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The Use of Art Therapy with the Blind to Impact a Sense of Capability

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The Use of Art Therapy with the Blind to Impact a Sense of Capability

An Honors Program Thesis

by

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Abstract

This study looked at the ways in which the practice of art therapy could potentially help blind individuals cope with the loss of sight, and feel more capable in accomplishment through the use of tactile art materials. While art is primarily considered a visual tool, the physical nature of some materials can provide relief and autonomy for those without sight. The research was conducted by looking at the psychosocial aspects of dealing with blindness, researching the therapeutic benefits of art therapy, and conveying examples of successful case studies that used tactile materials in different ways. Based on several findings and a case study, this study concluded that the intervention of art therapy with tactile mediums did relatively have a positive impact on blind clients' sense of capability. Overall, art therapy with the visually impaired experiencing mental health and behavioral issues was shown to provide moderate improvement in quality of life, therapeutic relief, a sense of self-accomplishment, and a better understanding of themselves through physical materials.

Keywords: blind, visual impairment, art therapy, tactile materials, capability

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The Use of Art Therapy with the Blind to Impact a Sense of Capability

I. Introduction

The creation of art has been widely known to be used as a powerful visual tool to express emerging social, political, emotional, and even therapeutic ideas for a given time and place. As art is normally perceived as an inherently visual experience, many individuals may only appreciate it for its aesthetic value, when it can be fostered into something more compelling and

beneficial to the world. When the visual component of art making is taken away, what is left is a purely sensational experience based on the way a human being feels during the creation process, rather than what they see. In itself, the process of art making can be naturally therapeutic by providing an outlet for momentary escape from the everyday world, and establishing a safe space for self expression. The practice of art therapy allows for individuals to use this art making process as a tool for expressing issues they are dealing with and find a sense of relief and accomplishment.

For people that are blind, art making may not ideally seem like a useful mechanism for healing due to its visual nature, but the physical properties and sensations from the process of creating can provide an outlet for emotional expression and catharsis. In working one on one with a blind client at the Long Island Head Injury Association in Hauppauge, New York, art therapy seemed to be a useful tool for working on task completion and helping the client better understand their own sense of capability. By using tactile materials incorporated with drawings, art therapy helped to foster a sense of accomplishment in combining different mediums and having an individual successfully make something for themselves. For a person who lost their sense of sight that formerly knew the world visually, adjustment to blindness can take a heavy toll on a person's self-concept, their general mental health, sense of independence, and overall quality of life. The individual can be left feeling incapable of doing daily tasks by themselves, and may isolate from social interaction. While counseling treatments are effective in helping clients express what they are going through, art therapy allows for the visually impaired to physically create something for themselves and represent how they are feeling in order to feel more accomplished. The use of art therapy with blind individuals can help to positively impact a better sense of capability and overall sense of quality of life.

II. Literature Review

Blindness and Visual Impairment

Definition

Visual Impairments can be defined in a variety of ways depending on the level of sight and severity of condition. According to the American Foundation for the Blind, the term visual impairment can be defined clinically as “a visual acuity of 20/70 or worse in the better eye with best correction, or a total field loss of 140 degrees. Additional factors influencing visual impairment might be contrast sensitivity, light sensitivity, glare sensitivity, and light/dark adaptation” (2017b, para. 3). Therefore visual impairment encompasses all categories from low vision diagnoses to complete blindness. Complete or total blindness is defined as the inability to see anything through either eye (2017b). Individuals who are categorized with visual impairments may also be diagnosed with functional limitations, referring to how lack of visual functioning affects one’s ability to pursue daily living tasks or activities. These types of limitations require assistance from caretakers to do simple tasks such as walking, reading, self-care, cooking, or other daily activities (American Foundation, 2017a). The varying severities in visual impairment and blindness can all lead to different levels of assistance needed but all can take a toll on an individual's mental health. Not being able to be fully self-sufficient can lead to issues regarding quality of life and feelings of capability.

Types of Blindness

Globally the leading causes of visual impairment are commonly uncorrected refractive errors, or problems with the shape of the eye, cataracts, and glaucoma. Other common causes are diabetic retinopathy, traumatic injuries, and other diseases that create the onset of blindness of vision loss. According to the United States Eye Injury Registry, eye injuries or traumatic injuries

are the second most common cause of visual impairments, more commonly in male individuals older in age. Blunt objects are the cause to about 31% of eye injuries related to visual impairment, but only 9% of these eye injuries are from motor vehicle accidents (Leonard, 2002).

Diseases such as glaucoma or diabetes that are leading causes of blindness around the world can be devastating to adjust to in terms of quality of life. Glaucoma being of the most common causes of blindness in many countries that can occur at all ages is most frequently diagnosed later in life. The symptoms of glaucoma are hard to diagnose early on because they are non-specific, so it is usually detected when the disease is in a more aggressive stage that results in losing sharpness of vision, and eventually complete blindness in many cases. There is no real cure for glaucoma but preventative measures can be taken when it is diagnosed early enough to reduce definitive vision loss risk (Belevska, Gjosevska-Dastevska, & Velkovski, 2016). Diabetes mellitus affects the endocrine system associated with metabolism and vascular complications that can affect many organs throughout the body, including the eyes. The most serious ‘ophthalmological complication’ results from ‘proliferative diabetic retinopathy’ which can lead to extreme damaging of vision and in many cases complete blindness depending on treatment, progression of the disease, and weight of the individual (Belevska et al., 2016). Because these types of diseases cause for blindness or visual impairment typically later in life, adjustment of day to day living without sight can be a difficult transition.

Traumatic injuries commonly caused by combat or accidents lead as a cause of blindness such as Traumatic Brain Injuries, or TBI. While damage to a client's vision is generally common with a TBI and occasionally treatable, reported cases of blindness resulting from this type of injury occurs only about 2 – 4 percent of all cases. This usually occurs with a major blast or fall to the back of the head, and while the eyes remain normal on the exterior, “...the function in the

brain allowing the eyes and brain to communicate would be damaged and no longer work”

(Tilney, 2015, p. 1). Unfortunately this type of damage is irreversible and often can leave clients frustrated and depressed because they can no longer see and live the life they used to.

Prevalence of Blindness Globally and in the United States

Many visually impaired and blind individuals exist in the world that make up a large population of people. According to the World Health Organization, it is estimated that there are about 285 million people who are visually impaired in the entire world, with an estimated 39 million making up the blind population and 246 million with reported low vision. Of that amount, approximately 90% of the population’s visually impaired live in low-income environments, making necessary care difficult to establish. In terms of age range, 82% of the worldwide blind population is the age of 50 or over, and “1.4 million are irreversibly blind for the rest of their lives and need visual rehabilitation interventions for a full psychological and personal development” (World Health Organization, 2014, p. 1). However, 80% of the world’s visually impaired population can be prevented or cured (2014), leaving those with permanent blindness susceptible to feelings of frustration and depression. When a disability occurs and could have been prevented, individuals are often left feeling even more aggravated with the circumstances of changing their everyday life.

In the United States, it is estimated that about 1.3 million Americans are legally blind, and 10 million individuals are considered blind or visually impaired. Of this population, about 5.5 million are senior citizens, and only 1% of the visually impaired community are actually born blind as it is more common to lose sight at an older age. While blindness is prevalent in the United States population due to diseases like glaucoma, diabetes, or traumatic injury, among 70% of working-aged adults remain unemployed (National Federation of the Blind, 2017). Due

to the nature of the disability having lack of self-sufficiency, it is often difficult for blind adults even work at all.

Psychosocial Aspects of Blindness

Quality of Life

Definition. An individual's quality of life can be a vital part of their mental, physical, social, and overall well being in the way they live. The World Health Organization defines quality of life as “an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment” (2017, p. 1). Quality of life encompasses a broad spectrum of the way a person lives, and is determined by many overall factors of living conditions. A visually impaired or blind person may find difficulty adjusting to their new terms of quality of life after the loss of vision.

Quality of life measuring tools. In order to assess the aspects of a person's quality of life, there must be measuring tools to determine what they might be experiencing. Many studies will use models that incorporate different aspects of an individual's life such as levels of anxiety, depression, social interaction, marital status, employment, general health, or any other psychosocial or physical concept of a person's life. These types of tests and tools help to score different parts of an individual's life through techniques such as questionnaires and therapies, to get a better overall picture of an individual's living situation. One example of a test measurement is the WHOQOL-100, which “scores relating to particular facets of quality of life (e.g. positive feelings, social support, financial resources), scores relating to larger domains (e.g. physical,

psychological, social relationships) and a score relating to overall quality of life and general health” (World Health Organization, 2017, p. 3). The WHOQOL-100 is designed with testing for validity and reliability, as well as being able to test for quality of life cross culturally. Other quality of life test use the same type of scoring systems regarding a large spectrum of questions and reliable individual based reports that encompass a wide range of a person's life.

