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The Benefits of Clay for Adolescents in the Inpatient Setting: Development of a Method

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The Benefits of Clay for Adolescents in the Inpatient Setting:

Development of a Method

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

Adolescence is a period of time where there is continuous change in one's social, emotional, and physical development. In severe situations, these changes could contribute to two of the most common mental disorders in teens, one being mood disorders and the other being anxiety disorders. Arts based interventions were administered to measure and test if using clay through touch and movement could reduce anxiety and stress for adolescents in a psychiatric inpatient setting, leading to greater mental well-being and increased stabilization. Patients participated in a three-part group that focused on different clay techniques, including rolling, flattening, and free choice. Color swatches for mood identification were used at the beginning and ending of group to further notice any changes in mood. Results illustrated an increase in mood, engagement, and safety for 28 patients through color identification and reflection. Further research should expand on different techniques, amounts of clay, and length of time. Overall, this paper highlighted the benefits of clay and further emphasized the need for material exploration within the inpatient setting.

The Benefits of Clay for Adolescents in the Inpatient Setting: Development of a Method

Introduction

Clay work is a medium that has always sparked an interest, due to the feeling of being fully immersed with a material. Touch and movement are integral parts of the clay field that allows for the artist to escape physically into the work. My curiosity about how this medium could be beneficial in the therapeutic process of art therapy increased after my own personal stress and anxiety was reduced during time in the ceramic studio. This thesis will focus on how using clay through touch and movement can reduce anxiety and stress for adolescents in a psychiatric inpatient setting, leading to greater mental well-being. It will also look deeper into the different tactile experiences provided by clay and the benefits associated with different materials and tools. With a variety of diagnoses, treatment goals, family systems, and trauma history, patients need a variety of tools to find what works best for coping. This research will lead to a greater exposure of material, hopefully becoming a more accessible tool for patients and staff to use in the future. The goal of this thesis isn't to show that each patient will benefit from this process, but to gain a greater understanding of different materials and how they can be used to further understand how to best help a patient. The anticipated outcome is to see an increase in mood and decrease in stress/anxiety for patients engaging with the clay material. Hopefully that with positive mood and less stress, patients will also be able to engage in peer interactions and increase their self-expression.

Literature Review

This literature review will look at a variety of topics that relate to clay work and how they could be applied to adolescents in the psychiatric inpatient setting. These articles give an overview of art therapy with adolescents and the benefits of communication through artmaking

during a period of change and uncertainty due to development. While understanding adolescents is important, it is also key to gain a greater understanding of what a psychiatric inpatient unit looks like for adolescents and the affect it could have on treatment. After both art therapy and the population are explained, the therapeutic benefits of clay work will be examined to see how different techniques and approaches could be applied to the method that was developed.

Art Therapy with Adolescents

Bruce Moon, an existential art therapist known for his work with adolescents, highlights the importance of artmaking for teens who are continually growing and changing as they begin to understand the world around them. While teens navigate changes in emotional, physical, cognitive, and social areas of development, it is important for adults to develop effective communication skills to reduce the isolation that could come with uncertainty of adolescents (American Psychological Association, 2002). Moon (1999) emphasizes that the emotional difficulties of adolescents could not be resolved through talking alone but intertwined with the creative voice that visual art allows. The following articles will further emphasize the difficulties associated with adolescence and how communication is key when trying to achieve growth and understanding.

Adolescence as an age group is recognized as a time of emotional growth and identity searching, which can lead to being a confusing time in one's social, emotional, and physical development (Kay & Wolf, 2017). This study emphasized the importance of reducing the effects of negative experiences in adolescence which could lead to long-term health impacts. Kay and Wolf (2017) researched the importance and benefits of art for students, especially those facing adverse childhood experiences. This arts-based research shared stories, strategies, and successes of an art coalition between adolescent females, two art therapists, and an art teacher. Multiple

themes emerged from this research including (a) importance of collaboration, (b) therapeutic aspects of artmaking, (c) resilience, and (d) modeling of positive behavior. It was highlighted how important developing resilience and positive behavior during adolescence could lead to greater outcomes in adulthood but was limiting in what techniques could achieve these goals. The following study emphasizes certain programs that identify behaviors and works towards changing them.

