chapter 3

A Review of Exceptional Children

None of us who work with special needs children are enthusiastic about labeling or categorizing according to some outstanding handicap. Such a taxonomy can undeservedly stigmatize the child. Especially to be avoided are labels which infer that the creative potential of the individual is somehow diminished. The labels I use in this text are intended only as necessary clarifiers which benignly refer to the child's condition. Referring to the etiology of a handicapping condition does not infer a pejorative connotation as to a child's potential in art education. In addition to referring to specific etiologies, I will also refer to children more generally as being intact or deprived, or as functioning at certain cognitive, emotional or aesthetic levels. These terms cut across specific disabling conditions and allude to those aspects of the individual child which affect the way he or she makes art.

In reviewing the special needs populations an art teacher may expect to work with, I use a "presenting problem" format. This means that I will focus upon those salient characteristics which the art educator might encounter in the art setting, in either behavioral or performance terms. By using this focused approach, I hope to spare the reader the detailed clinical information which is not directly relevant to the task of teaching art. The reader is encouraged to regard my review here as an introduction which can be expanded if a particular population is of particular interest or is encountered in the educator's practice.

THE INTACT OR TYPICAL CHILD

By definition exceptional or special needs children are those who deviate mentally or physically from the norm to the extent of requiring special modifications in the classes (Kirk and Gallagher 1989). Most children who do not meet the definition of exceptionality must make do with a system which relies upon mass education. Unless deficits in performance or problems with behavior draw attention to these children, they make their way noiselessly through systems which are not sufficiently sensitized, caring or capable to acknowledge the subtle exceptionalities of each child. The logistical and financial problems facing public schools today prohibit the possibility of attending to children who only deviate from the norm slightly or infrequently. Despite this, educators continue to advocate mental health services and empathic-oriented teaching as being a sound investment for preparing children to meet the vocational challenges of adulthood by supporting them toward emotional well-being and social adjustment (Moustakas 1966, pp. v–vi).

We might conceive of the presenting problem of the intact child in most general terms: Typically, children deal with life circumstances in a range of varied degrees of resiliency and effectiveness (Shaffer 1956). How a child adapts will depend upon his or her constitutional predisposition as well as the quality of environmental support and

Children with handicaps can often work with independence and minimal adaptations. Despite this child's multiple impairments, she demonstrates a quiet determination and intensity in her work.

nurturing. As Lowenfeld theorized in his discussion of objective and subjective responses to stimuli, children will respond and adapt differently to identical situations (1957). A common example of this in the intact population is the case of the brother and sister whose parents have divorced. One child endures the trauma adaptively, while the other's devastation drives him or her to depression, substance abuse or any number of other maladaptive responses.

There are uncountable scenarios of personal crisis that can beset the intact child in contemporary Western culture. Divorce occurs in three out of four families; it splits parents, grandparents and children apart emotionally, financially and geographically. Substance abuse and codependency occur with frightening regularity, while sexual, physical and emotional abuse are also rising in frequency. Parents are often absentee custodians, with both mothers and fathers working longer and harder to meet the requisite standards of living. Often the children themselves are prematurely pressured into preparing for their adult lives, with child precosity being one of the most revered values of the middle class.

There is also an ever-widening gap between material wealth and impoverishment in contemporary society. Never before have so many increased their standard of living while so many others languish in poverty. The discrepancies between family support, health care and education are severe, despite years of government funding and social reforms. Children raised in these dangerous and depressing environments turn to gangs, crime, drugs, sex and other destructive forms of social and self-abuse. For those educators working within our inner cities, these chronic problems have become the norm. Children who would ordinarily be considered educable mentally retarded, conduct disordered, or substance abusive may make up a major segment of the school population; thus numbing and overwhelming those educators responsible for their care.

The influx of foreign children into this country's school systems may also necessitate profound ad-

justments for all children. In several states (California, New York, Texas) former minorities—Latinos and blacks—are now in the majority (Schwartz 1989). The tensions which arise from cultural diversity and discrepancy have forced educators to address this problem on a group basis with minimal emphasis upon the fate of the individual (American Folk Life Center, Library of Congress 1989).

The world is in a state of change unequalled in history. Technology has affected everything and has overtaken our capacity to adjust our values and morals to cope with such sweeping changes. The fabric of the family unit, the workplace, our forms of recreation and socialization have been completely upended, causing confusion and anxiety in both adults and children. The world is now incomprehensibly dangerous, with the nuclear threat, worldwide environmental poisoning and population explosions posing problems of greater enormity than children in any other period of history have had to face. Unfortunately, spiritual support has been supplanted by an emphasis upon short-term gains in material objects. Children may have little recourse but to become increasingly greedy and to crave material comforts to ward off the stresses of the modern world (Kramer 1971). Other reactions often take the form of boredom, cynicism, apathy and nihilism. These feelings often reflect an overwhelming sense of powerlessness and hopelessness.

The intact child should be supported with an empathic atmosphere which places value upon individual expression. In a time of mass production, mass agriculture, mass housing and mass education, the art studio can become a bastion of individuality. There children can exercise an element of mastery over their lives and discover a sense of beauty. Individualized attention to both educational and therapeutic needs of intact children forms the basis and starting point for therapeutic art education.

THE ARTISTICALLY TALENTED

Artistically talented individuals possess a specific aptitude, such as precocious ability in drawing skills, visual perception, or creative problem-solving (Henley 1986). They should not be confused with the intellectually gifted, who process facts, ideas and relationships with rapidity and thoroughness that is above the norm. There is a demonstrated relationship between artistic precosity and high intelligence, however, and it is not unusual for a child to be both artistically and intellectually gifted (Barron 1963).