Findings from research on quality of life. The way in which an individual enjoys their sense of livelihood in terms of the quality of their own living environment can greatly impact the state of their mental health. For those who are blind or severely visually impaired, quality of life is much different from that of a sighted individual. This is particularly an issue for those who became blind later in life, because the way in which they live had to drastically change based on capability of their own independence and not being able to act or see the same way they used to. Belevska et al. (2016) conducted a study with 140 blind adults of 70 participants with glaucoma and 70 with diabetes, all at different stages of disability. The examination looked for quality of life measures in both groups in terms of “gender and age...parameters related to their place of living, occupational status, marital status, housing conditions, recognition of the Braille alphabet, social life, comorbid conditions...mobility, self-care, everyday activities, pain/inconvenience and anxiety/depression...” (2016, p. 39). The study wanted to examine the type of quality of life these individuals felt they experienced, as well as to see if there was any difference in this between the two diseases. Many of the studied factors did not find any significant differences between the two diseases, but standards of employment, social life and disability, were shown to significantly impact the quality of life in both groups. “The majority of the examinees, 83 (59.29%) rarely mingled with friends out of their homes, out of which 27 (38.57 %) had glaucoma and 30 (42.86%) diabetic retinopathy” (2016, p. 42). Becoming handicapped

significantly changes the world around an individual, and those who are blind may feel alienated in their own homes not being able to navigate the outside world without assistance. This can lower self-esteem and lower interaction with others outside of the home, which may be damaging on quality of life. Those who are married may feel less alienated in this sense of having a companion to socialize with, but it is still contained only within the home, and limits outside interaction. On top of limited socialization due to blindness, those who experience more physical ailments from diabetic conditions can feel even more isolated with lack of mobility, and even unemployment.

Traumatic injuries from war can also cause damage to an individual's sense of mental and physical health, as well as their quality of life. Along with the physical complications that come with fighting in combat, many men and women suffer blindness from these traumatic injuries. There are many factors that affect an individual's quality of life when they have become blind such as gender, age, and education level. It has been shown that age is one of the most significant factors in determining a person's adjustment and quality of living with blindness, in that the earlier the onset of vision loss the easier it typically is to deal with (Amini, Shojaee, Haghani, Masoomi, & Davarani, 2010). For adults who are already going through the process of aging in terms of physical ailments and lessening independent capabilities, suffering from blindness due to a traumatic injury can be very hard to accept and adjust in their new quality of life. A 2010 cross-sectional study examined the quality of life, or QOL, of 248 Iranian veterans of the Iran-Iraq war who experienced a variety of physical injuries and complications from combat, as well as total blindness from these traumatic injuries. The most common cause of blindness from the group of participants was landmine explosion from war. The study found that participants who were higher in age and suffered more physical injuries scored lower on the

mental and physical components of their QOL. There was also a correlation found between QOL and education level, in that participants with less of an education experience more difficulty in achieving a sense of well being (Amini et al., 2010). It is not surprising that those with more severity of injury and the onset of age would experience lower QOL, especially on top of being blind, because their lives have more increase for dependencies on others to care for them. Those who are adjusting to blindness have already experienced the trauma of losing their vision and losing some sense of independence, so when accompanied by severe physical injury it can be even more difficult to find a sense of quality or purpose in life. This also is considered when it comes to occupation or education level, because those who have lesser education or severe enough injury that they are incapable of working may also experience a lessened feeling of accomplishment in one's life.

In Nigeria, blindness and quality of life has become a major issue, as “the current burden of blindness in Nigeria is estimated at 1 million blind adults and 3 million visually impaired people, with about two-third of these blind people having avoidable causes of blindness” (Tunde-Ayinmode, Akande, Ademola-Popoola, 2011, p. 156). Because Nigeria is an underdeveloped country, many of the causes of visual impairment come from cataracts, glaucoma, corneal scarring, river contamination and poor surgical procedures. Due to the high number of individuals suffering from blindness, maladjustment to vision loss is very common in terms of psychological distress, which can often go untreated due to the lack of rehabilitation treatment offered within the country. A cross-sectional study was done in Nigeria over the course of 2 months that examined the blind population of the country in regards to their levels of maladjustment in the areas of domestic life and mental state. The study concluded many of the blind population were well adjusted in the areas concerning family life such as social interaction

and marriage. However, the majority was found to be maladjusted in areas including education, mobility, occupation, and psychological health. The data concluded that, “Thirty-eight (62%) people reported ‘being unhappy’ (the highest rated symptom), 27 (44%) reported ‘not playing useful role in life,’ and 29 (48%) reported ‘daily work suffering because of illness’” (Tunde-Ayinmode, et al., 2011, p. 160). These are key symptoms that are shown as signs of depression in individuals, especially when concerning a trauma such as vision loss. The massive problem of blindness in Nigeria leaves the population without mental health care to adjust properly to their new life condition. Low-income countries have a more difficult time attaining mental health services, leaving those with certain issues without any means of dealing with their problems and not understanding their own quality of life.

Depression and Anxiety

The grieving processes for those who experience onset blindness at a later age can result in many different types of distressing emotional reactions, but most commonly experience depression and anxiety. Out of all the reactions to vision loss such as anxiety, shock, denial, or anger, depression was found to be the most prominently experienced form of grieving from 85-92% of cases, along with a much higher dependency on friends and family due to lack of ability to perform certain daily tasks (Greenough, Keegan, Ash, 1978). The 1978 study published by the *Journal of Clinical Psychology* that explored this concept examined recently blinded individuals and how well they adjusted to their loss of vision based on levels of depression and personality testing.

Of the participants, there were 114 certified blind individuals from the ages of 16 to 70 that were interviewed for the study. All of the subjects were classified as blind at maximum 2 years prior to the interview and questioning taken place. The study’s goal was to examine if

differences could be conveyed between those who adjusted to their vision loss well, and who had coped poorly. Additionally, the study wanted to see what personality traits prior to participants' blindness would possibly predispose them to depression or how well they would cope. By using Cattell's 1966 Personality Factor Questionnaire (16PF) and the depression scale of the MMPI, the subjects and their loved ones were asked to answer a series of questions to determine these signs of adjustment and depression levels. The subjects were split into two groups of highly depressed individuals, and minimally depressed, where 81.3% were found to be severely depressed in the first group, and 84.4% were suggested as non-depressed in the second group. The data from the study implied that those who were found to be the most psychologically stable, or the least amount of depression, were categorized prior to their disability as assertive, social, independent, freethinking, and even stubborn. Those who had become severely depressed after their onsets of blindness were discovered to prior be categorized with personality traits of being humble, shy, or reserved. To the same effect, those who were categorized as formerly independent were able to adjust better on their own, while those who were more depressed seemed to be more dependent on others and had issues with social adjustment (Greenough, et al., 1978). The study concluded that those who have the personality traits of originally being less independent and bold may be more prone to depression when experiencing the traumatic loss of vision that is endured by blindness at an older age. While there were many that were well adjusted to their blindness and found ways cope to a new lifestyle, it is common for many people to experience the severity of extreme depression. Greenough and the rest of the authors of this study quote an idea of what it is like to have to accept this type of grief, "Cholden (1954) has stated that for a blind person to cope with blindness, he has to die as a sighted person and be reborn as a blind individual. In order to undergo this metamorphosis, an individual has to allow

himself to be experimental, freethinking, worldly, socially bold and uninhibited” (1978, p. 87). An individual has to accept that this is the new life they have to endure with all of its ups and downs, which is an extremely difficult concept to grasp for those just experiencing a loss of sight. For those who do not originally exemplify the personality traits of being “freethinking” or “socially bold,” it may be a much more difficult process to accept this new way of living.

Another study looked at the feelings of low self-esteem and symptoms of depression and anxiety in a school for blind children and young adults to understand how blindness can affect an individual at a young age. With the approval of the Institutional review board of Quaid-e-Azam Medical College, a 2014-2015 cross sectional study was taken place in Blind School Model Town and Blind School Bahawalpur to examine the effect that blindness has on students psychosocial mental health and adjustment levels. 40 blind students from the schools volunteered ranging from the ages of 10 to 22 years old to answer a questionnaire regarding feelings of depression, anxiety, guilt, and self worth according to the DSM-IV Criteria for Major Depressive Disorder. The study concluded that “out of 40, 55% (22/40) of them were found depressed (as assessed through DSM-IV), [and] 50% (20/40) were having difficulty in making new contact” (Ishtiaq, Chaudhary, Rana, & Jamil, 2016, p. 433). Over half of the participants in the study displayed that blindness has a psychological impact on experiencing difficult in one's life, which can lead to feelings of depression and antisocial contact. Blindness can leave some individuals feeling hopeless or isolated due to their incapability to independently perform or interact in social situations or everyday life.