The effectiveness of communication and collaboration through art making with teens was noted above. Similarly, this article focuses on the relationship between teens and therapists when reaching therapeutic goals. Saunders and Saunders (2000) conducted a quantitative, outcomes focused study that evaluated the effectiveness of art therapy with teens and adults. Over a three-year period, art therapists and research methodologists aimed to identify therapeutic outcomes and behavioral changes in children ages two to 16 within a non-profit art therapy program. Three hypotheses were tested during this program evaluation, including (a) statistically significant positive change in severity and frequency of behavior problems, (b) statistically significant positive change in client-therapist relationship, and (c) increased achievement of behavior goals identified during intake. Using a pretest-posttest design, researchers were able to answer questions directed towards their hypotheses, while also looking at different groups relating to gender, age, and program attendance. The study found that by program completion, a majority of children had met their goals, there was a decrease in severity and frequency of problem behaviors, and clients developed positive relationships with their therapists. Although this research wasn't strictly conducted with adolescents, it showed the benefits of working with an art therapist team (Saunders & Saunders, 2000). These problem related behaviors, including poor

self-esteem, aggression, and school performance could be applicable to a variety of programs with an adolescent focus.

Psychiatric Inpatient Setting

When children or adolescents begin to experience behaviors that become acutely dangerous for themselves and those around them, admission to an inpatient setting is often required. Hospitalizations for children and adolescents has begun to increase over the years, resulting in a shortage of beds within these facilities (Teich et al., 2018). This has caused there to be an increased pressure to shorten length of stay and facilitate effective treatment with an emphasis on stabilization. While these settings are generally viewed as supportive, structured environments, hospital related stressors make it even more difficult to engage positively in treatment (Causey et al., 1998). A majority of these children enter hospitalized intensive treatment against their wishes, which further disempowers them and leads to greater discomfort. The following studies will attempt provide understanding not only of the difficulties of the inpatient setting but gain perspective from the teens facing these challenges.

Haynes et al. (2011) conducted a grounded theory study to gain further understanding of the adolescents' subjective views of psychiatric inpatient care. Semi-structured interviews were conducted with ($N = 10$) adolescents admitted at an inpatient unit in the last 18 months for at least two weeks. The conducted interviews were analyzed, highlighting the strengths and weaknesses of the inpatient setting. Patients reported an increased sense of disconnect from family and friends, feeling a loss of dignity and identity, greater awareness of coping strategies, and belonging from peers. Overall, the research highlighted the psychological impact inpatient hospitalization could have on adolescents. There were also limitations that would inform further research, including limited variety in diagnoses. It's important to keep in mind how different

diagnoses could affect a patient's perception of an inpatient hospitalization. This study provides important information, including giving comprehensive and accurate information for adolescents prior to admission, providing emotional and social support, maintaining connections with family and friends, and increasing patient autonomy.

Reavey et al. (2017) also discuss the limited research in adolescent satisfaction of inpatient services. This qualitative article focused on the social and emotional experiences adolescents had following discharge from inpatient unit. Using semi-structured visual interviews with 20 adolescents, researchers uncovered a variety of benefits and disadvantages. Benefits included (a) containment, (b) safety, and (c) supportive relationships. Disadvantages included (a) lack of autonomy, (b) artificial landscapes, and (c) inconsistent staff. Participants reported the importance of developing bonds with staff and reducing the time spent on the unit. Past research has highlighted only the input of parents/caregivers which created discrepancy between patient and parent satisfaction. Further research should assess ratings of satisfaction for both adolescents and caregivers to develop a more well-rounded picture of the inpatient hospital experience.

Prevalence of Depression and Anxiety in Adolescents

An inpatient unit will see a variety of diagnoses, ranging from mood disorders to personality disorders. In the United States, the most common and prevalent mental disorders are anxiety and mood (Ghandour et al., 2019). According to the Center for Disease Control and Prevention (CDC), 7.1% of children ages three-17 years (approximately 4.4 million) are diagnosed with anxiety disorders and 3.2% of children ages three-17 (approximately 1.9 million) have diagnosed with depression (CDC, 2020). Individuals diagnosed with major depressive disorder commonly experience depressed mood, diminished interest or pleasure, slowed thought processes, fatigue, feelings of worthlessness or guilt, significant weight loss or weight gain,

recurrent thoughts of death, and psychomotor agitation (American Psychological Association, 2013). Individuals diagnosed with generalized anxiety disorder commonly experience excessive worry, restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance (American Psychological Association, 2013). Both of these disorders in childhood can affect development as well as interfere with social, emotional, cognitive, and academic achievement (Ghandour et al., 2019).

