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## How Clay in Group Art Therapy Helps Female Veterans Maintain Well-being: Development of Methods

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**How Clay in Group Art Therapy Helps Female Veterans Maintain Well-being:**

**Development of Methods**

Capstone Thesis

Lesley University

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Soho Park

Art Therapy

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### **Abstract**

Using clay in art therapy has emerged as an evidence-based therapeutic approach to enable treatment for people with anxiety. While clay in art therapy has been researched and proven to be highly effective with children, there is limited research on the benefit for the population of female veterans. Therefore, this study examines the possibility of how clay in art therapy helps female veterans to reduce anxiety and maintain their well-being at Veterans Affairs Hospital (VAH). Three female veterans were engaged in weekly intervention for six weeks through both in-person and online sessions. Results indicate participants experienced beneficial changes in anxiety reduction through the intervention. The art therapy with clay intervention was successfully integrated and implemented during the research.

*Keywords:* group art therapy, clay, well-being, anxiety reduction, trauma-informed approach, female, veterans, adults

How Clay in Group Art Therapy Helps Female Veterans Maintain Well-being: Development of  
Methods

**Introduction**

In recent years, there has been an increasing interest in how art therapy helps to reduce anxiety levels and support well-being. There have been several studies in the literature reporting how art therapy helps participants to build strengths of self-expression, manage anxiety, and maintain well-being (Martine et al., 2018; Vaartio-Rajalin et al., 2021). Also, a large and growing body of literature has investigated the benefits of art materials. Conventional art materials include colored pencils, acrylic, watercolor paints, crafts, and clay. Clay allows participants to engage in nonverbal therapeutic conversation in a creative way by sculpting (Sholt & Gavron, 2006; Nan & Ho, 2017). Sholt and Gavron (2006) suggested clients experienced the cathartic experience in a way of working on clay with the tactile qualities and fluidity of the clay.

However, so far, there has been little discussion about how clay can be used in art therapy for female veterans to decrease the level of anxiety to maintain their well-being. This study suggests six-week of art therapy interventions using clay for three female veterans to help maintain their well-being. This study has discovered the positive relation between clay in art therapy and anxiety reduction through suggested art therapy intervention. This study addresses how I developed the intervention, observed the process, and analyzed participants' changes throughout the intervention in order to draw a conclusion. This study discusses what previous studies have found with respect to the topic, examines how each session is structured and delivered and how I reflect on each session, and finally draws conclusions by comparing and analyzing participants' behavior based on my professional understanding of art therapy.

## **Literature Review**

### **Well-being**

In modern society, the importance of well-being becomes more important. According to Gallagher et al. (2020), well-being is determined by the healthy mental health of an emotional and functional state beyond the mere absence of illness. Well-being is affected by the manifestation of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive physical functioning (Frey & Stutzer, 2002). Keyes (2005) proved that symptoms of depression, anxiety, and panic attacks negatively correlated with well-being. Among the mental illness, anxiety is consistent among the lower levels of quality of life, which means well-being (Olatunji, Cisler, & Tolin, 2007). Therefore, anxiety reduction is important to help maintain well-being. Also, according to Di Fabio and Kenny (2016), understanding oneself can serve as an asset to foster well-being and protect individuals from psychological harm.

### **Art Therapy**

Art therapy is one of the most effective approaches for self-exploration to understand oneself. In recent years, there has been an increasing amount of literature on the importance of mental health and well-being:

Art therapy improves acknowledgment of own experiences, strengths, and self-esteem; lead to better communication of own experiences and strengths with professionals; and improve the perception of wellbeing or health on the psychological, physiological, and social levels and quality of life. (Vaartio-Rajaline et al., 2021, p.112)

Also, art therapy builds new strengths and skills, making meaning of experiences and personal growth and establishing a clinical diagnosis, symptom alleviation, and communication (Vaartio-

Rajalin et al., 2021). According to Sweeney (2009), art therapy provides clients with a healing space where they can explore feelings of not being welcomed to contain through deep contemplation, creation, and reflection supported by art therapists. Art therapists offer a non-judgmental environment to encourage clients to express themselves by assuring there is no right or wrong way to do art-making in art therapy (Sweeney, 2009). Within the non-judgmental environment, art therapy leads clients to more actively create or generate compared to talk therapy (Martine et al., 2018). The nonverbal aspect of art therapy encourages expressing feelings and alleviating depressive signs so that clients can strengthen emotion regulation skills and improve the efficacy of cognitive-behavioral skills (Nan & Ho, 2017). During art-making, clients revisit the previously unnamable or unrecognizable emotions, and thoughts that have been dwelling beneath the conscious surface and then experience thought shifting by naming and acknowledging those emotions and thoughts (Sweeney, 2009). In other words, the art therapy process evokes awakening of thoughts and feelings locked away beyond conscious awareness (Sweeney, 2009). Therefore, clients are able to build coping abilities and increase action flexibility, self-efficacy, and empowerment with the support of different methods of art (Martin et al., 2018).