The trauma of vision loss can also most commonly be linked to levels and signs of depression due to the overwhelming sense of loss towards a major function of the body. It can especially be difficult to deal with for those who are older in age because they have already

experienced their whole lives with the presence of sight, and now have to adjust to life without it. The Longitudinal Aging Study of Amsterdam examined this type of research to see how vision loss and depression were linked, and if there were other factors that contributed to the likelihood of experiencing depression along with visual impairment. The study did find that the more severe the vision impairment was, the greater the amount of depressive levels in participants. However, they found that the vision loss alone does not account for the depression, but rather other factors such as having a social network and relationships with partners or loved ones. The study found that those with less peer support or social interaction experienced higher levels of depressive symptoms (Nispen, Vreeken, H. L., Comijs, H. C., Deeg, D. H., & Rens, G. B. (2016). With any type of mental illness regardless of physical handicap, symptoms can often worsen when an individual does not have access to a social support system. Adjustment and quality of life usually tend to be better when a person does not feel so alone in what they are going through.

Functional Limitations and Lack of Capability

The capability of enjoying daily life and regular functioning is something that usually comes naturally to the everyday able-bodied individual. For those who have experienced a sighted world and then became blind due to some type of injury or illness, the feeling of being capable to accomplish even the smallest tasks can become extremely difficult and frustrating in a visual world. According to Merriam-Webster's dictionary, the term capable be defined as, "having attributes (as physical or mental power) required for performance or accomplishment, having traits/conducive to or features permitting, having legal right to own, enjoy, or perform, or having or showing general efficiency and ability" (2017, p. 1). Because many blind individuals have to rely on the usage of others for certain functioning, this type of feeling of capability or having the ability to grasp something can become very frustrating in their lack of independence.

When blind individuals rely heavily on others, they may feel as though they have lost a sense of control in their life. As discussed in Ishtiaq's et. al study (2016), lack of self worth and control that come from experiencing blindness in a sighted world can make a sightless individual feel like they are not capable of living their lives independently and completing normal tasks. All of the factors discussed in a person's quality of life and overall mental health when they are visually impaired contributes to the way they function in the world and feel capable in living.

Art materials as well as other types of creative therapies can provide an outlet for the blind population to regain that sense of enjoying a given task, being able to complete and pursue something on their own, and explore a sense of technique that provides accomplishing a skill.

Establishing self-concept. Attaining a sense of self-concept and self-esteem is a major task that comes with adolescence and a person's general development in adulthood. Learning how to socialize with peers, finding one's identity, and growing into one's body all comes with the onset of emerging into a new age group. For adolescents who are blind or visually impaired, socializing and attaining self-esteem with their disability in mind can be a challenging task. An Israeli 2007 study conducted a research experiment questioning the idea of self-concept between sighted and visually impaired/blind high school students of varying ages. The study concluded that both the sighted and visually impaired or blind adolescents had relatively similar views of self-concept in regards to values and ideas of general outlook. However, the blind and visually impaired scored significantly lower in terms of social interaction with peers with regards to spending time with friends and making social relationships. (Lifshitz, Hen, Weisse, 2007). It can be more difficult for visually impaired students to establish meaningful leisure time with peers, as their social abilities tend to be lacking with the loss of sight. This can leave these individuals feeling worse about their disability and lead to possible feelings of isolation, especially in

adolescents. Connecting and interacting with peers is a major function of establishing a sense of self, especially in adolescence. Individuals are able to understand their own sense of self better by relating to other around them. When someone who is blind does not experience this type of socialization, it may be harder for them to understand their own sense of identity and self-concept. While this idea is crucial in adolescence because of the emerging sense of discovering one's self, it can be understood as an important task at any age. For those who become blind later in life, they may find themselves lacking in the social interactions and relationships they once had due to less mobility from lack of sight, which can lead to issues regarding self-esteem and concept of the way their personality use to be around others. Social relationships can sometimes help to define how individuals their sense of self, so for those who are visually impaired, a self-concept could be viewed in a more negative or incomprehensible light.

Self-esteem in adults who become blind in their lifetime can be experienced in various ways due to a variety of different factors concerning their age, circumstance, or time of their onset blindness. For those who were not born blind and experienced vision loss due to an accident or traumatic event, they have a much harder time coping and adjusting to a new way of life that feels much less in control. It can take a great deal of time for grieving and processing for an individual to accept this state, as "adjustment to blindness is an ongoing dynamic process rather than a series of predefined steps an individual has to follow" (Papadopoulos, Paralikas, Barouti, & Chronopoulou, 2014, p. 412). The self-esteem of blind individuals changes because they are adjusting to a period of time where their performance level has changed drastically, which can make them feel self-conscious and thus lowering their view of themselves. Losing the sense of sight can make simple day to day life functioning difficult, which can be a very challenging to accept that loose of control. Individuals who are more recently blind have been

found to experience more symptoms of lack of self-esteem and signs of depressive emotions because they have not yet fully accepted and processed this disability in their lives (Papadopoulos et al., 2014). Taking these factors of a new lifestyle without sight into account can be a very difficult adjustment and thus lower a person's self-esteem and sense of self-concept into a more negative mindset.

Forming and maintaining intimate relationships. The interaction of intimate relationships with a significant other or spouse for someone who is blind or visually impaired can vary from person to person depending on when the onset of their blindness was and the circumstances of each relationship. For those who are blind later in life and are already married, the majority of a visually impaired individual's interaction is typically happening within the home with their spouse. Blind individuals may be very reliant on their significant other to help them with daily tasks, which may have an effect on their overall intimate relationship. However, the Belevska et al. (2016) study discussed how marriage of those who are visually impaired shows a higher success in quality of life and is important to the self-esteem of the individual. For those who are blind earlier in life such as during childhood or adolescence, it can be much more difficult to form intimate relationships in interaction with sighted peers, as it is much more challenging to relate to one another without the use of the visual senses (Pfeiffer, Pinguart, 2011). This is especially challenging in adolescents because of the superficial nature of teenagers, who generally base their potential for a significant other to be in aesthetic appearances at a visual capacity. For adults, this challenge is still present, but often find are either experiencing visual impairment after they have found a spouse, or can find an easier time relating to another person with adapted maturity.

Psychosocial adjustment. Visual stimulation is the most basic form of communication and sensory feeling that we perceive as human beings. For a person who has experienced the trauma of vision loss, it can be extremely difficult to adjust to life knowing how things once looked, and now being in the dark. Losing one's sense of sight can have a significant effect on a person's mental state, "along with the emotional pain that accompanies any significant loss, the loss of vision involves the trauma of losing access to much information" (Hershberger, 1992, p. 509). Adjusting to blindness is so difficult for many individuals because it is in fact a traumatic event, losing such a basic way of obtaining information and the world around us. Because it is such a basic form of human understanding that many people do not even think about, it makes the loss even greater and harder to accept. About 65% of human interaction occurs nonverbally through visual cues to process information of how others are acting or feeling. A newly blind individual has lost this major concept of communication causing great distress, and now has to adjust to interaction and human connection in a different way. For these types of individuals, rehabilitation encourages them to rely and heighten their other senses to cope with the loss of sight (Hershberger, 1992).

The process of adjusting to blindness can be difficult in terms of a new sense of self-acceptance in an individual's life. For any human being, accepting and loving one's self is a crucial part of maintaining a healthy sense of psychological health. For those who suffer the disability of blindness after previously having their sense of sight, acceptance of this loss and consideration of the self can be a difficult process to consider. According to a 2014 study and examination on self-acceptance testing scales, there are three main concepts in achieving the path to understanding and accepting one's self:

The first is 'body acceptance', defined by Tilka [6] (p. 59) as 'expressing comfort with and love for the body, despite not being completely satisfied with all aspects of the

body'. Another important attitude is 'self-protection from negative judgments from others', which consists in a lack of concern that others are judging oneself negatively [7-8]. The third attitude focuses on 'feeling and believing in one's capacities', which includes recognizing, appreciating and developing positives thoughts and feelings about one's capacities and realizations [9-10]. (Morgado, Campana, & Tavares, 2014, p. 1)

Body acceptance, self-protection from others judgments, and believing in one's capabilities are all healthy steps to achieve a normal sense of acceptance and comfort in one's self. For those who suffer from any type of disability, this can be a very important yet difficult concept in recovery. Individuals who experience onset blindness early on or later in life face the challenge of having to create a new sense of self-acceptance, especially in terms of believing in one's own capabilities.