With a continued increase in anxiety and depression in teens, researchers and mental health clinicians have a growing interest to understand the reasoning behind these statistics. Lee et al. (2020) conducted a study to further understand adverse childhood experiences and its impact on depression and anxiety diagnoses. Questionnaires were distributed to adolescents ($N = 11,437$) ages 10-17, relating to adverse childhood experiences and anxiety/depression. After analysis, this study confirmed that combinations of different adverse childhood experiences increase patterns of anxiety and depression (Lee et al., 2020). While this study focused only on self-report measures which could increase possible response error/bias and also didn't assess mental health concerns over time, it provides a better understanding of possible causes relating to these two disorders. These findings can inform mental health clinicians on the best approach to adapting clinical interventions and approaches to addressing anxiety and depression in teenagers.

While there are a variety of diagnoses present in the inpatient setting, these two articles highlight not only the prevalence and symptoms of anxiety and depression within teens, but the experiences that could influence treatment for these teens. With there being a wide variety of presentations due to different diagnoses, experiences, and cultures, discovering different materials to accommodate these differences is valuable for treatment.

Therapeutic Qualities of Clay

Lastly, understanding the therapeutic benefits of clay is key to begin applying techniques and interventions within the inpatient setting to increase emotion regulation, specifically for teenagers experiencing anxiety and depression. Clay is a versatile material that could be used to develop a product or to develop connection through material by focusing on the qualities like texture or temperature. The expressive therapies continuum organizes different art mediums within frameworks to better select materials based on goals and purpose of the work. Clay falls into the sensory and kinesthetic level that focuses on the body movements, sensations, and actions to access preverbal materials (Hinz, 2009). This most basic level of expression could be particularly helpful for adolescents who have difficulty expressing emotions due to diagnoses or simply the overstimulation and stress on the inpatient unit. The following articles will dive deeper into the different qualities and benefits of clay and how they could be applied to this specific population.

Clay work is an art medium that involves the process of manipulating, handling and sculpting to create a product. Sholt and Gavron (2006) state “both product and process foster significant psychological processes, revealing meaningful information about the creators’ inner world” (p.66). The therapeutic qualities of clay can allow for the process to be just as important as the product, which is beneficial for adolescents in the inpatient setting with goals of stabilization. Clay work also allows for complete non-verbal communication and expression which can allow insight into treatment and emotion regulation (Sholt & Gavron, 2006). Sholt and Gavron further investigate the literature for therapeutic factors that could emerge during clay interaction which include (a) facilitating expression of emotions, (b) catharsis, (c) rich and deep expressions, (d) verbal communication, (e) revealing unconscious material, and (f) concretization

and symbolization (Sholt & Gavron, 2006). The non-verbal aspects of clay can be used as a tool to better understand teens and their challenges with cognitive, social, and emotional changes.

The benefits of non-verbal communication through clay work was founded in the previous study. Kimport and Robbins (2012) conducted a study to also provide evidence for the efficacy of clay use in the therapy setting. The study used a randomized controlled trial (RCT) design to allow for the clay work to be the isolated cause of mood enhancement. They randomly assigned participants ($N = 102$) to four different negative mood groups: (a) handling clay with instructions to create a pinch pot, (b) handling clay with instructions to manipulate it freely, (c) handling a soft stress ball with instructions to toss the ball in a structured manner, or (d) handling a soft stress ball with instructions to manipulate it freely. Negative mood and anxiety were measured before and after the interventions using the Profile of Mood States (POMS) and State-Trait Anxiety Inventory (STAI). Scores indicated that participants in the clay conditions experienced greater mood improvement than participants in the stress ball conditions ($p < .05$). The results of this study indicated that manipulating clay for a five-minute period produces greater negative mood and anxiety reduction. The study also showed that the structured conditions, having a goal or end result, was more effective than the free conditions in reducing negative mood.

Klein et al. (2020) conducted a grounded theory study to gain a greater understanding of the therapeutic qualities of clay slip, which is simply a wet form of clay. Experienced art therapists ($n = 10$) and masters level art therapy students ($n = 48$) engaged in two different methods, an interview and reflection, following their interaction with the clay material. Data analysis used different phases of coding to identify the themes reported by each participant. Themes emerged from the data analysis which included (a) sense of freedom and liberation, (b)

encouraging regressive processes, (c) sensory through regulation, (d) enabling, releasing and forgiving, and (e) playfulness. While other themes were reported, these five themes were acknowledged by 80 percent or more of participants. Researchers were able to highlight a variety of themes and qualities associated with slip work, but limitations and the qualitative nature of this study make their findings non-generalizable. The participant pool represented individuals pursuing the field of art therapy, making the participants more inclined to describe these therapeutic qualities due to their background. This study concluded that clay slip holds a variety of therapeutic qualities and could be a useful tool to add to an art therapist's toolbox.

