

Feedback Report Art Therapy & EMDR presentation at World Federation of the Deaf (WfD) in South Korea July 2023.

The theme of this year's WfD congress was Human Rights in Times of Crisis. I felt that it was important to share how this Art Therapy/EMDR combined method of therapeutic intervention could be used to treat trauma during natural disasters, and how early intervention in such situations can reduce the potentially life-long impact on the mental health of deaf people. Deaf people often experience trauma very early in life due to barriers around communication in society. With no or limited access to signed languages to communicate their fears and anxieties, these aspects of their mental health are often neglected. Deaf people develop resistance to their life experiences and, as a result, the level of risk for them developing poor mental health is four times greater than their hearing peers.

My initial presentation consisted of 32 PowerPoint slides, but this had to be reduced to 7. Ultimately I was able to reduce it to 8 slides, trying to keep as much information as possible without overpowering the slides with too much text. The audience for the presentation was made up of sign language users from a range of countries, therefore making the slides as visual as possible was an important consideration. The congress organisers of this international congress had decided to use AI translation from Korean to English captions which was not effective, for example the word 'deaf' kept being translated as 'death', and so it was decided that the English captions would be turned off because of this. This was a barrier for those who cannot hear fully and are not familiar with International Sign (IS). It was a real challenge to adjust to the language at the congress. I was lucky I could follow 99% of the International Sign; the only issue was the fingerspelling which was done mainly in American Sign Language (ASL) which is completely different from British Sign Language (BSL) fingerspelling.

I gave the presentation to an audience of deaf and hearing professionals who work with the deaf. The audience was made up of representatives from 101 countries, and most of the presentations were delivered in IS which is not my first language, so I had arranged for a BSL interpreter to translate my presentation. Unfortunately, on the day I was flying to South Korea I received an updated schedule which showed my presentation had been moved to Wednesday instead of Saturday, therefore my BSL interpreter was not able to arrive on time to provide the translation. WfD has Deaf IS interpreters who work alongside hearing sign language interpreters from their own countries. Therefore, after the debriefing, I was provided with Australian Sign Language (Auslan) interpreters (as Auslan has many similarities to BSL), but they were not confident to translate my BSL into IS. Because of this, it was agreed that I would use speech to ensure that the academic meaning and content of the subject was preserved. This meant that I had to practice delivering the presentation using speech – which is a completely different thought process from delivering in BSL - the day before the presentation.

Whilst there were a lot of issues with language and access, I was still able to deliver the presentation and I finished within the given time of 25 minutes. It was very well received, and many people asked questions such as, how can EMDR work if eyes are closed, how can trauma affect people if they have other targets and how it is managed and also whether I could offer training in this area or where they could access training for deaf people. The EMDR training is not currently available in sign language, but this is something I hope to explore in the future as I have been teaching for 25 years in other areas. From this experience I have learnt that I need to talk about this topic more and show how it can be adapted for deaf people who struggle to access 'verbal' therapy or have difficulty with using interpreters in the therapeutic setting. There is a lack of sign language-using therapists with enough skills to provide effective treatments and reduce the mental health issues of deaf people. This presentation gave me an insight into how I would need to practice more to find further interventions that can be effective for deaf clients, and it proves that there is a need for therapists to have the language and skills to adapt and communicate in a visual way about trauma. I will continue this work and further promote adapted approaches to raise awareness of the need to deliver therapy in a more visual way for deaf people. I plan to try and publish the original paper that the presentation was taken from as well.

Deaf Art Therapy and EMDR Therapist (UK)