Treatments

Counseling Treatments

Mental health treatments for the blind and visually impaired can range depending on symptoms and psychosocial wellness. Traditional talk therapy and other forms of counseling such as cognitive therapy or group therapy are often used as outlets for expressing any type of psychological distress over the loss of vision and orienting goals to adjust to a new lifestyle. Both group and cognitive therapies have been shown to be relatively effective for visually impaired and blind individuals in decreasing depression and anxieties, dealing with distress over the handicap of not being as capable, and overall acceptance the disability. A 2013 study showed how visually impaired individuals with high distress displayed improvement about their attitude towards others from the group counseling, and in addition showed decreased tension of depression, anxiety, fatigue, and general acceptance of their disability. For the visually handicapped, "these results suggest that group counseling, combined with individual cognitive therapy, can be an effective part of rehabilitation treatment for clients who have high

psychological distress” (Ueda, p. 229). When combined together, group and individual cognitive therapy can provide an outlet for individuals to express their negative emotions regarding visual impairment, relate to others who are experiencing the same feelings, and set goals for acceptance of their new capabilities. Cognitive therapy allows for clients to understand what they might be experiencing psychologically, which can further help to adjust to the grieving process of losing one’s vision. While these types of therapies can be very effective for many individuals, some may need a different style of therapy or possible in addition to what they already receiving to really express their needs in a more creative and physical way.

Creative Arts Therapies

Many different forms of the creative arts can be useful tools in self-recovery and enjoyment for individuals with visual impairments. Along with the fine arts, music and theater can also provide relief and accomplishment for those who are blind within the learning experience. While many may feel that musical theater relies on the visual senses, the impact of song and performance with help and encouragement can provide an important sense of pride for visually impaired individuals. One school created a program to let children and adolescents from grades 3-12 with blindness and visual impairments participate in a musical theater program that encouraged them to act, sing, story tell, and read scripts to enhance their educative environment and provide an enjoyable outlet for creativity. While the program was created for education purposes, many of the students regarded participating in musical theater as an enriching and enjoyable experience to feel a sense of fun and accomplishment. “Through the use of musical theater, students with visual impairments can read a script or lyrics from a song, listen to music that conveys emotion, interact with classmates in role-playing activities, and learn from a unique and creative point of view... [It] connects students with each other and generates understanding

and functional skill building through their interactions with the material” (Okikawa, 2012, p. 378). Individuals learn how to interact with one another, learn a new skill, and are provided an outlet for conveying some type of emotion that does not require the use of sight, making the experience more successful and therapeutic. This type of therapeutic relief is beneficial for blind individuals regardless of age because learning a new skill and finding enjoyment in it can help to feel a sense of accomplishment and capability without the use of sight. Singing and even some forms of dance do not rely on the visual senses, by rely on the feeling and emotion that comes from within. Being able to grasp that feeling and help let a blind individual express themselves better and experience therapeutic accomplishment.

Art Therapy and Blindness

Art therapy has been used in a wide variety of populations as a healing tool that slightly deviates from the traditional types of therapy that are commonly used for psychological treatments. The American Art Therapy Association defines art therapy as “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (2017a, para. 3). Art therapy uses art making as a tool for expressing one’s emotional states and functioning in addition to discussion as opposed to only using talking as a means of communication. While many perceive art making as an incredibly visual experience, art therapy can be provided as a useful tool for visually impaired individuals in their coping process of disability. *Art Beyond Sight* is an educational novel from the American Foundation for the Blind that looks at ways art has been created and improved the lives of blind artists and individuals. The book discusses historical artists who lived with some form of visual impairments and still created artwork, as well as direct perspectives

from modern day people who have been impacted by the visual arts without the usage of sight. Scott Nelson, one of the blind artists that talked about his own experience, was well in his career as a sculptor when he was diagnosed with an eye condition that eventually made him completely blind. Instead of fighting with his desire to regain this type of visual experience in the same way, he found insight in thinking about art in the way it uniquely is perceived in his own mind and the minds of other blind artists. Nelson explained, “people who cannot see are as likely to have a need to make and to appreciate visual art as anyone with sight; that mental visual activity persists even after loss of sight; and that self-esteem is attainable through engagement in the visual arts regardless of the degree of visual activity” (Axel, 2003, p. 29). Nelson felt that the visual arts can still help to improve a person’s quality of life and feelings of self accomplishment even with visual impairments, and that there are some elements of being blind that make the art making even more interesting. Nelson has helped to spread art making in the blind community by creating his touring exhibition, “Art of the Eye,” that displayed works from blind and visually impaired artists across America. (Axel, 2003). For this artist and many others, art provides a sense of accomplishment and perspective that can help to improve daily living. Many people would consider art to be an incredibly visual experience that is nearly impossible to find enjoyment or skill in without the sense of sight. The use of art therapy for those who lack a sense of sight does not focus on necessarily what the product looks like, but the process of how the individual feels when they are creating the art and the sense of accomplishment or relief it gives them. Art is common knowledge to artists and most people around the world that art naturally has some type of healing power, that lets the individual express themselves and escape reality in one sense or another. It is the act of creating that drives a sense of hard work and accomplishment, and often to convey an idea that is meaningful to the person creating it. Just

because a person is blind does not limit their ability to create something that comes from what they are feeling inside and they are capable in making something that has meaning to them.

Increasing awareness of the capability of the blind in creating and establishing themselves as artists helps promote the therapeutic benefits of the art making process.

Therapeutic benefits of art therapy. The therapeutic benefits that art therapy can bring to a person can help them to alleviate the stress they are experiencing from their current situation, or even just learning to cope with everyday life. Treatments are focused on the needs of the individual to undergo personal reflection and most importantly find a simple sense of cathartic relief. The therapeutic benefits provide “Visual and symbolic expression [that] gives voice to experience, and empowers individual, communal, and societal transformation...Art Therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change” (American Art Therapy Association, 2017b, p. 1). Art therapy sessions typically provide a plan of action or treatment that sets goals of what the client needs to work on to better themselves and promote the most amount of self accomplishment. For the visually impaired population, art therapy can still provide all of the therapeutic benefits of self-awareness, resolving conflicts, enhancing cognitive changes, and most importantly establishing a sense of cathartic relief.

How art therapy is used for the blind. Art therapy can be used in a variety of ways to help the blind and visually impaired cope with the loss of sight in a visual world, as well as help them to feel accomplished and capable of themselves. Typically, incorporating materials that have a tactile or physical sense to them, rather than being purely visual, are helpful in achieving therapeutic relief. These tactile materials can have a way of providing boundaries, orientation of

tasks and completion of a skill, and many other benefits for individuals with blindness. However, these clients are not limited to the use of tactile materials, and can still use elements of visual art such as drawing and painting to experience alleviation. There are many case studies and practices that explore different ways that art making can be incorporated in the therapeutic process of helping the visually impaired. One example of how art therapy can be used for the blind shows how art making can make a person feel freer and more like themselves. Carla, a teenage girl who was only partially sighted, would create what she called “personality globs” out of clay and drawings of “mind pictures,” where she would simply close her eyes in a meditative like state, and create with clay or marker “whatever my brain and hands tell me to do” (Rubin, 2011, para. 3). Carla expressed how she felt more relaxed creating these images without sight because she was not concerned with her images or sculptures looking realistic, but rather creating them solely for the therapeutic benefit of relief. Taking herself out of the visual world helped to experience a sense of capability and self-accomplishment, as she stated “I’m more free, like I feel more like myself when I draw something indirect.... I feel good, you know” (Rubin, 2011, para. 1). In this case, the individual found therapeutic relief in not being concerned with the visual world, which is a helpful step in accepting visual impairment. The expression of creating for the sake of creating is also a therapeutic benefit in the art making process, where it is more about the feeling of a higher sense of quality in one’s life, and accomplishing a task and feeling good about it, rather than its aesthetic value.

Using tactile materials in some form can be a different way of understanding the world through the sense of touch, similarly to the way things are often perceived through sight. One theory discusses how it has been shown through a variety of studies and research that that vision and touch can “share the same type of mechanisms for spatial perception”(Juricevic, 2009, p.

23). The way human beings see the world around them shares a similar experience to the way they experience the way things feel through the sense of touch. For those who are blind, touch is mainly used as a way to perceive space and surroundings as a replacement for vision. By determining the way aesthetic experiences in artwork are perceived by the viewer's input, the characteristics of spatial foreground, background, and middleground, and color recognition, imagery could be translated into a tactile form of art that incorporates all of these elements. Taking a "visual spatial representation" into a tactile experience would allow a blind viewer to feel what a certain piece of artwork feels like, which could help them to further imagine and perceive something similarly to a sighted individual (Juricevic, 2009). This concept opens possibilities to get blind or visually impaired people who were formerly sighted to find a sense of enjoyment in a visual experience they no longer have. Being able to perceive art in a tactile experience can also provide ways for blind individuals to learn about concepts of art that they could eventually create on their own. It conveys the relationship between visual impairment and how the sense of touch becomes extremely important for making non-visual experiences and memories. This is incorporated heavily in the use of art therapy with blind clientele by using very tactile materials, and letting individuals create something with meaning that they can perceive without sight.