There are a variety of studies that examine clay use and mood improvement, but little that focus specifically on the tactile experience of clay and enhancement of overall well-being. Wong and Au (2019) wanted to determine if tactile experience in clay work is critical in enhancing psychological well-being and if sense of temperature is one of the factors that underlies the effectiveness of the tactile experience. Chinese participants ($N = 36$) separated into either the bare hands group or gloves group were measured on mood and psychological well-being, before and after the clay creation period. Results showed that participants creating with bare hands showed a positive mood change and increase in overall well-being, whereas those participants wearing gloves showed no improvements in these areas ($F [1, 34] = 38.32, p < .05$). Sense of temperature was also shown to have an effect on the psychological well-being of participants and a contributing factor to why tactile experiences increase mood and well-being. Temperature is one factor that influences tactile experiences and future research should explore different tactile areas that may also have a positive effect.

Timmons and MacDonald (2008) conducted a qualitative study with a phenomenological approach to explore the benefits of clay for individuals suffering with a chronic illness or

physical disability. In order to deepen and understand the lived experiences of working with clay, participants ($N = 6$) were invited through the Ceramic Review, an international journal of ceramic art, to participate. Four main themes were generated through the use of written narratives, in-person interviews and telephone interviews. These themes included (a) being productive and creating, (b) promoting physical and psychological well-being, (c) enhancing opportunities for social interaction, and (d) alchemy and magic. All participants reported that the creative process of ceramics enhanced self-worth and successful adaptation which could easily be lost when having a chronic illness or disability. The participant pool represented individuals who were currently committed potters and have had positive ceramic experiences, which could make them more inclined to report positive benefits to accentuate their profession and bring light to creativity within research. This study concluded that ceramics was beneficial to their overall health and subjective well-being.

Existing research focuses on the material of clay and how it includes benefits of increasing mood, overall wellbeing, and stress reduction. This research however is limited when applying to the specific population of adolescents in the inpatient setting. This current research provides direction when working with adolescents in crisis and the possible positive outcomes that could go towards stabilization and mood regulation. The inpatient setting was developed to provide patients with immediate stabilization so they can step down and achieve success at a lower level of care, but due to intensity and diversity of diagnoses, this setting is naturally a place of fear rather than for healing. Incorporating the therapeutic benefits of clay with the demanding needs of the unit could lead to greater outcomes and increase overall mood and well-being. The rest of the paper will focus on developing and administering a method influenced by these different aspects of research to hopefully be applied more frequently to this population.

Method

This method was designed by keeping the therapeutic benefits of clay in the forefront to see how they could then become applicable to the inpatient setting with the adolescent population. With stabilization being the goal and safety being a concern, materials are limited, leaving groups to fall flat and repetitive. By integrating the material of clay, patients will hopefully be able to experience a sense of relaxation, comfort, and support which can therefore increase mood leading to quicker stabilization.

Clinical Setting

The clinical setting was a psychiatric inpatient unit that served children and adolescents, ages three to nineteen. This thirty-two-bed unit was split into two sides, latency (12 beds) and adolescent (20 beds). The goals of this unit include restoration of safety and treatment and recovery planning outside of the hospital setting, which needed to be achieved rapidly. This structured therapeutic program is based on a strengths-based model of care, which promotes resilience, safety, and hope. This unit offers a program that ranges from expressive arts focused groups, to reduction of high-risk symptoms through medication, and skill development related to emotion regulation and distress tolerance.

The unit provides treatment for complex cases with individuals/children who are in severe crisis. These patients are not only diagnostically and developmentally different, but additionally have a spectrum of skills-based knowledge, levels of impulsivity, intellectual ability, ethnicities, trauma histories, and family dynamics. The commonality between the patients is generally their lack of safety and diagnosis with a mental disorder. Diagnoses ranged from psychotic disorders to personality disorders, but most commonly include depressive and anxiety disorders.