The most common identifying trait of the artistically talented is an aptitude in drawing which is manifested at an early age and is characterized by a well-developed representational style. Often these children's drawings are richly elaborated with details, themes and other embellishments which enliven and personalize the work. Guilford (1967) considers "divergent thinking" to be central to these characteristics. She sites the fluency or quantity of ideas, the flexibility, breadth or originality of responses as correlating to superior performance. Torrence (1976) drew upon these criteria in developing a test for creative thinking which has been adapted by art educators for the purposes of identifying creative potential (Silver 1978). Kramer (1971) takes a more psychodynamic view of the artistically talented, describing them as children whose powers of sublimation are particularly well developed. This infers that an innate predisposition for art is coupled with intense libidinal energy which is invested with an emotional charge, an economy of means and a capacity for expansiveness with regard to visual and creative problem solving.

In any event, the criteria for identifying artistic talent reflects upon the nature of their presenting problem in generally two ways: The first supposes that the child is well adjusted within his or her talent; while the second infers that the giftedness has been somehow frustrated or thwarted resulting in an "underachieving talented child" (Kirk and Gallagher 1989). Although they share the distinction

of being talented, these two groups have disparate program needs. The former group will require programs which address their need for enrichment, while the latter require modifications which address the antagonisms which have rendered them maladjusted. The presenting problems of these children may mirror those of the learning disabled or emotionally handicapped.

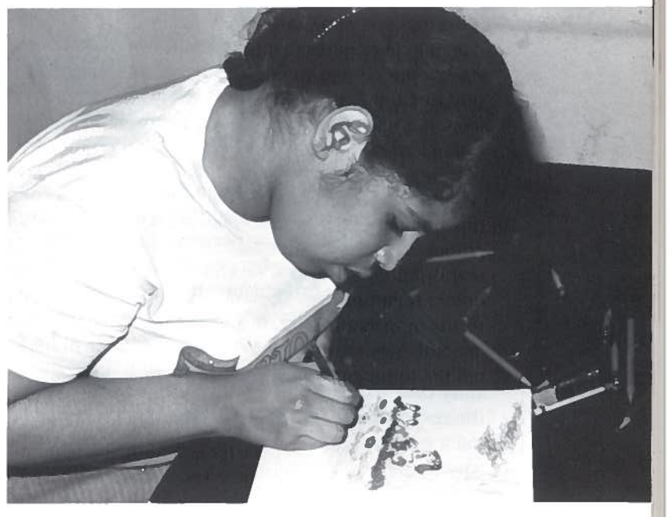
The cognitive and creative needs of the well-adjusted, talented child call for more advanced and stimulating problem-solving activities. These may include exploratory and experimental projects which incorporate both traditional media and unusual materials which challenge divergent abilities. Individual study projects will allow the talented child to research and experiment at his or her own pace, while also creating an atmosphere which promotes originality. It is often a project, a theme or a technique's unique qualities that motivates the talented child, as opposed to simply accelerating a task (Kirk and Gallagher 1962). While advanced studio work may be integral to challenging the talented child, promoting a child's curiosity, intuition and thirst for learning are more often the key to maintaining a high level of motivation.

Managing the precocious child can sometimes be a challenge in itself for the art educator. Talented children, whose spirits have not been crushed or dulled by their home or school experiences, are often given to candor, contentiousness and rule-breaking. They rarely accept a teacher's unsubstantiated claim or tenet. On the contrary, they are more likely to rebel, reject or ignore anything which smacks of the status quo. Teachers who present material in a dogmatic, rote or unimaginative manner are likely to be challenged by the talented child. Strategies predicated upon rigid procedure or standardized solutions may be similarly challenged or rejected by these individuals.

The artistically talented require greater challenges which may take the form of advanced techniques, sophisticated media and individualized instruction. This high school freshman is an accomplished and published cartoonist.

Unlike the oppositional behavior of the normal child, the provocative behavior of the gifted may contain an aspect of precocious reason and deep insight. In their ability to associate, interrelate and evaluate a number of ideas, these children are able to reach entirely new lines of thinking and perceiving. This power of synthesizing fresh solutions to timeworn problems is often one of the hallmarks of the truly gifted and talented child.

It is the task of the art educator to create an atmosphere free of restrictions that promotes the flourishing of skills, originality and productivity. In the role of facilitator, the art educator can assist the talented child by structuring and guiding the art experience so that talent does not flounder in disorganization or a theoretical vacuum. These children function remarkably well in an inspirational or intuitive mode, yet will often need assistance in grounding their ideas. This is often the root of the difficulty in dealing with the underachieving talented child. Kirk points out that a lack of clarity and definition of ideas often coexists with technical or creative precosity, resulting in a lack of practical implementation which often leads in turn to creative blockage. A balance be-



tween inspiration and firm decision-making and other functions of the ego must be maintained by these children so that ideas, regardless of how fantastic they are, can be implemented in concrete terms (Winner 1982). Only then will their art serve as self-expression *and* as a means of communication (Kramer 1971).

Motivational problems with the talented are also often rooted in the pressures that come with being seen as "brilliant." Insecurity, lack of confidence and chronic dissatisfaction over results are some maladaptive subjective responses to the high expectations of others. These children are also sometimes insecure in their breaking of social taboos and will keep low profiles so as to not attract the attentions of their often punitive peers and teachers. Some children actively withdraw and become isolated socially, with only their art being a saving grace. Unless these children are guided supportively, their productivity and motivation may diminish and they may lapse into the secure and anonymous confines of an "average" performance.

It is a commonly held perception that the artistically talented are, as a group, unorthodox individuals. The contentious, yet highly sensitive and delicate nature of these children is often a liability in itself, especially when their appearance or actions do not endear them to their peers or teachers. In some cases such acting out is naive in its purpose; art students have traditionally been free-spirited and are encouraged to stretch the limits of appearance, visual vocabularies, and social customs. In other cases, anti-authoritarianism is more pronounced, with the child attempting to gain attention through outlandish, obscene or other controversial art. This behavior becomes problematic when the antisocial aspects of the activity begin to overshadow the aesthetic/creative attributes of the work. Historically, the line between raw provocation and aesthetic expression is ambiguous at best. Deciphering, managing and supporting the artistically talented student who is exploring this line is the responsibility of the art instructor; he or she must promote experimentation in a responsible way.