### **Clay in Art Therapy**

Nan and Ho (2017) pointed out that clay in art therapy is more effective than conventional visual art therapy materials in terms of reducing depression levels, improving daily functioning, and maintaining holistic well-being. Clay reduces fear of damage because the characteristic of materials has plasticity and is easy to manipulate and deform (Aydin & Kutlu, 2021). Also, Aydin and Kutls (2021) discovered that clay in art therapy achieves a rapid reduction in the loneliness and hopelessness level of older adults within a short period. Clay is

one of the most used art materials with the benefits of accessibility and adaptability. Unlike other conventional art materials such as colored pencils, watercolors, or acrylic paintings, clay has a unique characteristic of touching the texture which came from the soil of nature. Since clay comes from nature, clay is a living material and arouses calming effect (De Morais et al., 2014). Clients are able to have the physical-sensorial-mental experience through touching clay (Sholt & Gavron, 2006). This is because clay guides clients to associate their cognitive and affective dimensions with each touching movement (De Morais et al., 2014). Clay enables non-verbal language or communication for the creator through body movements associated with touching through hands and skins (Sholt & Gavron, 2006). Touch is the basis of human development because we learn from skin sense by touching and contact (Elbrecht, 2012). Clay allows perception of the textures and qualities of the clay through tactile manipulation, which stimulates body senses (Bae & Kim, 2018). Elbrecht (2012) suggested understanding the relationship between the hands and touching is crucial because it evokes the body sensations, as skin memorizes the surroundings and the entire human being (Elbrecht, 2012). In this respect, clay helps clients link to their unconscious, nonverbal representation (Sholt & Gavron, 2006). Clients are able to link to their mental realm, emotional life, and primary object relations with touching and modeling (Sholt & Gavron, 2006). Clay plays the role of a perceptible vehicle that helps self-expression of ideas or feelings through creation with imagination and skills (Bae & Kim, 2018). Through the experience between the clay and the person, clay provides an opportunity to experience both external and internal sensations provoked by the kinesthetic elements of physical actions and movements (Bae & Kim, 2018).

### **Female Veteran**

According to the Department of Veterans Affairs [VA] (2017), about two million or 9.4 percent of the total veteran population are women veterans according to the statistic in 2015. Women veterans were often considered “invisible veterans” until the 1970s because politicians, the media, academia, and the general public did not largely recognize their service contributions (VA, 2017). Women veterans were not able to receive proper management of health care from VA because they were not considered qualified for veteran status (VA, 2017). Women veterans show a higher percentage of mental health concerns compared to male veterans. Female veterans typically have about twice the rate of mental health problems as male veterans. The record for anxiety is 19.2% for female veterans and 8.6% for male veterans (Elflein, 2019). Depression accounted for 24.4% of women veterans compared to 15.1% of men veterans, and suicidal thoughts were 7% of women veterans and 4.7% of men veterans (Elflein, 2019). Much of the US literature also indicates a high level of sexual harassment or sexual assault that induce Military Sexual Trauma (MST) among women veterans (Barth et al., 2016). Jones (2018) revealed that women veterans are twice more likely to have anxiety and depression compared to the general population. Jones (2018) noted that women veterans had a higher overall rate of psychological disorders than women in the general population, including higher rates of depression, panic disorder, phobias, insomnia, and Post-Traumatic Stress Disorder (PTSD), and eating disorders.

To sum up, previous research confirmed well-being has a strong relation to the anxiety level that can be reduced through art therapy intervention. Also, it is suggested that art therapy using clay is more effective than art therapy using conventional art materials. However, there is limited research on this topic on how clay in group art therapy helps female veterans to maintain well-being. This study will suggest and examine using clay in group art therapy interventions for

women veterans at my internship site by implementing Option 1, Development of Method, for the Capstone Thesis Project.

### **Methods**

The purpose of this study was to explore the effective methods of how to help veterans maintain their wellbeing using clay in art therapy. The primary research question was how group art therapy with clay helps female veterans with stress reduction, coping, and grounding strategies that support maintaining well-being. For this investigation, qualitative research was defined as the primary methodology. The research design, methods, evaluation, and presentation of the results were steeped in a creative worldview. Therapeutic decisions were made based on my aesthetic sensibilities and experiential engagement with clients. Data collected were observation notes, and written and artistic reflection following the sessions.

### **Setting**

This intervention was held in a Creative Art Therapy (CAT) clinic at a Veterans Affairs Hospital (VAH). Creative Art Therapy clinic provides various out-patient group therapy programs such as photography art therapy, open-studio, restorative yoga, creative writing, and pottery art therapy. The intervention was designed as a weekly group session named Pottery Art Therapy (PAT). The group opens to veterans with all voluntary participants.