Due to the everchanging nature of the unit, group themes, attendance, and goals varied day to day. Goals, with the overarching theme of stabilization, included focus on mindfulness, distress tolerance, coping strategies, identity, and self-expression. I was at the site three days a week, conducting six expressive therapy groups on both sides of the unit. Three groups lasted 45-minutes and included an introduction/warm-up, main directive, and closing/discussion.

Material and Space

Three groups were assessed over the course of a week, using clay as the main material. The group room is located in the center of the unit, connecting both latency and adolescent sides. The group room included ten chairs and two coffee tables. While this room isn't used specifically for the expressive groups, it allowed for a quiet, focused space for patients to create. This room wasn't specifically designed to create art due to the lack of table space, sink, and materials. It is important to take into account that patients are consistently being pulled for meetings with their treatment team, medical exams, or family meetings, which limits group cohesion. So, while the group space is removed from everchanging aspects of the unit, it still is open for disruption. Elbrecht (2012) discusses the importance of working in a safe space when working with children, specifically those who experience trauma. Safety is the first priority in the inpatient setting. I attempted to achieve a quiet, safe space for the patients to focus on the process, but this was unattainable due to the nature of the unit and consistent checks/meetings happening during the group time.

Participants

The intervention was implemented during three expressive group sessions, each 45 minutes in length. Ten patients attended the first group session ($n = 10$), eight patients attended the second group ($n = 8$), and ten patients attended the final group ($n = 10$), totaling 28 patients

($N = 28$). It is important to acknowledge that patients would come and go through the duration of the group, either to attend meetings, use the bathroom, or check-in with assigned staff member. While the group wasn't intended to be open, it became more of a studio setting due to the needs of the unit. The numbers listed above do not represent the consistent number of patients, but rather the total of patients that participated in some shape or form.

Procedure

Each patient received a ball of Crayola white air-dry clay, about the size of a baseball. The clay was placed on a plate, alongside a bowl of water. For the warm-up and tool to determine mood, 60 one by one inch color swatches of paper were placed in the center of the table at the beginning of the group (Figure 1). The colors included shades of green, blue, red, purple, pink, orange, and yellow.

Figure 1.

Mood Identification Color Swatches



To prepare the group, I set a paper plate and bowl of water in front of each chair. I decided to keep the individual balls of clay to the side, until after the introduction. I wanted to

see how the patients represented their mood, without the influence of the clay. Once patients were seated, they were instructed to pick a color swatch that represented their mood at that current time. Once all patients picked out their color swatch, they were instructed to go around and share their name, pronouns, and what color they chose. It was an optional choice to share with the group an explanation of why they chose the specific color and what mood they were currently experiencing.

Following the warm-up, patients received a ball of clay. The main directive was split into three sections: rolling, flattening, and free choice. For the rolling section, patients were directed to spend seven minutes using the clay in rolling motions. This included, but not limited to, rolling it as a whole between hands, rolling into a coil on the plate, or rolling it in smaller sections between fingers. Patients were informed not to focus on a particular object, but more so focus on the material and being engaged with the kinesthetic process. This was similar for the second section, but focus was on the movement of flattening. This included, but was not limited to, pressing on the clay with fingers or palm, pinching the clay into a disc, or smoothing clay with finger and water. For the last section, patients were directed to engage in free play/creation with the clay. This was the time that patients were allowed to create an object that they could take with them. Patients were free to create in any way that felt good for them, which could have been incorporating motions from the first two sections or creating an entirely new figure. The first two sections lasted for about seven minutes, while the last section lasted about 12 minutes. To conclude the group, patients were directed to assess their current mood by either choosing a new color or keeping the same color swatch. Patients at this point were given the option to share their final piece and also reflect on their color choice decision.

Documentation

During each group session, I decided not to take notes to be as fully present and simply engage in active witnessing. Following each group session, I went back to the intern office to process in my written journal, followed by creating visual art pieces. In the written journal I reflected about the process as a whole, my reactions to certain patients, and the patient's behaviors and reactions to the material. I also reflected on certain moods that were shared at the beginning and after the group, specifically if there was change for certain individuals.

Ethical Considerations

This three-step group required following a structured format to allow the group to feel contained and safe. It was important to allow time for a proper introduction and closing to careful transition from one aspect of group to another. Patients in crisis report difficulty with changes and lack of structure, making it important to keep structure by discussing precise time and providing space to share mood and safety.

Results

Following are the results from what I observed and the reflections of the patients during the three group with a focus on clay work. Multiple themes emerged from my observations and also through the color swatch usage and patient reflections. I also noticed a variation in how the different groups approached the clay material, including different techniques, changes in environment, and acceptability of the material.