LEARNING DISABILITIES

Learning disabilities now affect almost 50% of the student population (Kirk and Gallagher 1989). The term is a catchall label which includes the dyslexic, the perceptionally impaired, those with attention deficit disorders, the neurologically impaired and the hyperactive. All of these groups may vary widely in presentation and degrees of severity. In the milder forms, the learning disabled is associated with erratic or underachieving academic performance despite the fact that the child possesses average or even superior intellectual ability. Although the intellect is considered to be intact, the etiology of the learning impairment is seen to be organically based, with central neurological dysfunction being the central cause of the diverse symptoms. (Federal Register 1977). However, this contention has been challenged by researchers who insist an organic cause has never been actually proven.

The list of presenting problems that may emerge in this population are lengthy and varied. They include hyperactivity, perceptual–motor impairment, emotional lability, attention deficits, impulsivity, memory–recall problems, discrete learning problems (which may be specific to a particular cognate area such as reading comprehension or math skills), as well as a range of other neurological "soft" signs: (Bryan and Bryan 1986).

Learning Disabilities

The learning disabled child's performance in the artroom may appear erratic and it may be difficult to assess or pinpoint the areas of difficulty. I have observed children who have trouble following verbal instructions or a sequence of steps in a project. Calculating measurements with a ruler might be difficult for one child, while copying a design off the board might give another child problems. Some children may do adequate or even excellent work, yet require extra time to complete a project. In other children, the deficits will not affect the learning process as much as their behavior. They may lack concentration or fail to follow social protocols or safety procedures. In the mildly learning disabled, the presenting problem is often the dramatic peaks and valleys in their performance. I have seen children who could draw with great facility, but could not tie their shoes with any dexterity at all. Or children who could not follow a compound verbal direction, yet when given a demonstration, out-produced every other child in the class. These discrepancies in performance or "soft" neurological signs are often overlooked by the teacher because they are inconsistently presented and difficult to detect unless comprehensive testing is undertaken. If properly identified, these signs alert the educator to modify his or her expectations and to offer increased tolerance and patience, as well as to modify the program to address the specific or general deficits.

It is important that the deficits be addressed in a low-keyed, non issue-oriented manner. Given their high level of functioning and acute social awareness, these children may be extrasensitive to their problems. The child who is not managing his or her problem adequately may easily give way to frustration, apathy, defeatism, anger or even rage.

In keeping with a least restrictive philosophy, deficits need to be unobtrusively accommodated with a great deal of camouflaging. These accommodations should facilitate the child's functioning in the class, using whatever modifications are called for to meet the specific needs without calling undue attention to the child or the handicap.

Attention Deficit Disorder with Hyperactivity (ADHD)

Approximately 20% of those with learning disabilities also present with attention deficits and hyperactivity (Silver 1990). In most of these ADHD cases, problems with academic underachievement are overshadowed by attention deficits and behavioral disorders. These often take the form of hyperactive, hyperdistractive and impulsive behaviors which preclude the application of the child's intellectual powers. Thus the ADHD child may have difficulties staying situated, focusing on a task for any length of time, blocking out extraneous sights and sounds, or processing verbal directions or demonstrations. The impulsivity displayed by these children can constitute a danger to themselves and others, especially when dangerous tools are used. Social and work relations with peers are often strained and a general atmosphere of chaos and disruption seems to follow these children whenever they may be working (Gonnick-Barris 1976).

The chief concern in working with this population is providing proper structure. Those with ADHD often require a highly controlled and directed program in which every facet of the art activity and studio procedure must be painstakingly spelled out. Verbal instructions should use short, decipherable, concrete terms and include a visual demonstration. Constant cuing will probably be required to increase the child's awareness of his or her conduct. This is especially crucial when the student has little control over body movements or lacks the ability to monitor social interactions, otherwise these students may inadvertently create enormous conflict in the artroom (especially when finished artworks are at stake). (Insights 1987).

Children with ADHD are often treated with medications, such as ritalin, which decrease hyperactivity in often dramatic terms. (Lerner 1981). To support the effects of medication, a behavioral modification program can provide the child with constant feedback as to his or her progress or regression during the art session. When the problem is distractibility rather than acting out behavior the teacher must adapt the environment to the child's needs, such as using study carrels, to assist concentration and ability to focus. Such a program might be considered restricted or contradictory to the least restrictive policy, yet this is one situation where if we are to preserve order in the artroom, both for the staff and peers, we must resort to these extreme measures.

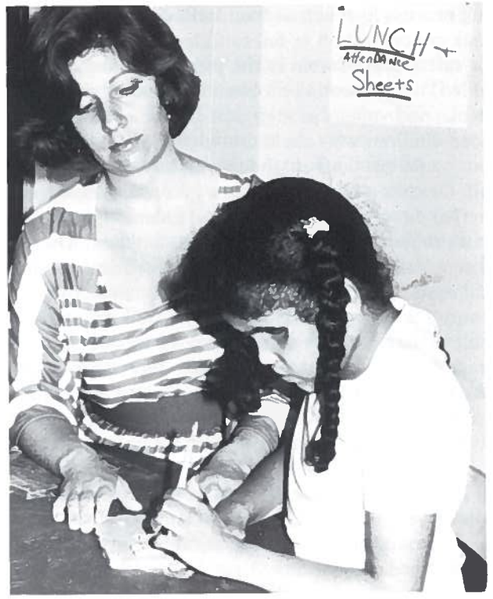
VISUAL IMPAIRMENTS

Blindness occurs in degrees. Complete blindness, particularly the congenital type (from birth), is the most severe form, followed by adventitious complete blindness (which occurs during one's lifetime), with partial (legal) blindness followed by the milder forms of visual defects (where one wears corrective glasses) (B. Lowenfeld 1955). The term "partially sighted" means seriously defective vision with less than 20/200 acuity in the better eye after correction, or in the case of tunnel vision, peripheral vision which subtends an angle less than twenty degrees (Kirk and Gallagher 1989). The prevalence of mild defects requiring correction is the highest form of physical anomaly, with approximately twenty percent of school children wearing corrective lenses (Dalton 1963). Because of the range of visual defects, the presenting problems naturally differ depending upon severity.

