Clay with children who have lost or fear losing a loved one: The play therapist’s observations of some clients

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ABSTRACT
The creative use of clay in play therapy sessions encourages the expression of emotions, such as anger, sadness, fear and worry. It assists the child in different emotional areas and enhances client-therapist relationship. The therapist’s observations and understanding of the therapeutic use of clay in play therapy sessions with three children who had lost or feared losing someone in their family are exposed. The therapist concluded that clay was used by the children as a media to experience protection, containment, as well as release emotions that were making them angry and sad. It was a way that they found to work out their feelings and thoughts related to their loss or the fear of losing a loved one.

KEYWORDS

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INTRODUCTION

Play is the child’s natural medium of self-expression and it is important to his physical, emotional and social development (LANDRETH, 2012). Play therapy provides an opportunity for the children to play out their anger, apprehensions, disappointments, sadness, anxiety and so on in the most constructive environment, and with the sense of safety and understanding given to them by the therapist (AXLINE, 1974). There are many different approaches in Play Therapy. Some of them are: Non-Directive, Psychoanalytical, Jungian and Gestalt. The author was strongly influenced by the Non-Directive Play Therapy work of Virginia Axline.

Axline’s method is based on Carl Rogers’ Non-Directive counselling approach which stresses the human ability to resolve his own issues and to use the growth impulse that he has within himself to make mature behaviour be more appropriate than the immature behaviour (AXLINE, 1974). During the play therapy sessions some tools could be used to facilitate children’s catharsis. Clay is listed as an important tool to be placed in the playroom, once it can motivate the child’s creative expression and emotional release, and allow children to express themselves in a way that they don’t need to give verbal explanations (LANDRETH, 2012). The creative use of clay in play therapy sessions encourages the expression of emotions, such as anger, sadness, fear and worry. It assists the child in different emotional areas and enhances relationships, when it has the following aims according to Geldard and Geldard (2008, p.190-191):

[...] help the child to tell and share her story by using the clay to illustrate elements of her story;
[...] enable the child to project her inwardly contained feelings on to the clay so that they can be recognized and owned;
[...] help the child to recognize and deal with underlying issues;
[...] help the child to explore relationships and to develop insight into those relationship;
[...] enable a child to experience success and satisfaction in completing a creative task.

When we manipulate clay it has natural characteristics that stimulate our senses and cause a positive impact in our brain. Meijer-Degen and Lansen (2006, p. 176) declare that clay contains, “… among other things, the advantage that one can work with both hands at the same time (stimulation of both cerebral hemispheres).”

Oaklander (1980) affirms that some people do not utilise clay because they think it is a dirty material. She points out that it is the cleanest material in art, after water. Bratton and Ferebee (1999) also affirm that the messiness of the clay discourages some preadolescent children and therapists to use
it during therapeutic sessions. Regarding that, Oklander (1980) warns that the fear of making a mess using clay should be considered by the therapist, because that fear can be related to the emotional issues of the child. Shee-wood (2004, p.1) declares that “among the artistic therapies, clay therapy has substantial capacity to contribute in a major way to the therapeutic process. While many therapists implicitly recognise the potential of clay therapy, few venture to use it regularly in their practice”.

The author could identify through her experience with children using play therapy another therapeutic advantage of having clay in the playroom: it opens a channel of communication between the therapist and the client. Children can communicate their feelings, sensations and thoughts to the therapist while modelling the clay, which stimulates both confidence and interaction. An example of the therapist-client bond developed through clay occurred with a preadolescent called Martha (code name) who referred herself to therapy because she was bullied at school. After this incident, she was thinking frequently about it, experiencing lack of concentration and feeling sad. Martha played with clay and modeled it into some objects in five of her fifteen play therapy sessions. In one of these sessions, she made her name and the therapist’s using clay; it gave the therapist’s impression that she had found a way to say: “I am more confident and better and I trust in you”. Those were confirmed when she said that she was concentrating better and did not think all the time about the stressful situation of being bullied.

The preadolescent seemed to use clay to build a relationship with the therapist and also to release her emotions and feel more genuine about herself. Clay helped her to experience relief and to release strong feelings that were bottled up and impeding her progress towards becoming an emotional healthy child again. Raghuraman (2000) also observed that clay is a tool that facilitates the communication between client and therapist when she worked with Brett (an adolescent diagnosed with Diabetes Mellitus, Type I) during art therapy sessions. In addition to this, she noticed that clay assisted Brett to be attentive to his feelings and express them through this safe and containing art media.