Completely blind individuals have the challenge of coping with living in a world that is dependent on visual stimuli without the major sense of sight. For a child who is born blind or becomes blind during early development, the task of obtaining a sense of self can be much harder to achieve without the use of this major sensory stimulation. Blind individuals should be encouraged early on from their development or the onset of their blindness to be stimulated in other non-visual ways that will help them to experience object relations and a sense of purpose in

the world around them. Because non-visual sensory activity and stimulation is so important to the developing blind individual, art provides a great outlet for therapeutic relief and intervention due to some of its tactile and sensory qualities. Working with textures and malleable materials, the blind client can experience design elements that are normally perceived visually in a haptic way. The purpose of the art making is “to allow the child to feel sufficiently secure and oriented so as to arouse his or her curiosity about the environment without the usual accompanying anxiety” (Henley, 1992, p. 42). Being able to experience the world around them in a more comfortable way without the everyday anxieties can help the individual feel more capable in their daily functioning. Lowenfeld’s research with blind children in the 1950’s provided insight for the visual and haptic ways of experiencing the world. Despite blindness, the developing child organizes stimuli in a way that is similar to visual discriminations. According to Lowenfeld, this means that blind children have a sense of space and scale that is adjusted to their own abilities (Henley, 1992, p. 43).

Metaphor and pictorial devices are also often used in any type of drawing to convey some sort of message. Society and media often use these devices in cartoons or imagery such as putting a light bulb on top of someone’s head to express an idea, or using certain symbols to express meaning to something else. Artists use this in their own work to convey points they want to get across, or depict a certain type of imagery. For those who are blind, the loss of sight does not diminish this sense of pictorial representations in artwork.

One study observed that the blind have their own sense of using metaphor and line work to express meaning in drawings. A woman who became blind during infancy expresses her ideas and feelings through tactile line thickness and the use of edges in her drawings. “She progressed to inventing devices to do with non-tactile senses, such as frog calls and the taste of a hot pepper,

and for purely psychological subjects such as thoughts (Kennedy 2008, 2009). She drew meandering lines around a coffee cup to suggest that the person with the cup was worrying fruitlessly about personal problems” (Kennedy, 2013). The way this person uses line work indicates feeling symbolically through metaphors and symbols. Being able to have an individual sense of expression is very important for blind individuals in creating artwork in the healing process, and feeling capable in their actions. The practice of art therapy that incorporates tactile mediums in some form can help the visually impaired better understand themselves and their sense of accomplishment.

Art materials for the blind. A variety of art materials can be used for the blind in the process of artmaking and art therapy sessions, but commonly it is effective to use mediums that incorporate some type of tactile sensation. Clay is most typically used as it has many therapeutic qualities that use tactile senses, as well as giving a sense of grounding and outlet for intense use of a person's dexterity. Constructing something physically is beneficial for blind or visually impaired clients because it allows them to perceive what they are making through touch, rather than sight. While clay is a great medium beneficially for the blind and is usually the most common, other types of tactile materials that may not even be traditionally be considered art mediums can be used incorporated with drawings and paintings. Materials such as sand, flowers, rocks, beads, hot glue, finger painting, gems, tape, and basically any other material that has some physical property to it can be used to create types of mixed media artworks that help to blend the three dimensional and two dimensional properties of art making. Using these types of materials with drawing and painting instead of separately can help promote a sense of capability in those who are blind by taking a traditionally flat and visually based way of artmaking, and making it tactile to be perceived without sight. The following case studies will show examples of how

different types of tactile mediums can be used and combined in a variety of ways for therapeutic relief, and to help increase a sense of accomplishment and capability.

III. Methods

Qualitative Research

The best way to conduct a study on a given topic is to have quality research that helps to support a certain claim. Qualitative research can be defined as collecting a large variety of different forms of data, and examining them from numerous angles to convey a meaningful image of a complicated situation by focusing on phenomena that occur in natural settings and studying them in their complexity (Leedy, 2016). Examining a subject from different sources of information and viewpoints can help to further an argument and better explain the point an individual is trying to make with actual facts.

Case Studies

A major part of the findings in this thesis is usage of both researched and personally conducted case studies. A case study is when “a particular individual, program or event is studied in depth for a defined period of time” (Leedy, 2016). The case studies in this paper help to strengthen the argument of how art therapy treatment can impact a blind individuals sense of capability and accomplishment with specific examples of clients who have tried different methods of art making.

Data Collection

All of the data that was collected, including the literature review and case studies, were found through reliable databases, books, and quality websites. The process of this data collection was to first research the background information for blindness and its psychosocial aspects. The art therapy research and examples of case studies were then found to support the claim of how art therapy can be beneficial for impacting a blind individuals sense of capability. Each case study explains the clients given problem behaviors and psychological states before art therapy

treatment, and then goes into explanation of art directives that were implemented and how effective they were at improving a client's mindset or well being. Each case study uses different techniques that incorporate tactile materials in some form to let the individual feel what they are creating.

IV. Findings

The first four presented case studies were found as research from Registered Art Therapists, and the fifth study was conducted by an art therapy intern.

Case One: Matthew

Background

The case study of Matthew describes a completely blind four-year-old child who had severe developmental delays and received art therapy treatment. Matthew had problems with language, cognition, mobility, and was considered 'tactile defensive,' or sensitive to touching or being touched (Rubin, 2016). He exhibited poor sense of individuality or deviation from the self, as well as his mental and emotional age being much lower than his developmental stage. The goal of Matthew's art therapy sessions was to help increase capabilities of normal functioning, and to decrease his tactile defenses.

Art Therapy Process

In early sessions, Matthew's behavior consisted of screeching, crying, nonverbal communication, and self-stimulating actions such as hand flapping in response to the media and his emotional issues. The art therapist began with the use of song to suggest the beginning and end of art time to help Matthew learn transitional skills, as well as physically playful activities to establish a sense of trust between client and therapist. Within 3 months Matthew began to show signs of enjoyment in movement and song play along with more relaxed behaviors, so the therapist was able to move to more tactile beginning art materials. The therapist gave Matthew different types of textures that were non-threatening such as water, shaving cream, and seeds. Matthew took a particular interest in fluid materials such as water through hand-over-hand direction and encouraged movements such as stroking or patting exploration of the media. Eventually the client became more comfortable with using other medias and decreased his tactile

defenses to be able to create art and explore interaction with materials. After 9 months of this type of therapy, Matthew's screeching and crying decreased, and was able to contain himself and not turn away from touching materials. In this case, the blind client was able to diminish some fear of tactile senses through the usage of softer materials, helping him to function well in everyday life. Matthew also expressed enjoyment in exploration of materials and communication skills through the use of his art making experience (Rubin, 2016). The therapeutic benefits of these tactile materials helped a client to achieve capability in containing his self-stimulating impulses and control sense of self-awareness.

Reflection

For Matthew, art therapy was not necessarily about creating a particular image for its aesthetic value, but rather to incorporate the use of art materials to help with his tactile defenses and function more as a capable human being. Using simple materials such as shaving cream or seeds that have a softness to them were meant for the improvement of his sensitivity to touch, not necessarily particular art making, which seemed to have a positive impact on the way he presented himself in social situations. While art therapy is usually geared towards create something in particular for a given task, just incorporating art materials and different tactile mediums by touch seem to have an effect letting a person become more capable in their sense of socially acceptable behaviors, according to Matthew's success. The tactile materials also provide a secondary way of relating to the world by dealing with Matthew's issues through touch similarly to the way one might express themselves through sight. Having sensory issues being his primary target, using touch as a way to perceive feeling the way a person might originally see the outside world allowed Matthew to better understand his emotional impulses and decrease his tactile defenses physically (Juricevic, 2009). As expressed in Henley's theory, tactile materials

can provide a sense of relief for blind individuals by understanding orientation with physical materials, and decreasing emotional anxieties (1992). Matthews erratic emotional behavior and sense of his social environment seemed to improved due to his work with tactile materials. Being able to control these behaviors and function more appropriately could lead to a higher quality of life for Matthew to be able to understand his actions. Having the art materials help with Matthew's issues of controlling his crying and screeching was a great improvement in his overall sense of capability in handling his own emotions and controlling the way he can function normally in society.

Case Two: Stefanie

Background

An art therapist at a residential School for the Blind created a case study describing the positive effects that tactile art therapy can have on adolescent blind students. A fourteen-year-old girl named Stefanie was diagnosed with Batton's disease, a rare degenerative illness that results in blindness at a young age, and progressive loss of major mental and physical functioning. Stefanie reportedly loved to go to art therapy, which helped her to process and create metaphors for many emotions she was feeling due to her blindness and disease (Herrmann, 1995).