The Completely Blind

Completely blind children must cope in a world which is profoundly lacking or distorted in stimulation. Beginning with infancy, these children must learn to relate to a mother they cannot see and an environment that must seem unfathomable. Only through persistent, yet gentle attempts at stimulating the blind child's residual senses can he or she develop a sense of self, of belonging and other forms of orientation that assist in developing firm object relations. This profound developmental arrest often takes the form of autistic-like object relations which constitute the presenting problem in this population (Fraiburg 1977).

Fraiburg found decidedly autistic behavior with particular hypersensitivity and resistance to environmental conditions among blind children who have not had the benefit of compensatory stimulation (including maternal nurturing). It is common for the blind child to be aversive to activities which expect participation in the form of tactile involvement or body movement. Many of these nonstimulated children will respond by a flight or fight reaction, either escaping from the activity physically or emotionally, or resisting through aggression (Tinbergen 1983).



Young blind children require extra guidance and stimulation if they are to actively explore media and develop an awareness of the art product. This child reached a stage of security and independence after two years of patient guidance.

It is imperative then that visually impaired children receive attention as early in life as possible. Because sensory stimulation activities are well within the art sphere, the therapeutic art teacher is an ideal interventionist for this purpose. Activities may include working with textures, manipulating different materials—such as water or sand—and experiencing other design elements through residual senses. The purpose 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.

The art educator should be aware of the perceptual modes through which the blind child will function. Lowenfeld (1957) discussed a theory involving the visual and haptic modes of experiencing the environment. Despite total blindness, the child operating in the visual mode organizes stimuli in a manner reminiscent of visual discrimination. To accomplish this seemingly impossible task implies that the child's sense of space—how it is organized, its scale, its workings—is well-developed. Children of this type are often obsessed by assertively exploring their environments so that an overall image is somehow developed in their mind's eye. Often they will ask for the art educator to describe scenes or objects, feeding their thirst for visual stimuli—despite the fact that they have never experienced sight in their lives.

Lowenfeld's other perceptual type is the child who experiences in the haptic mode (through the sense of touch). These children are much less assertive in exploring their environment and do not have an advanced sense of object constancy or permanence. Similarly, their overall object relations are impaired, because the self is perceived in a much more primitive manner. However, the haptic mode can serve a strong adaptive function particularly when the blindness is complicated by mental retardation or autism. Often the caution these children exhibit acts as a regulatory mechanism which feeds the child stimulation in tactile doses he or she can comprehend and assimilate. In this sense, however, haptic perception constitutes a less adaptive defense mechanism than the extroverted and stimulatory visual mode.

The Partially Sighted or Legally Blind

The partially sighted child has the advantage of being able to process at least a portion of the visual stimuli in the environment. This crucial element aligns this handicap more with other physical handicaps, such as deafness. These children often possess adequate object relations and are able to manage visual stimulation without the anxiety or resistance often evidenced by the blind child. Most researchers have concluded that the general health, psychological adjustment and intelligence of partially sighted children are on par or slightly below average when compared with their intact peers (Myers 1976). This infers that, given modifications in materials, techniques and the studio environment, partially sighted children should perform similarly to their intact peers. However, there is a subgroup of the partially sighted who have sustained multiple impairments due to congenital problems, such as prenatal rubella, which change this prognosis considerably. Among the multiply handicapped, partially sighted, the presenting problem often echoes or imitates mental retardation, autism or complete blindness. Developmental arrest, retarded intellect and disturbed affect are all manifest in differing degrees of severity. In these cases, there must be a shifting of focus to those impairments which constitute the primary, most debilitating handicapping condition.

This partially sighted student relies upon her residual vision, as opposed to her haptic sensations.

THE HEARING IMPAIRED

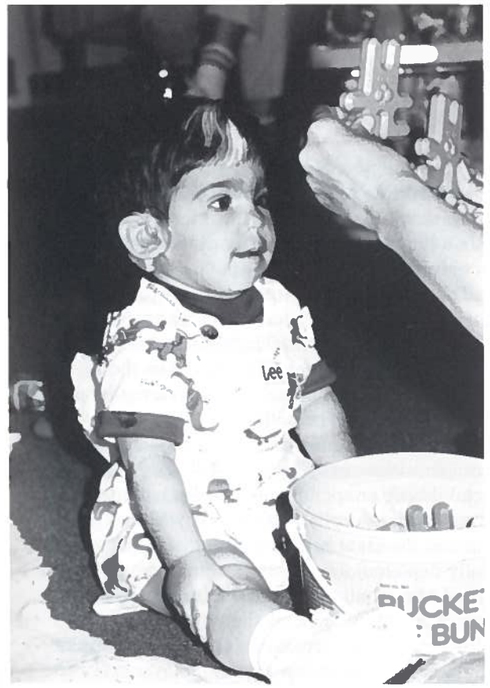
There are three hearing impaired groups: children who are pre-lingually deaf (deaf from birth), the post-lingually deaf (became deaf after language had developed), and the hard of hearing. All three populations are characterized by a significant hearing loss which deprives them from using sounds in the environment on a functional basis (Streng et al. 1958). Hearing impairment may be due to conductive loss (which inhibits vibrations from reaching the auditory nerve) such as wax blockage or a broken ear drum, sensory–neural loss (in which the auditory nerve that transmits the impulse to the brain is damaged) or central deafness due to injury in the central nervous system. Regardless of the etiology, children who have sustained a hearing loss of over sixty decibels are considered to be educationally deaf—meaning that specialized programs are required (Kirk 1989). This means that an alternative means of communication must be practiced in the classroom so that sensory stimulation and information can be provided. The current philosophy is "total communication"—every means of communication is pursued, including sign language, amplification (hearing aids), speech, lip reading and writing, as well as developing a visual vocabulary through art. With these avenues available to the deaf child, he or she can then begin to compensate for the missing vital auditory input.