Clay is shown to help children, adolescents and adults in different emotional and behavioural areas. Some art therapists have studied the use of clay in art therapy sessions with all age of incest survivors (ANDERSON, 1995); clients with attachment disorders and difficulty in relationships (HENLEY, 2005) and chronically-ill adolescents (RAGHURAMAN, 2000). Anderson (1995) notices that clay is a therapeutic and powerful tool to work with incest survivors, and organized claywork group therapy. She was motivated to study clay with these clients since the treatment of incest survivors using clay was documented in the art therapy literature and also because other play therapists noticed that clay was preferable among girls from nine to seventeen years old who were incest survivors in group sessions. Considering that the tactile properties of the clay could motivate clients to experience interaction and playfulness, Anderson (1995, p. 415) also felt that:

[…] if clients, in the context of a group, could experience clay it would evoke emotional responses that would
not be filtered through clients’ intellectual (defensive) lenses. Thus, intellect and affect could be more easily integrated. The clay could concretize feelings as well as thoughts. It could also become the focus for client rage and, thus, a means for syphoning off the repressed emotional overloads that many carried. Once some of the affect could be vented, clients could begin to move past the abusive experience(s) toward an integration of affect and intellect and toward recovery.

Henley (2005) observed the therapeutic use of clay among Eastern European children with attachment disorders and difficulties in relationships who were adopted after a period of life in orphanages. Henley (2005, p.35) noticed that “the claywork project allowed the child to express the desire for attachments and interpersonal relating, despite remaining guarded against such interactions which she found to be intolerable most of the time.” The author’s experience working with children at two schools in London revealed that the use of clay was common among the majority of the children that she worked with in at least one session. It’s important to highlight the fact that the children used clay in a non-directive intervention where it was at hand during the sessions along with the other therapeutic tools (puppets and mask; art media: painting and drawing; music instruments, and sandplay).

Immediate therapeutic benefits during their interaction with clay were noticed by the therapist. Sometimes they verbalised an enjoyable tactile sensation of forming the clay, the relaxation that they experienced when modelling it and the fascination with what they created using clay. The majority of time the author could perceive a change in their behaviour during the sessions. The author’s interest in clay was roused once she could see it as a powerful creative tool in play therapy, however, she concerned that it has not received enough attention in research and academic literature on psychotherapy. In this way, Sholt and Gavron (2006, p.66) argue that: “The development of art expression, mainly in the form of drawings, has been the focus of many studies. By contrast, little attention has been paid to developmental issues in working and making images in clay”.

Motivation to write this article came from the therapist’s observations and work with some children who were suffering a loss, or feared of losing someone close to them. Her convictions about the therapeutic use of clay in psychotherapy were strongly reaffirmed through the cases of three clients who creatively used clay to express feelings and talked about these feelings in five or more sessions, after experiencing the distress caused by the death and the hospitalization of family member. Some of the therapist’s observations are exposed in the following section.
CREATIVE USE OF CLAY BY CHILDREN WHO HAD LOST OR FEARED LOSING A LOVED ONE

This section points out the therapist's observations and understanding of the therapeutic use of clay in play therapy sessions with children who had lost or feared losing someone in their family. Jacob (code name) was one of those children, during his third session he spent twenty-five minutes moulding clay into a face. After a while, he suddenly said that he enjoyed making it because clay was refreshing, pleasant to touch, and made him feel relaxed. He also talked about his family and for a moment mentioned his loss. This child’s baby brother died at home of early childhood sickness few months after he was born. Some months before the session mentioned above, Jacob was emotionally distressed by that incident. Despite his pain, he was able to verbalise his sensations and feelings about his family and the situation of loss.

Clay was a medium to facilitate expressing those emotions. When this child was referred to play therapy after the death of his baby brother he was aggressive and very teary at school. The sessions using clay assisted him to feel contained and confident to tell about the situation with his family. It helped him to relax and opened a channel of communication between him and the therapist. His improvement since coming to the play therapy sessions were noticed by his teacher who affirmed that:

- “He is now much easier to deal with.”
- “The sessions helped him to cope with his losses.”
- “He is able to complete tasks.”

Another child, called Juliana (code name) verbalised her feelings relating to the hospitalisation of her grandfather during play therapy sessions when modelling and playing with clay. She used it during the five sessions that coincided with her grandfather’s hospitalization. While modelling the clay she talked about his illness and her fear of losing him, since his sickness was very serious and he could die. She said that she was “feeling miserable” and that sometimes she cried alone in her bedroom. This child also affirmed in some sessions that she did not know why, but she feels happy during her sessions and that “clay is very nice to relax”. The therapist noticed that clay evoked emotions in this child due its physical qualities and therapeutic texture, those emotions were projected on to clay and communicated to her in order to achieve relief, experience relaxation and understanding. Regarding that, Geldard and Geldard (2008, p.190) point out:

Clay is particularly useful in helping a child to project feelings, rather than leaving them bottled up. This projection occurs as the child acts out her emotions physically. For example, she may pound or punch the clay, or she may smooth or roll the clay. At this happens, the counsellor can assist the child to recognize and own the inner feelings associated with her physical expression.
The child consciously (or unconsciously) knew that she could use clay to release emotions that were difficult to deal with by herself outside the sessions. During her Special Time (time spent with the therapist in the play room) she felt safe to utilize clay and experience protection and containment offered by the therapeutic qualities of the clay. She was aware that she could benefit from that expressive art media during her Special Time, which allowed her to communicate her feelings freely, or just project them on to the clay. After the end of the play therapy sessions, the special educational needs coordinator (SENO) of her school observed that she had the following improvements:

- “She appears to be more relaxed and happier in school.”
- “She feels reassured and contained.”
- “She is now able to express her feelings.”

Figure 1: “Happy face” (one of Juliana’s claywork)

The therapist was aware that those improvements were facilitated by the clay and other therapeutic tools, such as Storytelling, Sandplay and Art (painting and collage). It is relevant to highlight that she used clay in five of her nine sessions as an artistic medium to express her anxieties, fears, frustrations and aspirations. The author’s claimed that clay helped this child to express her feelings and fears losing her granddad in a way that she could feel relax, contained and happier. Clay also helped her to work on her interactions and communication between her and the therapist (in a similar way that clay helped Martha and Brett - cases mentioned above) and the people close to her, since she affirmed that she was having more friends at school and the SENC0 observed that she was feeling able to express her feelings outside the sessions.
Another example of the use of clay as a vehicle to work through emotions was demonstrated in the play therapy sessions with another child called Edson (code name). His grandfather died when he was in therapy. Edson used clay in the five following sessions after the death of his grandfather, with whom he had a close relationship. He seemed very sad and lethargic in that first session after the incident. He arrived in the room; sat down and looked around. After a while, he picked up the bag containing clay and took a lump of it, smashed it on the table and aggressively he punched and stroked it. Suddenly, the therapist could see anger, frustration and energy projected onto the clay. Clay assisted Edson to release a lot of bottled up emotions that he did not want to show outside the room once his teacher told that he did not want to talk about his loss and he seemed to pretend to be strong.

Afterwards using clay, he told the therapist that he was very sad and briefly talked about his loss. A channel of communication between him and the therapist was opened and he seemed to be relaxed and confident to talk more about his grief. The subsequent session, he went straight to the bag of clay and said that he would use it for the entire session. He also asked for his previous clay modeling. He seemed motivated and full of energy. He modeled the clay into a pot and placed a “clay man”, made in his previous session, into the pot. This situation made the therapist certain that he was using clay to work out his bereavement, especially after the subject of death had been raised during his sessions.
In other session, the therapist observed that Edson shaped and squeezed the lump of clay into another man and he said that the man was dead, but it came back to life. At this point, the therapist felt that he was communicating his desire to have his grandfather alive and denying his loss. He asked her how the “clay man” came back to life. She said that she wondered what his thoughts about it were; he seemed confused and asked her again the same question. The therapist said that it might be possible because it was a “clay man” and not a human. He nodded and smiled. The therapist thought it made him realize that his grandfather would not comeback to life. He needed to work through his feeling. Being in the right place allowed him to make use of clay and thereby transform raw emotion into a tangible representation of his grief (“clay man”, “pot”) that enabled verbal and symbolic communication of his feelings.

During the next sessions, the therapist had the impression that Edson was using clay for enjoyment as well as expressing his anger, sadness and fear. He was eager and comfortable to show his feelings through clay and converse with the therapist about his loss. The therapist also observed that the child used clay to build up his self-esteem and recognize that he was able to make nice things. In his last session, Edson seemed very proud of himself and said that he would show everyone his clay models. After the end of the play therapy sessions, his teacher observed that he had the followings improvements:

- “Not self harming as much – if any”
- “Can listen to praise given to him directly more freely”
- “Wants to achieve more frequently during day”
- “Listens and responds more appropriately to adults.”
- “Responds better to teacher intervention”
- “Enjoys personalized projects for him to work on with partner”
CONCLUSION

Jacob, Juliana and Edson used clay as a media to experience protection, containment, as well as release emotions that were making them angry and sad. Clay also helped them to enhance their relationships with the therapist and others outside the therapeutic set and especially, it was a way that they found to work out their feelings and thoughts related to their loss or the fear of losing a loved one. The experiences using clay as an instrument in psychotherapy sessions has given the therapist a conviction that this three dimensional media is a powerful tool which can not be neglected by psychotherapists and nor absent in the therapeutic setting, mainly when therapists are working with children that have difficulties expressing feelings and/or experiencing family healthy traumas.
REFERENCES