Art Therapy Process

The themes in her work were usually on the subjects of nature and animals from what she recalls in imagery before she became blind, and created a large variety of ceramic sculptures over the course of two years to help her deal with her terminal illness and loss of sight. The sculptures helped Stefanie flourish in feelings of self-accomplishment and growth, in a time where her body is slowly deteriorating. Many of her pieces such as a tree full of fruits and leaves (Figure 1) symbolize the growth that she wished to have, letting Stefanie process her feelings

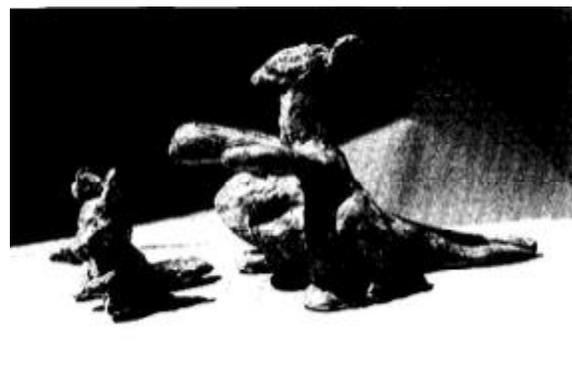
through the art making. It even helped her process her transition into a wheelchair, as she created a piece that made the idea a little easier. Stefanie sculpted two kangaroos, a mother and child, poking holes into the spots for the eyes for the child kangaroo to be blind just like her (Figure 2). She explained to the art therapist that the child kangaroo was getting quite big, but it was still able to go back into the mother's pouch because that was part of their nature. Stefanie and the art therapist talked about how this was a metaphor for how she was feeling about giving herself permission to accept adult help about going into her wheelchair and dealing with her illness. This gave her a great deal of relief from her anxieties, and even helped her to easily transition better into using the wheelchair (Herrmann, 1995).

Figure 1. "The Fruit Tree"

Figure 2. "Kangaroo Mother and Child"

Reflection

Stefanie used clay and the power of metaphor to promote healthy healing and processing



of emotions in her life through her art therapy treatment. Dealing with a debilitating disease during adolescence can be especially challenging for a young girl losing her sight and physical capabilities, so the art materials allowed her to express those difficult feelings for further

acceptance and therapeutic relief. Her art therapy sessions allowed her to express her anxieties through the art making process and materials to better understand what she was going through metaphors and creativity (Henley, 1992). While Stefanie might have not felt as capable in herself by having to transition to a wheelchair, the kangaroo sculptures she made help her understand that it is okay to ask for help and accept the way she may need assistance from time to time. The art therapy sessions seemed to benefit Stefanie in helping her process her emotions about her blindness and physical complications, as well as feel the therapeutic relief that the art making process can bring with creating something tactile.

Case Three: Larry

Background

Judith A. Rubin is an acclaimed art therapist who has worked with a variety of populations and written various texts on the healing process of art making. In Rubin's text *Introduction to Art Therapy*, she explains the beginning concepts of art therapy, as well as conveying a variety of different case studies and populations. Throughout the text she discusses cases about blind children and how art therapy has helped them find acceptance and deal with other issues regarding their feelings toward blindness. Rubin explains how normal functioning children are already dependent enough on their caregivers, but blind children and emerging adolescents suffer a greater challenge when they are forced to constantly dependent on others to do basic life functions. Because of this dependency, it may be difficult for blind children to be able to express their feelings of hostility or anxiousness due to their blindness without feeling judged or guilty. However, when given art materials, children with disabilities such as blindness are more inclined to be able to express their emotions when they are provided with a safe, contained environment for creative outlets (2010, p. 32).

In the 1970's, Rubin worked at the Western Pennsylvania School for Blind Children with blind and multi-disabled children and adolescents running art therapy groups. Given the nature of their disabilities having a visual handicap, the group members were given a wide variety of sensory stimuli and tactile art materials that they could choose from. After seven weeks of the art therapy sessions, Rubin found that the art making for these blind children showed significant improvements in levels of "relaxation, involvement, independence, originality, and flexibility" (2010, p. 132). The art sessions provided the children with a time to accomplish something independently, helping to gain self-confidence and capability skills. While this process cannot bring the blind individuals sight back or make them feel completely at peace with their disability, it provides a sense of exploration and excitement in being able to find pleasure in an activity that is cognitively and emotionally stimulating.

One particular client within this art group that Rubin notes was an eight-year-old blind boy named Larry who was originally thought to be psychotic according to his chaotic behaviors. Larry exhibited behaviors such as self-talk, rocking back and forth, threats to smash objects or people, and withdrawing himself from others and reality by isolating and making up stories with different characters from his mind. The child suffered from congenital glaucoma, a disease where the individual gradually loses eyesight over time. After a variety of fifty complicated surgeries throughout his childhood, Larry eventually had his eyes removed at the age of five leaving him completely blind. On top of the trauma of the incredible amount of medical procedures and vision loss Larry had to go through, he also experienced the loss of his sister who died of cystic fibrosis before his operation to remove his eyes. He was apparently always jealous of his sister, and often expressed through his art making that he felt his blindness was a punishment for his "badness" due to the guilt he felt about her passing.

Art Therapy Process

Larry's art therapy consisted mainly of clay sensory materials that incorporated sounds and tactile touch experience, as "he enjoyed the sensory pleasure of squeaky markers and smooth wet clay" (2010, p. 201). Using sensory materials helped to ground and relax Larry through his therapeutic process of dealing with his issues. The art materials became props in his drama stories, where he would create clay planets or rocket ships, talking about a boy getting lost somewhere in space. The art therapy space provided a safe outlet for Larry to let out his fantasy ideas with an accepting adult that would not judge him. He would even create clay scenarios about going to the doctors, relying his many medical procedures that he had to go through. Eventually the client started a drama series with clay pieces as props that indicated the "Good Larry" and a "Bad Larry," where he played both of these roles and the art therapist played authority figures in his life such as his parents or teachers. The "Bad Larry" indicated the part of himself that displayed psychotic-like behaviors and constant fantasy world. According to Rubin this process went on for many months with the inclusion of symbolic representation of his lost eyes. Eventually Larry successfully tamed the "Bad Larry," by wanting to stay at the School for the Blind because the "Good Larry" was finally starting to enjoy making new friends and learning. After 6 years of sessions he stopped his art therapy, as he had successfully regained a sense of reality, diminished his harmful behaviors, and gained a rounder sense of self (2010, p. 202). By allowing Larry to explore his fantasy world in a healthier way through the usage of tactile art materials and drama, he was able to express the problems he was facing and learn normal behaviors. The art making process provides a sense of capability in one's self that can allow an individual to express their emotions, while creating something they can be proud of.

Larry's art making also seemed to provide a better sense of acceptance to his loss of vision and eyes, by expressing his attitudes towards the loss through his materials.

Reflection

Larry's art therapy sessions provided an outlet for his fantasy world to be created without judgment, while simultaneously helping him to understand and deal with his emotional turmoil over his many complications. The use of drama therapy acting combined with the art making provided Larry with a way to confront his "bad" self in a more physical way, which ultimately led to his eventual success in diminishing his harmful behaviors and better sense of self. It may have took him a long period of time to get to the stage of a mentally healthier place, but learning to accept and adjust to blindness in his life was an ongoing process that is not something that comes easily (Papadopoulos, Paralikas, Barouti, & Chronopoulou, 2014). Larry's case shows how incremental change can occur through the art therapy process by letting an individual express their unique needs that will allow them to become a more capable person in society. Giving a blind person a way to find therapeutic relief in a world that is visually unknown to them can help them to understand the emotions they are dealing with and how to find a sense of feeling like a capable person again.

Case Four: Linsey

Background

While clay and other physical materials provide a great outlet for blind or visually impaired individuals to express their inner emotions and feel more capable due to its tactile qualities, art therapy with this population is not limited to strictly using these mediums. The *American Journal Of Art Therapy* published a case study that conveyed a "No-Fail Method" for drawing and painting for the blind. Providing a client with a method that gives them a sense of

self-expression without the frustration of lacking sight in their art making can help to increase self-esteem and allow the person to achieve without a sense of failure. Rosalyn Benjet, a Registered Art Therapist who formerly worked at Lighthouse for the Blind in San Francisco, created this method after some of her clients expressed boredom in only using clay materials. Benjet had the most success using this method with her client Linsey, who was a 55-year-old woman who had been blind since she was 3 years of age. Linsey was originally sarcastic and withdrawn, and was at first very apprehensive in her painting session with the art therapist. She progressed from images of simple landscapes to eventually work with much more meaningful and complex pieces on subjects that were more important to her such as people in her life or places she had been.