In working with congenitally deaf children, the presenting problems do not focus as much on their hearing impairments as on the grave difficulties they have in conceiving, developing and functionally using language. For the pre-lingually deaf child in particular, language acquisition is a most arduous skill; for those who cannot hear what they must learn, it is a task of immense proportions (Moores 1978).

Language is crucial for developing concept formation. This means that unless the deaf child understands that symbols stand for concepts, there will be difficulties in comprehension and thinking skills. This is especially the case when we try to teach a deaf child intangible concepts which go beyond concrete objects. In the art setting much of our material involves the abstract concepts of aesthetics and the subjective areas of emotion and nuance. Without sufficient language, the deaf child may have difficulty articulating his ideas through art, regardless of how rich his life experiences or fantasy life may be.

For instance, a hearing impaired child working on a life drawing may have sign language to describe the figure and its features, as well as some effective signs for such concepts as happy, sad, excited, bored, etc. However, the child's language capability may not keep pace with his or her capacity for expressivity. The child may have no signs for more subtle shades of emotion. Thus the "sad" face may not be sad at all, but more introspective, peaceful or pensive. The child who has only one generic term (or sign) for a variety of facial expressions cannot hope to explore the nuances of theme with the same sensitivity or insight as if he or she had a greater range of expressive words (or concepts) at his or her disposal.

This impaired process of abstraction has historically posed problems for deaf children in the visual arts. For years, the purported concreteness of deaf children was used as a rationale for not including them in programs which emphasized abstract concepts and subject matter. Only survival subjects such as speech, language and vocational training were deemed appropriate for these children's needs. The child who has suffered under this system and has not had the benefit of arts programs may offer initial resistance to dealing with concepts and activities which have little immediate survival value and focus purely upon elaborating an idea. It is a certainty, however, that the capacity for reflection, for processing ideas and feelings as well as expressing them through visual art is within the potential of deaf children. Art specialists who have developed successful programs such as Silver (1978) have disproven the myth that deaf children cannot benefit from the arts. Given sufficient support and some compensatory modifications in the teaching strategies, deaf children can progress on an even par with the intact hearing child (Myklebust 1960).



Young hearing impaired children also require extra stimulation to compensate for gaps in sensory information, so that art expression becomes a natural extension of their communication.

Even when paralyzed, cerebral palsied children can often work with minimal adaptations. They are often quite independent minded and resent unneeded assistance.

There is a disturbing footnote to all of this. The deaf population is currently in a state of change, with many more multiply handicapped children with hearing impairments now supplanting the "normal" deaf child (Schlesinger and Meadow 1972, Carden 1986). Increasing numbers of socially and economically disadvantaged, minority, emotionally handicapped and multiply physically handicapped children are entering the system. This means that the teacher will in the future encounter increasing numbers of deaf children who have secondary deficits which in some cases prompts a shift in the presenting problem away from the sensory deficit toward issues pertaining to behavior control, learning remediation and cultural assimilation (Henley 1987). With the unfortunate rise in secondary handicaps comes the need to develop programs which can address the total emotional and cognitive needs of the contemporary deaf child. It will be recognized that art programs have that capacity to engage the deaf child on all these fronts.

ORTHOPEDIC IMPAIRMENTS

Cerebral Palsy

Cerebral palsy is a crippling impairment in which parts of the brain are injured (either prior, during or after birth) resulting in motor coordination handicaps. The extent of motor involvement can be as slight as a limp or it may be as profound as paralysis, spasticity or speech problems, as well as associated disorders of learning problems, sensory deficits, convulsive and behavioral disturbances of organic origin. Cerebral palsy is differentiated by four major types: Spastic paralysis involves damage to the cerebral cortex where impulses, contractions or stimulations are controlled and suppressed. Athetosis infers a lesion in the fore- or mid-brain, in which motor activities such as walking are affected, resulting in lurching, writhing or

Cerebral palsied children are not always profoundly debilitated. This student is ambulatory and can, with extra effort, accomplish craftwork requiring fine motor control despite her spasticity and weakness.

stumbling kinds of gaits. Ataxia is due to lesions in the cerebellum and also affects one's gait, with unsteady movements and stumbling being the major features. Although Kirk and Gallagher (1989) separately differentiate these types, they can occur in combinations with varying degrees of severity.

The task for the teacher of palsied children is two-fold: making necessary adaptations in the artroom to insure a least restrictive environment and maintaining the child's positive, well integrated self-image. The first concern is rather straightforward: devising adaptive devices which allow the child to participate fully (such as a paintbrush holder which compensates for rigid, immobile hands). Promoting a positive self-concept, however, may be more difficult, since it involves confronting the deformities and limitations these children experience. It is disconcerting enough for these children to be in such a physical state; yet to possess an intact (or nearly so) intellect and maintain a healthy disposition about the body can be doubly difficult.

These children may remain aware of social situations with regard to peers, family and community relationships. When the capacity to handle these relationships becomes strained, often the result of such frustration is immature behavior, shyness, verbal aggression or withdrawal into fantasy (Anderson 1978). A more adaptive response is overcompensation, in which the child may engage in schoolwork or social relationships with almost frightening intensity and energy, which often results in the child becoming overextended or physically depleted. The effects of such overachieving should be monitored so that a balance can be struck which recognizes the need to achieve while also developing recognition and insight as to one's limitations. The art process can play a crucial role in developing a positive sense of self, as well as allowing the cerebral palsied child to vent frustrations, explore feelings and communicate ideas which may not be possible through verbal means.