Group 1***Warm-up***

When the first group of patients entered the room, they were chatting freely with one another and hesitant to begin group by their responses to the materials laid out on the table. Some

patients gathered easily around the table, while others lingered to the side of the room or by the door. Eventually, a majority of the patients decided to gather around the table and were instructed to pick their color swatch that represents current mood. Colors that were chosen varied, including a few pinks/purples, dark greens, and dark blues. The colors are gradients from dark to light and most of the colors fell within the darker ranges. In this group no patients wanted to share their current mood, but all shared their colors as mentioned above.

Main Directive

Following the introduction, clay was distributed to each patient and a majority of them brightened as evidence by smiling, eyebrow raises, and exclamations including “wow, clay!”. During the first task, patients had difficulty staying connected with the rolling motions and continued to request to make an object. I continued to reinforce the rolling motions and emphasized that the last section of the group will include free play. The flattening section was the most difficult for the group, due to the continuation of only movements and the lack of freedom to create. Some patients had difficulty transitioning from the rolling to the flattening, while others jumped at the opportunity of change. During the flattening section, I noticed some patients begin to experiment with the water. There was an increased sense of comfort with the material, which allowed for some to work more freely. Others were unable to make the transition to a new technique and stayed focused on the rolling sensation. Lastly, the free creation was when patients were able to make their own objects to take with them out of the group room. Patients made a variety of objects, including different animals, bowls, and foods.

Closing

Once time ran out for the final creations, patients were instructed to wash their hands and clean their section. There was some push back on the idea of stopping, while others jumped at

the idea of washing their hands. Once all patients returned to the table, they were instructed to pick a new color. About half of the group decided to keep their color, while the other half changed. For the individuals who changed their colors, all of them kept the same pigment but made a subtle change in the shade, going in lighter direction. Through the focus in the first two sections and the lighthearted conversations in the last, I could sense some relaxation and distraction that wasn't visible at the beginning of the group, even though it was specifically reported.

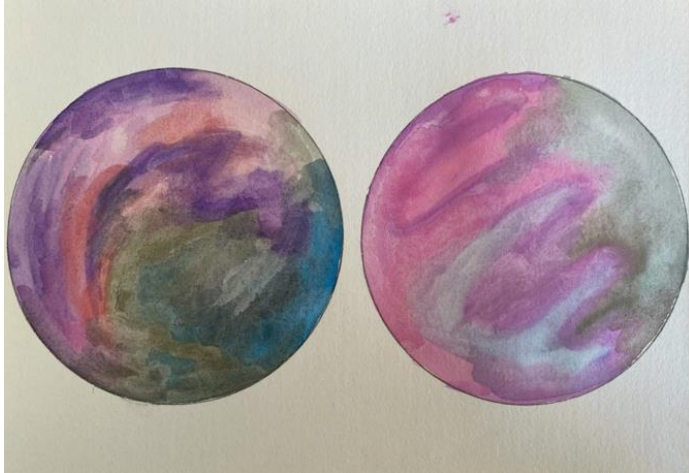
Reflections

Conversation was minimal during the first two sections of the group. I noticed that most individuals were engaged with the process and trying out new techniques, while the last section individuals became more vocal and were able to communicate once they decided what object they were going to make. During this group only one individual was pulled for a brief check-in with staff, making the group more cohesive and structured than the other two groups.

Following the group, I documented the process by engaging in an art-based activity using watercolor. The focus of this reflection was to create two watercolor circles, with the circle on the left being my reflections from the beginning of group and the circle on the right being my observations following the conclusion of group (Figure 2). I chose to use similar colors that patients used for their mood identification. Although group members chose not to reflect on their mood changes, my observations from the group and my own art highlighted the subtle relaxation that came from engaging in kinesthetic clay work of flattening, rolling, and free choice.

Figure 2.

Group 1 Visual Art Response



Group 2

Warm-up

When the second group entered the room, they were full of curiosity and excitement about the activity. This group was administered the day after the first group, which made it possible that chatter happened on the unit and patients were aware of the material being used. The patients settled in easily and chose their colors. Colors were similar to the ones chosen the day previous, including dark greens, purples and pinks. A few shades of yellow and blue were also included as colors chosen to represent mood. More patients were inclined to share their moods during this group, some reflecting tired, low, calm, joyful, anxious, and angry.

