community, it is even better – in terms of connection, insight, and appreciation – to meet them in theirs.

The study showcased valuable insight into the effective communication skills of Deaf people, characterised by respect and patience. While hearing people can hear, Deaf people have a great deal to teach hearing individuals in terms of listening. The dialogical approach to this research mirrored respectful communication back to the participants in an effective feedback loop. It is

important to remember that while the artworks support this communication, the artworks do not replace the need for proficiency in sign language. Lastly, the vulnerability of making and discussing my artwork with the group, having my perspectives analysed and challenged, and grappling with my own sense of hopelessness and frustration became a valuable point of connection between us, shifting perceived power in the group from privilege, race, education, and the ability to hear, towards authentic and mutual respect.

Initially, I sought to showcase art therapy as an effective form of therapy for Deaf people. This was confirmed by both the LERs and the literature. The unexpected finding, however, was that the procedural knowledge of the Deaf community, as well as what can be learnt from co-researching with them, has the potential to inform the way we approach therapy for other vulnerable groups in the South African context. To test this, I encourage readers to substitute the word 'deaf' in the recommendations section below with their own client population and realise for themselves the universality of these findings.

My main finding throughout this process is that every other finding deduced with and by the LERs, is of the utmost benefit to *all* clients, whether hearing or Deaf. This is the wonder of the Deaf community: if those who can hear would humbly listen, using all our senses and acknowledging our collective humanity (Sacks, 1989, p. 36), we would see, really see, a better version of ourselves reflected there. The 'people of the eye' hold a mirror up to us and allow us the privilege of being part of their world, to be curious about our differences and surprised by our similarities, to connect with something beyond ourselves.

Recommendations

When working with Deaf clients, be acutely aware of the problematic blurring of roles and boundaries between Deaf and hearing people due to historic power imbalances and communication barriers. Be clear about the scope of art therapy practice and see artmaking as aiding communication and expression rather than acting as a substitute for them. Understand that 'deafness' characterises a whole community in as generalised a way as 'hearing' would. Acknowledge that deafness is not the cause of pathology or mental disorder. Deafness can be a symptom of illnesses that affects psychological or cognitive functioning and hearing loss, or it places many Deaf individuals at risk due

to unhealthy attachments with primary caregivers and insufficient social and educational support structures. Be explicit about your aim to harness the therapeutic relationship and the attachment system in developing epistemic trust (Springham & Huet, 2018, p. 9).

Seek out moments of fun and laughter, and take cognisance of when, how, and why these might occur – building an understanding of a Deaf client's unique sense of humour and forming an essential connection with their cultural identity. Humour, fun, and laughter release oxytocin, the bonding hormone also released in the attachment of mothers and babies through breastfeeding (Klaus, 1988, p. 1244). Therefore, humour aids the therapeutic relationship and the attachment neurophysiology. Welcome alternate perspectives of meaning-making and interpersonalising art objects to personalise them. Be prepared that imagining safe spaces may feel impossible to vulnerable people who have experienced consistent disappointment and hopelessness. Make space for the possibility that your discomfort, frustration, and feelings of hopelessness as a therapist are transference and be encouraged that this might be a valuable point of empathy and mutual understanding of complex trauma. Consider working in groups of Deaf clients with similar modes of communication and proficiency. Finally, use response art to assist in clarifying subconscious thoughts and feelings. Showing this to a Deaf client can instil vulnerability and openness, promoting trust.

Limitations

The study was limited in terms of the small sample size of the group, and further study is required to be applicable to wider populations. Furthermore, without fluency in SASL, the findings may differ if the study were to be replicated. While an interpreter may assist in this regard, the possibility that an additional member of the group, whose role would not incorporate the necessary level of vulnerability, would affect the findings significantly.

Conclusion

In this study, the use of mentalising and visual dialogue created the potential for a person-centred shift in terms of power imbalances between hearing practitioners and Deaf clients and a wealth of insight into the lives of the LERs. Participants experienced what it is like to be understood and validated, as space was created for expressing how they perceived, processed, and

responded to my perception of their experiences, building a set of data to inform art therapy practices for Deaf people and shifting the procedural knowledge of the Deaf community into the declarative and academic arena.

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