Art experiences must be devised to exploit any strength or ability which the cerebral palsied child possesses. Emphasis should be placed upon developing themes and techniques which compensate for motor deficits in ways that are socially normal and age appropriate. A positive self-concept can be developed in these children, given sensitively administered modifications that maximize challenge yet are not overly frustrating. When cerebral palsied children are treated as normal, well-adjusted art students, one is often surprised at how eventually inhibitions, shame, fear and frustration diminish.

Congenital, Traumatic and Infectious Paralysis

Children who are paralyzed from birth often suffer from spina bifida, a congenital defect which results in spinal membranes protruding through a cleft in the vertebral column (Lindsay 1972). Spina bifida

victims are usually paraplegic, meaning they are paralyzed from the waist down and do not have sensation or bladder control. Most often these children are confined to wheelchairs, although recent developments in surgical interventions have allowed increasing numbers of spina bifida victims to walk with support.

Victims of traumatic paralysis have experienced an accident in which the spinal cord has been pinched, severed or otherwise damaged. The severity of paralysis is dependent upon what part of the spine has been injured; vertebra injured in the neck result in quadriplegia, while injuries to the back result in paraplegia. As with spina bifida, sensation, bladder, bowel and sexual functions can be incapacitated with traumatic paralysis. Victims may also experience respiratory problems and other medical complications, particularly with upper vertebra damage.

Infectious paralysis includes conditions such as poliomyelitis, muscular dystrophy, arthritis and Guillain-Barré syndrome. Each of these diseases varies in severity and each requires intensive medical and rehabilitation intervention in order for art education to resume.

In all three types of paralysis, the child's physical condition inevitably affects his or her capacity for personal and social adjustment. Cruikshank (1955) has found that these individuals may have difficulty facing social situations and building self-esteem and confidence, particularly if the paralysis is traumatic or infectious. Presenting problems often include depression or lack of motivation, high frustration, anger, guilt, regression to more infantile behavior, substance abuse, and overcompensation which lead the child to overwork the body attempting to reclaim its normal functioning. It is crucial that these individuals be provided with a challenging yet supportive environment, in which the drive to succeed and surmount the handicap is balanced by an acceptance of limitations and compromised expectations in art, school and life.

MILDLY MENTALLY RETARDED

The mildly mentally retarded child often appears to be normal, particularly in early childhood, but later begins to exhibit developmental delays and severe learning problems. Unlike those with severe or profound retardation, educable children have usually not sustained brain damage nor is their handicap traceable to other organic etiologies. Because there is no clear-cut or prevalent cause of the retardation, this is one of the more ambiguous disorders identifiable mainly by its symptoms or characteristics. Kirk and Gallagher (1989) refer to a higher incidence of vision, hearing and motor deficits in this group than is the norm—also, low performance on verbal and non-verbal intelligence tests (I.Q. between 50 and 80), slowness of overall maturation, short attention span, low frustration tolerance and poor impulse control. Kirk points

The mildly retarded are typically healthy appearing children who cannot achieve at the same rate or complexity as their intact peers.

out, as do other writers (Ingram 1960), that the educable child is often brought up in a substandard socioeconomic environment. Recent studies have found a prevalence of minority children who have been raised under conditions of poor nutrition, poor pre- and postnatal medical care and in hostile environments that lack adequate stimulation (Hewett 1974). Thus, it is conceivable that an educable child may not have any appreciable physical anomalies, but suffers retardation purely on the basis of environmental deprivation.

The thrust of much educational programming for these children focuses upon teaching vocational skills, social relations, leisure time activities and emotional stability. Art has been used with this population as a means of addressing *all* of these goals, using manipulative and problem-solving activities to reinforce vocational skills while also emphasizing possible avocational applications. Thus, one often sees the educable mentally retarded involved in projects such as weaving, assemblage, woodworking and other applied arts (Anderson 1978).

While a highly directive and applied approach to art instruction is certainly a viable strategy for this population, one should not discount these children's capacities for expressive work as well. Although educable mentally retarded children have traditionally been considered concrete in their thinking processes, they have been shown to be capable of spontaneous creativity (Kenny 1979). Indeed, given this population's propensity for loose object relations and reality testing, their art is often pervaded by the impossible and even the dreamlike. Although pathological in nature, this feature can be used by the art educator as a point of departure for activities that allow for expressions of the fantastic while developing the child's ability to discriminate between fantasy and reality.

The presenting problem for this population essentially defies generalization. The characteristics of the mild mentally retarded child are extremely diverse. One may find a child's social skills immature; behavior may be impulsive; learning can be painfully slow; self-concept may be impoverished; thinking processes disturbed. Art can play a vital therapeutic role for these children given the absence of academic pressure and emphasis upon "correct" responses. The mildly retarded child can find self-worth, confidence and mastery of skills in the artroom, when in other areas his deficits are more obvious.

THE PROFOUNDLY RETARDED

This population has only recently been introduced to the art education setting, following the implementation of the 1977 mainstreaming law. These children were traditionally perceived as being incapable of benefiting from educational or therapeutic experiences. The etiology of the profoundly retarded is usually rooted in pre-, peri-, or postnatal brain damage which results in an extremely low I.Q. (between 10 and 25), often bizarre behavior, gross physical anomaly, and a profound incapacity to manage in classroom settings. Prior to PL94–142, these children often languished in residential institutions which offered little more than custodial care. Programs were later developed which addressed such issues as developing self-help skills and other basic activities of daily living. While self-help is certainly an appropriate program emphasis for these children, it has been demonstrated that they can participate and derive benefits from art activities (Henley 1991).