Main Directive

During the first task, patients appeared to be engaged with rolling the clay, a few requested to once again make an object, rather than focus on movement or touch. A few patients decided to create an object even without instruction to do so. As the flattening section began, two patients were removed to meet with treatment team members. This section involved more questioning about the process and how to flatten. Patients began sharing ideas with one another on how to achieve this technique, some preferred smoothing, while others preferred pinching. A few patients began to grow frustrated at the clay going underneath their fingernails. There were

moments when patients would put the clay down and spend time removing clay from their hands and a few requested to go wash their hands before the ending of the group. Even though a few appeared to be frustrated at the material, they still engaged with it throughout the entire group. During the free creation section, all patients but one decided to make an object to take with them at the end of group. The one patient continued to roll and pull apart the clay for the duration of the group. For the last section of the group, patients made similar objects to the first group, including more animals and circular objects like pots or plates.

Closing

All patients transitioned easily to washing their hands, some even with a noticeable sense of relief on their face. All patients transitioned back to their seats and began contemplating their new color choice. Once again, about half decided to keep their color, while the other half changed. Colors now included purple, greens, pinks, red, oranges, all falling into the light shades. There were a few dark greens and purples. All group members decided to reflect on their current mood at the end of the group. A few individuals who changed their color, reflected that they felt “happier, calm, relaxed”, while one other reflected “annoyed” due to the material continuing to be stick underneath fingernails.

Reflections

I noticed that conversation was much more consistent in the second group, which could be attributed to the freedom that clay allows, or the disruption of patients coming and going from the group room. Patients were discussing previous groups, movies, music, and also techniques about the material. Four individuals were pulled during group to attend meetings or receive medication, but all returned by the end of group.

Following the group, I engaged in the same watercolor activity to reflect on the experience. For the circle on the left, I attempted to use similar colors as the ones chosen, while the circle on the right I was drawn to lighter shades of green, yellow, and pink (see Figure 3). I noticed through the session how engaged and distracted patients were from current behaviors like self-harm. I wanted to represent this through watercolor and noticed how well the colors absorbed into one another. This reminded me of the group and how patients were not only engaged in the process, but with each other as well.

Figure 3

Group 2 Visual Art Response



Group 3

Warm-up

Group 3 took place on a Friday afternoon, which meant the end of a long week full of groups, meetings, and skill building. At this point, a majority of patients feel removed and overworked from the busy schedule. When this group entered the group room, I sensed this level of disconnect due to their lack of acknowledgment and interest in the materials presented on the table. While looking at the color swatches, patients took their time and slowly picked colors. One patient decided to reflect on their current mood, reporting to feel “tired and disconnected”. I

noticed some nodding throughout the room but there was a refusal to share further. Colors for this group included darker blues, greens, and oranges.

Main Directive

During the first task, patients were instructed to engage in rolling techniques for seven minutes. Patients engaged in this process for the entire time with limited communication between myself and other peers. Patients transitioned to the flattening section with ease. Like the rolling section, patients were engaged and continued with limited conversation. A few patients would go back and forth between rolling and flattening, but never asked to create an object. I noticed that during this group, more patients were inclined to experiment with water, taking it in small portions and getting comfortable to the change in texture. For the free creation section, more patients were inclined to combine the two techniques to create a final piece. A few patients made pots with coils or pinching, while a few others made abstract sculptures, focusing heavily on the different movements and techniques learned from the previous sections.

Closing

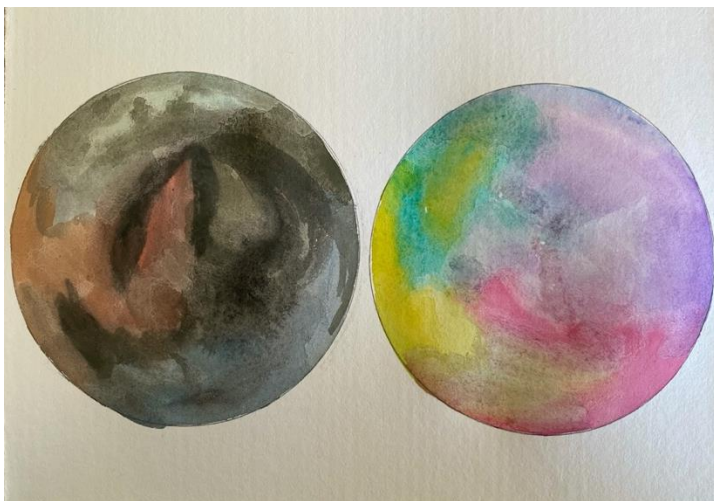
When patients were instructed to stop their final work, all transitioned easily to the sink and came back in a relaxed space. In this group, all but two individuals decided to change their colors. More people decided to reflect in this group, highlighting their mood and artwork. One patient specifically stated, "I really needed this time to engage in my own process and not communicate, which helped my mood". Others expressed gratitude for this time which wasn't solely focused on skill building. The colors that changed went from darker shades to light, with only a few individuals staying the same. One patient changed colors completely, going from blue to purple, but chose to not elaborate.