Art Therapy Process

This art therapist's "no-fail" method was to first ask the clients what kind of imagery they wanted to paint. Once the type of image was decided on, the art therapist would outline the image with masking tape or hot glue on a canvas, so the client would be able to feel and understand the boundaries of each part of the painting. The art therapist would ask the client if they wanted to draw anything in particular in each portion of the canvas, and would assist them in creating the image they desired. With much encouragement, the client would then paint each section to create a certain type of imagery. To further the achievement in the client's work, the clients can be given paint with braille (given that they read braille) written on each tube so they can pick which colors they want to use independently. Benjet experienced great success in this method, especially with her client Linsey. During her sessions, Linsey began to open up about her difficulties in childhood through her blindness and was able to get through some of her emotional turmoil. She progressed in her sessions from very rigid, jerking motions in her

painting to fluid, relaxed strokes. Linsey expressed great therapeutic relief and enjoyment in creating her artwork and considered herself an artist, even selling two of her paintings (Benjet, 1993). Setting this blind individual up for creating artwork that had a “no-fail” method of expression seemed to help to achieve a sense of accomplishment that did not require the use of sight.

Reflection

Art making in itself can be a therapeutic process for anyone regardless of whether or not they may be dealing with an internal or external struggle. For those who are blind, many people may not understand how art making can be possible or in any way helpful because of its supremely visual qualities. Many individuals who are blind tend to work with tactile materials instead of drawing or painting because of its sensory qualities that do not require sight. However, drawing and painting can still be an effective method of providing therapeutic relief for blind individuals who value the process of art making, rather than focusing on the product, as seen in Linsey’s progress through her art therapy sessions. The use of the masking tape or glue borders in the artwork still provided a tactile sense of creating so she was able to understand what she was creating, and in turn she felt positively towards it. To the same effect, the therapeutic process of painting can help to open a client up to discuss and deal with issues they might be feeling inside. As expressed in *Art Beyond Sight*, the visually impaired population can still benefit from creating and experiencing art by allowing them to accomplish something truly for themselves (Axel, 2003). For a blind individual, the act of creating something that would normally be viewed as ineffective without sight can be very satisfying to create in a more reliable way. The act of painting is normally very reliant on visual ability, but being able to incorporate something extremely visual into something a non-sighted person can experience and perceive in

their own way can help them to feel more capable in themselves and their ability to accomplish something those with sight normally do. The fact that Linsey was even able to sell some of her paintings created for a greater sense of accomplishment in herself and sense of pride in her ability to create art, as well as relish in the therapeutic benefits of the art making itself. All of the progress and sense of accomplishment she felt in being capable enough to create her own artwork as well as sell it may have helped Linsey to experience an increase to her quality of life.

Case Five: Jim

For the sake of confidentiality and privacy of the individual, the following case study has had the name of the client changed and been given a pseudonym. The client, to be referred to as “Jim” in this study, has signed consent for the use of his information and artwork for educational and research purposes.

Background

Jim was a 49-year-old male who was seeking day treatment at the Long Island Head Injury Association. When Jim was in his early 20’s he was an avid motorcycle rider and had a history of very responsible driving. At the age of 23, Jim was going for a ride when another motorcyclist struck him in a major accident. From the accident, Jim suffered a closed head injury. He was in a coma for 3 months, and as a result of this unfortunately suffered from a number of complications and disorders. He was diagnosed with a Traumatic Brain Injury (TBI), complete blindness, hearing impairments, a seizure disorder, impulse control disorder, short-term memory deficiencies, and osteoarthritis. While Jim suffered a traumatic brain injury, he was relatively high functioning despite the small amount of cognitive abilities he had difficulty with. He often repeated himself due to his short-term memory loss from the TBI, but could remember people by their voices. Jim had a past history of psychiatric care to deal with his frustration. He

was no longer in psychiatric care, and went to day treatment at the Head Injury Association while receiving therapy once a week to deal with his frustrations for performing cognitive and physical tasks. Jim had a girlfriend named “Kate” whom he had been dating for 15 years and often referred to her as his wife. They both attend the structured day program at the Head Injury Association. Jim often talked about his love for Kate and how she had impacted him greatly. She seemed to be a very important part of his life and positive goals, especially in his artwork.

Jim had reached a stage of acceptance about his blindness. He often used his hands to feel what something might look like. Because Jim was not born blind, he was able to identify colors that he wanted to use in his artwork. He was able to describe the nature of what type of artwork he wanted to make. He used a cane to walk but often had someone help him from place to place. Jim has also been diagnosed with Impulse Control Disorder due to his brain injury and blindness. Consequently, Jim would get easily frustrated when he is unable to express something. He could be impulsive and have outbursts that can be inappropriate. He often excessively complimented many of the women that worked with him, stating, “you’re so beautiful”. However, Jim had been working on being more appropriate with females.

Art Therapy Process

Birdhouse directive. One directive that was done with Jim using hand over hand was to create a paper birdhouse. The directive was to have the clients make their own birdhouses and put them onto a piece of paper where they could create a branch to connect it to and decorate the setting. The clients were asked if they were a bird, what kind of house they would want to live in and why if they wanted to share. Having an individual create their very own home setting can establish a sense of autonomy and ideas of independence. The use of having them create a birdhouse rather than a direct image of a home could be viewed as less threatening to the client,

letting them express more accurately what they may be feeling. The clients were asked questions such as who can come in the house or what it's like inside. The art therapy intern worked one-on-one with Jim within the group setting to engage him into the artwork. When someone did not engage Jim, he would sit in the classroom and did not participate. However, when he was worked with, Jim could be incredibly expressive and gain a lot from creating artwork



Figure 3. "Birdhouse"

Using hand over hand, the art therapy intern guided Jim's hand around the house stencil and then cut it out to glue onto the paper. He chose the colors purple and red because they were he and his girlfriend's favorite colors. He consistently used those two colors in most of his artwork because of that reason. The intern and Jim glued on the feathers and sequins together so he would be able to feel the texture of the house. He added a door and two windows, along with a tree branch with autumn leaves, where hand over hand was used as needed (Figure 3). When asked who lived inside and what it was like, Jim stated that it was for him and Kate to live in because she is a positive part of his life. This may suggest that Jim wished to live on his own with Kate and be independent and autonomous together despite their disabilities. Jim expressed

that his image was good because the art therapy intern helped him. The intern reassured him that he created it all on his own with only a little help. This gave Jim a positive outlook and sense of accomplishment.

Serenity garden. Another directive the art therapy intern worked with Jim on was to create a personal serenity garden. For the serenity garden, they started with playing relaxing music and doing a guided imagery by telling the clients to close their eyes and listen. The art therapist then asked the clients to open their eyes and create their own personal Serenity Garden by what they pictured in the guided imagery. They were told to think of things in nature that made them feel relaxed, and what would make them feel good to put in their own garden.



Figure 4. "Serenity Garden"

Jim wanted to put flowers, butterflies, feathers, and sand in his serenity garden (Figure 4). He again used purple and red to signify his and Kate's favorite colors. The art therapy intern told him they could use the three-dimensional flowers so he would be able to feel them on the page. Two of the flowers on the page were to signify two very important people in his life. The red flower signified Kate as that was her favorite color, and he expressed that she was very important

to him and made him feel peaceful so she should be in his garden. He put two pictures of butterflies on the red flower to signify Kate's parents who passed away. He wanted to put them on the flowers so they could all be together again, and to convey they will always be with her in spirit. This may be suggestive of how family is a very important part of Jim's life. He expressed that he wanted Kate to feel this same connection again. The white flower next to Kate's represented another one of the group members, "Sally". Jim claimed she was also very important to him. This particular piece was extremely expressive for Jim, and conveyed a very positive message. It showed a great amount of care and well being for him to create this image, and he seemed to feel very at peace with what he thought of to create.

Therapeutic Benefits

Through his art therapy work, Jim was able to work on his goals of managing his frustration, self-awareness, and task completion and capability. These goals were established as an ongoing process, and used the art therapy tools as an outlet for therapeutic relief and work.

Managing frustrations. Jim's history of Impulse Control and frustrations could make daily life difficult. He had greatly improved by being able to express the causes of his frustrations and managing his relaxation. Using positive regard and helping remind Jim of the positive aspects of his life could help him deal with his frustrations. His girlfriend and family often were expressed to be the most positive things in his life. During the art therapy sessions, Jim expressed little to no frustration and had a positive outlook on both his work and towards others. Using hand over hand with Jim could also help him lower his frustration levels by being able to understand what he is doing in an easier fashion. When he is able to accomplish something, his frustration levels decrease and can keep his impulses to a minimum. Being able to produce art in itself is a task that helped Jim feel more capable because he is doing something

for himself, thus making him feel less frustrated in his disability. Being able to feel more capable by not being as aggravated can help to lead to a higher quality of life.