The presenting problems indigenous to this population are many, but they stem from one source. The lack of impulse control which characterizes the profoundly retarded pervades their functioning in various maladaptive ways, such as pica (ingesting inedible objects), bingeing, ruminating, self-stimulating, masturbation and so on. Needless to say, these behaviors are indicative of the most primitive psychological functioning, which explains the predominance of autistic-like behavior found in this population (Baumiester 1973). Particularly when placed in stressful, high expectation settings such as the classroom, behavioral problems often escalate. Tantrums, assaultiveness and self-injurious behavior sometimes occur because more adaptive responses are beyond the repertoire of behavioral responses of these children. The task for the teacher is to guide the profoundly retarded child to hold his or her instinctual needs in abeyance and to channel them through more adaptive experiences such as the art process. The goal is to assist and support the child through the developmental milestones of object relations (Wilson 1977).

Although the congenital basis of profound retardation makes it particularly intractable and the prognosis for progress is poor, this can be a most rewarding population with which to work. The teacher who can adjust to the behaviors of these children and reassess his or her own expectations of what constitutes progress often can effect wondrous changes in both behavior and artistic productivity. An essential aspect of this process is to find some positive aspect of the child which can be exploited. Because minimizing academic pressures to perform is naturally stimulating for the senses, the art activity is an ideal vehicle for developing the sensory, cognitive, affective and manual capabilities in these children.

The profoundly retarded often require one-on-one supervision and adapted equipment in order to participate in the art activity. This child often ate the clay medium, hence the clay is made of salt dough. The teacher monitors the child's movements closely while the chair and table arrangement secures the child in place.

Severely retarded students often need hand-over-hand interventions to assist them. This student has already drawn an interesting head type shape. The art teacher then interceded by assisting the student in placing the facial features.

THE SEVERELY RETARDED CHILD

Trainable or severely retarded children have usually sustained some form of genetic, infectious, or traumatic brain damage which limits their functioning to an extremely low cognitive and developmental level. Their subnormal I.Q. (between 25 and 50) and arrested motivation and behavioral symptoms usually require a self-contained, highly individualized program. Unlike profoundly retarded children, these children do have the capacity to learn self-help skills, adjust to social protocols and function adaptively in academic and sheltered vocational programs (Kirk 1989). In addition, moderate children also have the capacity to be creative and productive participants in art activities, provided that instructional strategies and therapeutic interventions are geared to their needs.

In studying the art of the retarded, most researchers draw upon the work of moderate mentally retarded children particularly those with Down syndrome, since they are functioning high enough to produce representational imagery yet low enough to clearly exhibit indications of intellectual and developmental deficits. The abstract, primitivistic quality of their figurative imagery often is reminiscent of African or even modern art. The children's developmental immaturity translates into simplified yet bizarre forms which are often endearing to the informed viewer. The fact that their impoverished object relations coexist with sufficient intellect, often allows these children to create interesting images. This productive paradox may also indicate the presence of pathologies which require art education and therapeutic attention. Much of the art of this population emerges from the defenses the child employs to ward off the anxiety and stress that come with instinctual pressures. Thus, the presenting problems of the severely retarded include rigidity, self-stimulatory behavior, obsessive/compulsive reactions, tantrums, and disassociative or disturbed thinking processes. It is the teacher's task to support the child in developing less stultifying defenses so that more flexible behaviors can be achieved (Kramer 1971).

While sufficient ego strength for sublimation is rare among the severely retarded, stereotyped and otherwise neurotic behaviors can be relaxed and expanded so that both adaptive functioning and art experience are enhanced (Henley 1986, Wilson 1979). Art instruction and therapeutic programs for the trainable or severely retarded must maintain a delicate balance between structure, direction and open-endedness. The trainable child can respond to basic techniques and materials given a careful task analysis of what's involved in manipulating, sequencing and improvising within the medium. These children often have the capacity to create wholly unexpected solutions which combine the naive charm of young children and the deceptive sophistication of primitive styles of imagery. This paradox makes this population a most rewarding and challenging one with which to work.

EMOTIONAL HANDICAPS

Emotional handicaps include a wide range of classifications which include emotional disturbances, behavior disorders, conduct disorders or social maladjustment. Although these terms vary depending upon the severity of the problem, they all point to extreme deviations of behavior which are chronic and intense, and in conflict with social or cultural norms. The Federal Register definition outlined in PL94-142 defines these as "children who demonstrate inability to build or maintain interpersonal relationships, display inappropriate behavior, pervasive mood disturbances and phobic reactions." Kirk (1989) also identifies children who translate fears into psychosomatic symptoms (accident-proneness, malingering), regress to immature or primitive behaviors (impulsivity, low frustration tolerance, egocentricity), exhibit unbridled aggression and hostility, as well as withdrawal and inhibited behaviors. With the more severe forms of emotional disturbance, such as in schizophrenia and autism, the characteristic symptoms may include delusions, hallucinations, catatonia, autistic withdrawal, and obsessive/compulsive disorders.

With the enormous breadth of characteristics presented, I will focus first upon those children whom teachers will encounter in mainstream settings, then describe the more severe forms found in self-contained classrooms and finally, those found in special education settings or hospitals.

Behavioral and Conduct Disorders

In the mainstream setting, where the art teacher may be working with twenty to thirty students at a time, the inclusion of a child who is disobedient, hostile to authority, destructive, boisterous or otherwise acting out can be overwhelming. Children such as these are not sufficiently disturbed to warrant a self-contained setting, since they can often function in the mainstream with the proper modifications. However, their impulsivity often has the effect of creating intense conflict and chaos in the class. Often the educational experience of the intact children is compromised by the disruptive influences of these children.

The etiology of behavior or conduct disorders is complex and diverse. Depending upon the theoretical perspective, one may cite biological causes such as minimal brain dysfunction (which may equally result in learning disability) or metabolic imbalances (such as bi-polar mania/depression). A psychodynamic practitioner on the other hand may analyze the dynamics of early childhood interactions with the family and environment in concert with the underlying or unconscious pressures of instinctual or drive processes. In this view, early rejection, abuse or other traumatic experiences may be carried through and reflect later behaviors in the school situation. Learning theorists such as Skinner (1965) would view negativistic behaviors from a stimulus-response perspective. The child has learned through experience that acting out will bring about favorable consequences. For instance the child acting out in class may have learned that this will bring about the attention of peers or teacher. The fact that this attention may be punitive or unpleasant in nature is evidently worth the trouble to the child who craves it.

