

A hands-on approach: clay therapy

Lynne Souter-Anderson suggests that the rise in interest in alternative therapies may be the result of counselling becoming mainstream within mental health provision, and the realisation that to rely solely on talking therapies is not the only way to improve emotional wellbeing



Clay therapy is not an entirely new way of working but, when therapeutic practitioners share with me their use of clay in therapy

sessions, they speak of an uncertainty of the process, explaining there is not always an understanding of what is taking place.

My experience of teaching pottery in secondary schools and college establishments overlaps four decades whilst my clinical practice using the arts spans over 20 years. I have continued to integrate my interest in the arts with therapy and education and followed this through with writing a dissertation for a MEd award where the focus was on analysing the therapeutic use of clay in a variety of settings. Invitations followed to present clay workshops at the 2004 Play Therapy International World Congress at Chichester, as well as other conferences, and from there, interest abounded from different parts of the globe.

This provided the impetus to become a doctoral student of psychotherapy at Metanoia, where I researched the use and value of clay in therapy. I was interested to discover what happens when clay is used in therapy. How does it happen? And is it feasible to formulate a theory to underpin the use of clay in therapy?

The structure of my comprehensive arts-based and practice-based heuristic study comprised five research components. The first was a gathering of previously written testimonies covering the therapeutic use of clay in non-therapy

environments such as schools and prisons. The second reviewed therapeutic professionals' experiences when clay has been used. Interviews with 10 studio potters were designed as the third research component. The fourth component involved 100 therapeutic practitioners in clay research workshops where an analysis of the written responses to three clay exercises was studied, to see what the story of the emerging data illuminated. These 100 contributed significantly to theory-building for clay therapy, making the project groundbreaking in intent and content. Finally, the fifth research component was a bridging process between data collection and data analysis since it relied on immersion into the explicated aspects of theoretical concepts which emerged from the previous four components. The intention was to support a possible formulation of a theoretical underpinning for the use of clay in therapy.

The research participants were culturally varied and the workshops were carried out in different geographical locations, affirming that working with clay is a universal language; a worldwide way of communicating meaning and understanding. Accepting that 100 research participants is a relatively small number of people universally, I do not believe this negates the findings; rather, it affords a starting point, even a benchmark. Thus the use of clay in therapy is credible when theoretically anchored in a fully integrated manner, drawing on aspects of Jungian theory, object-relations theory and existential perspectives¹.

Cooper², in the conclusion of his book *Existential Therapies*, throws out an invitation to engage in developing existential works and I suggest in my



book that the case studies which unfolded in the existential chapter are just such a response. To speak of the difficulties surrounding such human issues as aloneness, isolation, uncertainty, meaninglessness, fear of death, to name but a few of the presenting issues worked with in a university or college counselling service, causes consternation. Aspects of these concerns can be elusive; however, working in a hands-on manner with clay, helps to concretise thoughts that can then be literally seen. The concerns are thus out there to view, externalised, visible. When we can see something, we are better able to work with it.

Contact: physical, emotional and metaphorical

Elsewhere I offer a five-lens approach to understanding the dimensions of using clay in therapy¹. However, for the purposes of this article I draw attention to aspects of touch, movement and trance since it is the physicality of the process that connects with feeling and emotion, coupled with the possibility of metaphor use such as 'I'm touched' or 'that's touching'. It can be deduced then, that clay therapy is an embodied experience.

Clay therapy is founded on touch. Touch is a fundamental sense to human experience and existence. Touch cries out to be studied further in association with clay in therapy. Whilst engaged in moulding clay, our skin comes into immediate contact with the clay, sending 'touch sensations to the brain at almost 250 kilometres per hour'.

When we touch clay we notice that our hands and fingers move in such a way as to press, pinch, pummel, squeeze, stroke, smooth etc the medium being worked with.

Some touching movements require much energy whilst others can be gentle. Either way, as we work with clay, other parts of the body begin to move. Wrists, arms, shoulders or the full torso might be used when shaping clay. As this takes place, the diaphragm begins to move also. Movement of the diaphragm affects breathing, with the consequences of freeing the therapeutic work to go deeper³. Absorbed in working with clay, a bodily movement rhythm is located and we are able to make a connection with the unconscious possible. This in turn triggers a shift in our mind's state.

Recognising that altered states of mind or consciousness take place in our every waking moment intentionally and unintentionally, as we move with the clay, we shift into an altered state of mind, becoming more aware of ourselves. We are better placed to see what the soul is really seeking to be worked with. Jung⁴ advised: 'Often it is necessary to clarify a vague content by giving it a visible form. This can be done by ... modelling. Often the hands know how to solve a riddle with which the intellect has wrestled in vain. By shaping it, one goes on dreaming the dream in greater detail in the waking state.'

The value of clay therapy

My research has shown clay therapy to be described as calming and relaxing where opioids within the brain can lead to an improved sense of wellbeing. If the use of clay in non-therapy fields can enhance emotional health then surely

more use of clay could be incorporated into the educational system and mental health provision.

The use of clay has been promoted in conflict resolution situations, team-building events, domestic violence concerns and anger management groups since the medium is described as absorbing negative energy. Master's level students are now beginning to recognise this, resulting in research questions designed to investigate and expand on the use of clay therapy.

AUCC conference: clay therapy workshop exercise

One of the exercises I offered to workshop participants was the 'Togetherness' exercise where two workshop members worked together taking on the roles of therapist and client. I invited 'clients' from each of the pairings to select two lumps of clay. One lump was given to the therapist to work with in any way they felt compelled to as the client began to mould their own clay. During the first 10 minutes the therapists were free to reflect and share verbally with their client the task in hand, as well as to reflect in clay, but they were instructed not to look at their own lump of clay. Due to time constraints this part of the exercise was only allocated 10 minutes with a further 10 minutes to then share what the process had been. All participants had the opportunity to experience each role. This was followed by a full group discussion and what emerged was quite fascinating. In many cases the therapists' clay forms were uncannily similar in shape and form to their respective client's clay image or process. It appeared that the therapists' hands were able to mirror and respond in clay appropriately the essence from their clients' workings and words.

The above exercise is one that I often include in clay therapy workshops because it illustrates beautifully how an interested and engaged therapist attunes appropriately in a short time to what the client is wishing to share. Moreover, the 'Togetherness' exercise is one that I utilise in clinical supervision sessions in order to get a better feel of a client's presenting problem that is being shared by the supervisee.

Benefits of using clay therapeutically

I was invited several years ago to use clay with a group of university students from overseas who were at the start of the academic year. This stimulated a positive response, especially when working with the theme of 'my favourite meal' since the ensuing discussion enabled the students to share and explore aspects of their home life in their respective countries and cultures.

Clay groups are not necessarily designated as clay therapy, but may offer an intermediary activity between recreational pottery evening classes and clay therapy groups. I see these potentially being of benefit to all age groups. Clay therapy is a growing field of therapeutic work and I am always pleased to hear of other therapists' experiences of using clay. ■

Dr Lynne Souter-Anderson is a psychotherapist in private practice and director of Bridging Creative Therapies Consultancy. Lynne.souter-anderson@sky.com

References

- 1 Souter-Anderson L. Touching clay, touching what? The use of clay in therapy. Dorset: Archive Publishing; 2010.
- 2 Cooper M. Existential therapies. London: Sage; 2003.
- 3 Boyesen, G. How I developed biodynamic psychotherapy. In: Corrigan J, Payne H, Wilson H. (eds) About a body. London: Routledge; 2006.
- 4 Jung, C.J. The transcendent function. Collected works. Vol. 8. Zurich: Students' Association. C.J Jung Institute. 1957.