Self-awareness. In working on his self-awareness, Jim was working on self-advocating by being able to better express himself and his ideas. He enjoyed making others happy, as it makes him feel better himself. Jim could be unaware of how some comments he may say to others to make them happy can be uncomfortable due to his Impulse Control Disorder. His blindness also provided a barrier in being unaware of his surroundings. Hand over hand art therapy interventions and verbal communication seemed to help Jim in being more aware of himself and what he is able to accomplish. Communication of what he wants and how others feel can help him be more aware of himself. Being able to understand how to better relate to others can help with any current or future social relationships in knowing what is appropriate and how to behave better. Creating artwork using the hand over hand technique helped him gain some control of what he was doing and how he could do it, making him more self-aware. This could also help Jim put the focus back on himself instead of always on others, allowing him to be more capable in his personal sense of self and feelings of quality in his life.

Task completion and capability. Improving Jim's task completion skills and sense of capability were very important goals that he had been working on for a long time. Due to Jim's blindness, he sometimes put little to no effort in completing any sort of task because he could not see it. This resulted in a lack of self-confidence and feelings of sadness to complete anything. Due to his TBI, his cognitive skills were not in the best condition and needed work. Working one-on-one with Jim within the group art therapy setting helped him to complete his artwork and tasks. When he was encouraged and focused with help, his mood was elevated and felt good

about being able to accomplish a task. If he achieved a sense of self-accomplishment from the art making process, he could feel better about his cognitive skills.

Reflection

When Jim was engaged in the art making process, his work could be incredibly meaningful in concept and symbolism, as well as increased his ability to feel capable in completing a task. While his artwork was usually centered around being with his girlfriend and others, it showed cognitive ability to create something with meaning and a sense of accomplishment. Jim's use of symbolism in the flowers of his serenity garden created for a sense of importance that he shows for his loved ones. The art making process with the help of another person allows for Jim to express himself and what is important in his life. This outlet helped him to complete a task where he normally would not have, and for the experience of being capable in creating. Being able to create something and feel proud of it is still an attainable sense of achievement and helps to better foster a sense of self without the need for the visual sense (Axel, 2003). The use of the tactile materials such as flowers and stones helped Jim be able to feel what he was doing and 'see' in a different way. This process is successful for blind individuals because it allows for them to create a visual experience in a physical way that can be perceived by feel, helping to heighten a sense of capability in one's self, as well as benefiting their quality of life.

In working with a client who is blind and has a multiple number of other complications, there can be a lot of potential barriers and setbacks that can make the client feel like it is hard to accomplish anything they can be proud of. Using art therapy, Jim had been able to look past his barriers and feel accomplished at the fact that he was able to create something, even if he required a small amount of assistance. Art therapy has been known to show therapeutic benefits

of using cognitive abilities, helping to increase self-esteem, providing a sense of accomplishment, and overall improving one's understanding of themselves and their quality of life (American Art Therapy Association, 2017b). Jim's art therapy sessions displayed these therapeutic qualities by giving him a chance and encouragement to complete a task without the use of sight. All of the themes in his artwork discuss how his girlfriend and family are the things that keep him positive despite his setbacks. While this is a very important thing for Jim to have in his life, it seemed that he often projected positive feelings onto others so he did not have to focus on himself. With encouragement and the occasional hand over hand intervention, he was able to complete something with control, not feel frustrated, and gain an overall sense of capability and pride in himself. While these achievements may only be in the moment of his art making and when he was positively encouraged, it is important that he could feel this way even if it was only in a short period of time. Hopefully the art therapy intervention will continue to assist him in achieving his goals for the better and bring another positive element into his life.

V. Discussion and Conclusion

Discussion

The findings on both the psychosocial aspects of adjusting to blindness and the use of art therapy in a variety of case studies have shown the implications of how art making and art therapy through the usage of tactile materials can have a positive impact on a visually impaired individual's sense of capability and overall quality of life. Each case study provided a different perspective on how the tactile art materials can be used in different ways to effect progressive change, from strictly physical mediums like clay (Herrmann, 1995), to more creative artwork that incorporated tactile sensation such as glue or tape boundaries with drawing and painting (Benjet, 1993). It was found that understanding one's perception of the world without the use of sight and creating an established sense of self can be difficult in the transition to blindness, especially in terms of adjustment and quality of life. Depressive states of emotion and lack of social interaction have been shown in individuals adjusting to blindness, leaving them feeling less capable in themselves, especially in their lack of independence in relying on their caretakers (Greenough, et al., 1978). Being able to accomplish something in an art therapy session provides a creative outlet to express these negative emotions and begin to work on them, while simultaneously feeling capable in themselves by being able to complete a task independently or with minimal help, which offers a sense of therapeutic relief. The art therapy sessions that were shown in each case study aimed attention on the specific mental struggles or behaviors that the clients needed to work on, and created a process that would cater to the needs of a non-sighted person through tactile sensation materials, while fostering good coping mechanisms and establishing a sense of accomplishment.

Cases one, two, and three all focused on children and adolescents with blindness that mainly dealt with sensory, behavioral, and emotional issues. These clients were given solely tactile materials such as clay and non-threatening mediums like shaving cream or beads. The sensations of the tactile materials helped the two children in Rubin's cases, Matthew (2016) and Larry (2010), focus on the root of their behavioral issues and how to deal with them, leaving room for growth as a more capable functioning human being, and helping to increase future quality of life. For Stefanie, her ceramic creations aided her to express her emotions regarding her loss of sight and physical ailments through metaphors and learn to better accept her blindness and accepting help from others (Herrmann, 1995). She learned that she could still let people give her the assistance she needs, while still being a capable person independently through her art making.

Cases four and five focused on older adults who lost their sight later in life and struggled with the frustrations of blindness and feelings of accomplishment in one's self. Instead of sculpting with clay, these clients were given the opportunity to work on flat surfaces and add tactile materials to them to create something with both two-dimensional and physical properties. This outlet lets blind individuals work with something that is inherently used for visual senses, but adapting it with tactile materials to be able to perceive it without sight. By adapting the two-dimensional surface to be perceived a different way that can be understood without sight rather than just giving blind clients solely physical materials like clay, it allows them to feel more capable in themselves that they can accomplish something that sighted individuals can do. Both Linsey and Jim found success in creating pieces of art that made for tactile sensation and impacting their overall sense of quality and capability in their lives.

Limitations of the Study and Future Research

While art therapy with the blind and visually impaired population has had some practice in a variety of facilities, there is only a very small amount of research on the topic and few case studies to choose from. This is probably do to the incredibly visual nature of art making, so it may not be seen as a common form of psychological treatment for the non-sighted community. Because of the very limited amount of research on the topic, it was difficult to narrow down the study to one age group within the visually impaired population. Having the research convey different age groups may have showed variety and had a general consensus of ideas about capability, but may show a lack of consistency because the ideas of ranging stages of life could be conflicted from one another. Keeping the topic focused on one age group may have solidified the ideas about the adjustment to lose of sight at an older age more clearly, had there been more research to choose from. Any type of research that measures some kind of quality of life or personal emotion can also always have some accounting for error considering possible misinterpreted scoring or analysis when discussing another person's well being.

For future research, it may be beneficial to try the implications of art therapy specifically with older adults who became blind later in life to better understand the psychosocial impact that severe visual impairment has on adjusting to a life without sight, as well as their sense of capability. A lot of the research and case work that has been done was treated on children who would be able to have the rest of their lives spent blind. The impact of having the onset of blindness later in life may be much more difficult to deal with being sighted most of their lives, so the implications of art therapy could show to have a stronger effect on the older population, given there was more research to support this claim. It may also be beneficial for art therapists to incorporate tactile materials more into drawing and painting, rather than strictly the use clay. While clay is an incredibly useful tool for therapeutic relief for the blind, incorporating different

tactile mediums like flowers, sand, glue, etc., with the drawing or painting process may make a blind individual feel more capable in being able to work with something that is normally very visual in their own way. Doing more research with this method of physical materials combined with two-dimensional surfaces could help to further understand how art therapy could positively impact a sense of capability in the blind.

Conclusion

While the art making process can be seen to the world as only an incredible visual experience, the practice and study of art therapy has conveyed the power of how tactile materials and therapeutic skills can positively impact accomplishing a sense of capability in one's self for the blind and visually impaired community. Having a person be able to create something for themselves with the devastation of losing the major function of sight can provide a safe outlet for the expression of inner emotions, and let them feel a higher sense of quality in their lives. The case studies and research on blind individuals better understanding themselves through art therapy displays how the process of art making can be even more important than what the product looks like. Even if the art making only provides momentary relief, being able to express one's self without sight at any capacity is helpful in the healing process. The therapeutic qualities of tactile art making can provide relief for what the visually impaired are experiencing mentally in terms of grief and adjustment, and help them to better understand themselves as capable functioning human beings, even without the use of sight.

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