Needless to say, the complexity and depth of these dynamics make for presenting problems which may be well beyond the scope of the art teacher's capabilities. One is often left to deal solely with the manifest symptoms of aggression, disruptiveness and disobedience without being able to address the underlying causes of the behavior. Given this difficult state of affairs, how does the art teacher contribute through the art program? In least restrictive terms, children should be able to interact with peers, participate in projects and generally function freely as members of the group until they demonstrate that more structure may be needed for support. Support in this context might involve verbal cues, modified seating and projects or behavioral programs which involve modification techniques. I am generally not in favor of behavioral modification; however, as a last resort some children may have to be offered material compensation in return for increased self-control. This is not to say that such an approach cannot be implemented in a humanistic and empathic manner. The hard-won rapport and sense of trust which is built between child and teacher are often the difference between an effective and ineffective behavioral program.

In working with this most difficult population, it is crucial that the art teacher retain a sense of perspective. We cannot hope to heal wounds which were traumatically sustained over the course of years. We can only work with the children in an empathic yet firm manner, demonstrating to the child that we care, that we are concerned and determined to stand beside him or her as much as our position allows. However, our expectations with regard to a return on our investment of kindness and understanding must be minimal. We must appreciate that what the child gives back may be the best he or she can do under the circumstances. As we strive to remain consistent and dependable, we must watch for the opportunity for making a positive connection. Given enough time and luck, positive gains might outnumber demoralizing regressions. Success then becomes a matter of small victories, which may or may not add up enough to sustain the child during his or her life at school.

Aggressive Behavior Disorders

Sociopathic children are usually characterized by the lack of anxiety or guilt accompanying their severely aggressive behavior (Kirk 1989). Recent thinking in the area recognizes that socialized aggression may be a cultural phenomenon of the urban environment, where it is considered a survival trait (Bronfenbrenner 1979). Family and social values in this setting are seen to breed destructive role models. Children identify with family members or older peers on the street which in turn reinforces aggressive and often guilt-free behavior (Bandura 1977).

Given the severity of the aggression, which may include assaultive, delinquent and other violent behaviors, these children require a highly structured, strictly supervised program. To some extent, the severely disturbed, aggressive child who is in a hospital or self-contained program may be easier to work with than the mainstreamed behaviorally disturbed. Although the behaviors will be more noxious and difficult to handle, the severity of the condition will insure that the self-contained program has addressed these contingencies. Behavioral modification programs will be already instituted and monitored by specialists in this field. Expectations with regard to academic and behavioral achievement will be adjusted to bring them more in line with the childrens' capabilities. Generally, there will be more emphasis upon treating the underlying dynamics of the child's disturbance than in the mainstream setting, with greater emphasis upon therapeutic support in a multidisciplinary context.

Autism and Child Psychosis

Autistic children are emotionally and behaviorally handicapped children who may possess an intact intellect, yet suffer speech or language deficits. They are often intensely ritualistic and self-stimulatory, profoundly shy or avoidant of interpersonal relationships (including sometimes the family), as well as bizarre in their play or daily behavior (Kanner 1972). Although there is a small percentage of individuals who completely fulfill Kanner's criteria for classic autism, there are far more children who exhibit autistic-like behaviors (such as the mentally retarded child who is echolalic or the blind child who self-stimulates). The autistic are among the most demanding children to work with.

Often they are exceedingly sensitive to changes in routine, particularly as they relate to smells, sounds, objects or people in the environment. Their capacity to modulate incoming stimuli is often hyper- or hypo-sensitive. They may overact to some stimulation (such as screaming whenever they hear a car horn on the street) while in other situations they may be psycho-genetically deaf (such as when someone crashes a cymbal close to their ears, they do not even flinch). Needless to say, autistic children are emotionally primitive and have failed to develop any sense of ego or object relatedness. Their sense of self is so tentative that any threat to themselves (in the form of a changed routine or unfamiliar food for example) can precipitate extremely violent episodes as well as withdrawals which are equally severe. Those autistic children who have progressed in their capacity to participate in art activities often do so because the role of the teacher can be minimized. In this respect, the art materials act as a buffering agent, softening both the confrontary aspects of interaction, as well as serving as a link between child and staff.

Often, autistic children have accepted me more as the giver of art materials than for my nurturing qualities. The fact that this is often the first crucial step in establishing a relationship bears out the effectiveness of art programming as usually the first setting where mainstreaming is tried. While autistic individuals rarely achieve academically or emotionally normal relationships, they are capable of becoming productive artists producing images of astounding expressivity and uniqueness (Rimland 1978, Selfe 1977).

The symbiotic psychotic individual is one who has progressed through the stage of autistic isolation and avoidance and becomes fixed at a stage which is symbiotic with the mother figure. These children develop an extremely distorted, dependent relationship with the mother (Cameron 1963). While this condition too is rare in the classical sense, the art teacher may encounter children whose inability to separate from the mother precipitates panic or anxiety attacks similar to those of autistic children. Separation anxiety often surfaces in the art of these children.

The child schizophrenic may possess characteristics of both the autistic and symbiotic psychotic individual, but usually displays more advanced personality characteristics. The rudiments of ego functioning are established to the extent that the child usually can care for basic needs, attend school, etc. However, the onset of schizophrenia is marked by progressive intrusion of primary process material in the form of bizarre fantasies, delusions or hallucinations. Such thought or sensory disturbances can be terrifying for the child, as they can prompt severe regressions which potentially continue back to an autistic state (Cameron 1963). Like most forms of schizophrenia, the child form is usually treated with medication which is effective in minimizing delusions or hallucinations while also stabilizing anxiety levels and mood swings. Art educational programming for these children echoes that of other developmentally based disorders which focus upon building ego strength, and enhancing reality testing while minimizing stress in the learning environment.