Reflections

Conversation was minimal throughout the duration of the third and final group. Although conversation was minimal, all patients remained present and engaged with the material. For the art reflection I chose to represent the beginning of group using dark colors of blue, green, and red. Patients appeared to be disconnected and tired, but towards the end of group patients appeared to be relaxed and engaged. I represented this change in the circle on the right with brighter colors that blended well with one another, which reminded me of how the patient transitioned from group, in a relaxed and engaged space (Figure 4).

Figure 4.

Group 3 Visual Art Response



Discussion

It appeared that through my sessions with 28 adolescents on the inpatient setting, that low mood and energy were common moods reported. While there were a lot of lower moods reported, I was shocked to notice that more patients felt a sense of calmness and joy. Through reflection, this could be attributed to a variety of things, including time of day, nature of expressive groups, or personal experience. I noticed low mood and energy within the last group,

which was the group that seemed to connect the most with the material, staying more focused on the movements and process, rather than jumping to the final section of free creation. There was more variation of how the patients connected with the material in the other two groups. A few patients presented as rambunctious and excited, while others appeared bored with the process of attempting different techniques. I noticed it was difficult for some patients to stay in the present for the first two activities and continued to ask when we would move on to the final segment. Even though all of these presentations of engagement were different, the key take away for me was that they were all still engaged. I didn't have any patients leave the sessions by choice, but I did have some leave due to unit obligations.

Half of the patients gravitated towards making an object that they would be able to take with them following the group. Elbrecht (2012) discussed the importance of transitional objects for traumatized children. While not all of these patients were admitted due to a severe trauma, they relate in some way by being on an inpatient unit. It isn't a common experience for any children to be at this level of care, which is traumatizing in itself. This idea gives more clarity to why some patients were more inclined to make an object, rather than stay engaged in the techniques. The object created is a continuum that is stable, unlike their current emotions and experiences of this highly acute setting.

The use of watercolor for the art-based reflection had a variety of meanings for myself and how I processed the group. First, the watercolor material allows for similar freedom and fluidity as the clay but was contained within the circle to provide a holding space for the group. The watercolor circles not only represented the changes within the same group but allowed a visual for the differences between all three groups. The watercolor circles emphasized the everchanging group dynamic and how different materials influence each participant differently.

Depending on the mood, day, or any other outside influences, group involvement and engagement could change drastically. Overall, the watercolor reflections highlighted significant change that took place from beginning to the end of the group.

Through my observations, it is my hope that the use of clay could be implemented more frequently in the inpatient setting. I noticed that unit staff members often stay away from materials that involve complete sensory involvement, due to possible triggers and reactions from certain patients. While these are valuable concerns, it's important to allow for material exploration, because what may not work for one patient, may be exactly what another patient needs to increase mood and stabilize. Despite the fact that therapeutic outcomes couldn't be explicitly measured, several themes emerged from this paper and could be used to further research the benefits and implementation of clay in the inpatient setting.

Conclusion

Through this work I was able to implement a material in a setting where safety and structure often restrict the use of clay. My goal was to see if clay would actually increase safety and mood and leads to a quicker stabilization. While this was challenging to witness in only a 45-minute group, it was observed through color identification and reflection that a majority of patients felt relaxed and engaged. It is unclear how long patients remained in this mood following group but would be a good place for future research to focus. Future research could also focus on different techniques, amounts of clay, and longer amounts of time to notice any differences in mood. Overall, this paper highlighted the benefits of clay within the inpatient setting and is needed especially during this time where inpatient admissions are continuing to increase.

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**THESIS APPROVAL
FORM**

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Student's Name: Lauren Sideravage

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Title: The Benefits of Clay for Adolescents in the Inpatient Setting: Development of a Method

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Denise Malis