



Fact Sheet

Utilizing the Sense of Smell in Children and Youth with Deafblindness

by David Brown, CDBS Educational Specialist

Most of us have heard these kinds of stories. A child with significant visual and hearing impairments always becomes very upset when being taken into the hospital building even though he cannot possibly have seen and recognized the building nor understood, from spoken conversations, that he is being taken to a hospital. Another child becomes excited and begins to salivate as lunch is being cooked in the room next door, even though he has not seen or heard the food being prepared. An older child routinely searches for the hand of every new person who enters her classroom and lifts it to her nose to sniff, then she either drops the hand and walks away or she smiles and embraces the other person. When a girl with profound disabilities is allowed time to smell the dish of lavender-scented oil that is always used in her weekly massage session her eyes open wider, she becomes gradually more animated, and she breaks her customary silence with quiet vocalizations. All of these are examples of ways in which the sense of smell can offer vital and meaningful information to children with deafblindness.

Some children with deafblindness have no sense of smell (we think that this is the case with many children with CHARGE Syndrome, for example), and others do not appear to show any awareness of the sense even though it may be intact and working. In other cases, children give very clear evidence that smell is an important sensory input for them, as in the examples mentioned above, and many children show levels of environmental and social awareness that are surprising and perplexing to us (like the boy upset by hospital visits), until we realize that their sense of smell must have given them the essential information they needed for this awareness and recognition.

Sometimes people involved with a child with deafblindness think of using smells in a deliberate way to help the child know what is going on, and in these cases, the following guidelines might be helpful.

1. Helping the child to become more aware of smells that are already present in existing environments and regular routines might be a useful thing to do, and there are usually many more of these routine smells around than we realize. Time spent exploring and thinking about this, and discussing your ideas with others, should be helpful.

2. Any ideas about introducing new smells artificially should be treated with caution. If the smell is not already an integral part of the activity, it might in fact, be a distraction from it. Since the smell is being introduced artificially, it might also be difficult for everybody to remember always to introduce it consistently and appropriately, and to remember exactly which smell is to be used with which activity.
3. Many smells released into the atmosphere remain perceptible for a very considerable period of time, and they cannot be ‘put away’ like we would switch off a light or a music box, or remove a “feely” toy from a child and put it in a drawer. If too many different smells are artificially introduced in one place, they will blend together, which could cause confusion and distraction, and might even be a potential health hazard (depending upon the type of smells being used). Everybody in the room will be exposed to these smells, not just the child for whom they are intended. It is reported that the sense of smell ‘tires’ and the nose begins to lose its sensitivity after exposure to three or four different smells in succession (Sanderson, Harrison, and Price, 1991, p. 18).
4. All of us have hypersensitivities to certain smells and to certain intensities of smell, and, while some children with deafblindness may demonstrate these hypersensitivities with obvious adverse responses, others might not be able to let us know that they are suffering. (For more information on hypersensitivities, see www.handle.org/miscinfo/envIRON.html.)
5. Hypersensitivity might be reduced if essential oils are used to provide the smell rather than an impure source like an aerosol spray or some other type of air freshener. Essential oils are powerful chemical substances, however, so should only ever be used after consultation with an aromatherapist.
6. Essential oils can be used in massage sessions, and this is one activity where it seems like a very good idea to introduce a consistent smell in the massage lotion to help to ‘label’ the activity for the child with deafblindness. If used in a massage lotion, these oils will be absorbed both through the nose and through the skin so it is particularly important to consult an aromatherapist and to follow all safety guidelines. For massage purposes, any essential oil should always be greatly diluted in a bland vegetable oil, and the dilution needs to be greater for young children than for adults. Many specialists recommend that no essential oil be used in massage lotion for the very youngest infants, and then only essential oil of lavender or chamomile be used with children (both of these are said to have calming, soothing properties).

Sanderson, S., Harrison, J., and Price, S. (1991). *Aromatherapy and Massage for People with Learning Difficulties*. Lutterworth, Leicester: The Abbott Press.

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Fact Sheets from the Colorado Services to Children and Youth with Combined Vision and Hearing Loss Project are to be used by both families and professionals serving individuals with vision and hearing loss. The information applies to children, birth through 21 years of age. The purpose of the Fact Sheet is to give general information on a specific topic. More specific information for an individual student can be provided through personalized technical assistance available from the project. For more information call (303) 866-6681 or (303) 866-6605. Updated: 1/09

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