### **Participants**

Participants consisted of three female veterans who are in their sixties. All participants presented with generalized anxiety disorder. Participants have been coming CAT out-patient program of either PAT or others for years. Participant A reported being familiar with clay from years of experience, and participants B and C reported not being familiar with clay.

### **Project Design**

The intervention was designed as a weekly group session for six weeks. Each session was carried out for an hour and thirty minutes. Although the intervention was originally designed for in-person sessions, given the new surge of COVID-19, the first, the second, the third, and the sixth session were delivered in-person and the fourth and the fifth sessions were delivered online via Webex, a multi-functional desktop video/audio conference call application. For the first and the second session, the design of consisted of three parts: pottery skill-based education, working on clay, and guided mediation. For the fourth and the fifth session, each session consisted of four parts: psychoeducation, working on clay, discussion, and guided meditation. For the third and the sixth session, each session had two parts: glazing and guided mediation.

### **Rational**

Psychoeducation gives guidance to better equip the individual to form meaningful relationships and build better skills for prioritizing and maintaining them over time (Mann et al., 2017).

The purpose of guided meditation is to reduce anxiety levels. Guided meditation decreases psychological stress by depleting cognitive resources (Creswell et al., 2014). Hoge et al. (2013) insisted meditation teaches clients to embrace their present without self-judgment to treat themselves with more kindness. Indeed, clients increase in positive self-statement agreement after meditation, identifying a possible growth in positive self-regard, which is distinct from the decrease in anxiety symptoms overall (Hoge et al., 2013).

For glazing, it was given more like an open-studio environment where participants work on their pieces by glazing without guided meditation. One of the most essential values of an open studio is that it opens up a space without the direction or intervention of an art therapist, allowing clients ample time and deep engagement for the creative process to develop (Finkel & Bat,

2020). The open studio setting provides a therapeutic space for clients to focus on processing thoughts and feelings with symbolic representation by exploring the visual form within a non-judgmental environment (Kaimal & Ray, 2017).

### **Results**

There are three subheadings to discuss the results. The first is the procedure of how directives were delivered. The second is the process of how participants and I reacted to the directives. The third is the reflection of how I interpreted the situation and what I was questioning. The sessions were offered six times. Although the whole sessions were designed for in-person sessions, the first, second, third, and sixth sessions were in-person and the fourth and fifth sessions were delivered online due to the new surge of COVID-19.

#### **Session 1- Incense Holder with Pinching Skill**

##### ***Procedure***

The session started with a brief check-in, asking about feelings and the general situation going for five minutes. For the next ten minutes, I introduced the pottery skills of pinching as pottery skill-based education. Participants were welcomed to feel the texture of clay while developing hand-building skills in a pinch-pot as a warm-up activity to support anxiety reduction. Creating a pinch pot is significantly effective in reducing state anxiety with the phrase of free manipulation clay and toss-catching clay (Kimport & Hartzell, 2015). Also, Kimport and Hartzell (2015) discovered clay manipulation involved in making a pinch pot helps decrease the state of anxiety for female adults. After familiar with the clay and pinching skills, inspirational photos of incense holders were discussed to help participants' creations. For the next sixty minutes, participants created incense holders by learning pinching or utilizing preexisting pottery skills. For the last five minutes, I offered guided meditation with the theme of anxiety reduction.

***Process***

All of the participants joined the session. For check-in, participants exchanged greetings and shared excitement of having an opportunity to work on clay.

For pottery skill-based education, participant A, who has preexisting pottery skills, was appeared impatient, as evidenced by stating that she wants to start sculpting something new, skipping the skill-based education with creating a pinch pot. I validated her desire to directly engage in the creation, then redirected her to follow the directives in a respect to a group setting where all participants have different levels of pottery skills. Participant A identified interest to copy a frog design from the reference image of incense holder then created it following the referenced design. During creation, participant A expressed difficulty in sculpting the frog's eyes, arms, and legs. I validated her challenge and reminded her that the purpose of the session is not to make a perfect design, but to focus on sensations through the skin and to build coping skills for stress and anxiety reduction.

Participant B, who reported being unfamiliar with clay, presented confusion on learning new skills, as evidenced by seeking further directives on details of creation such as the shape of pinch pot and specific size of height, width, and depth of it. I first attempted to encourage participant B to explore her own creativity, assuring there is no right or wrong in creation. Later on, I offered detailed feedback on the size of height, width, and depth as participant B repeatedly questioned. Participant B presented interest to create an incense holder having a teddy-bear design then requested reference images of a teddy bear. During creation, participant B expressed difficulty in the creation and questioned her artistic skill levels, giving complements about participant A's pottery skills. I encouraged participant B to keep trying to sculpt with her skills

and offered further guidance in support of her creation. After the creation, participant B shared enjoyment of completing 3-dimensional creation by herself.

Participant C requested rubber gloves before touching clay, identifying discomfort of the texture of clay. I validated her feelings and empathized with the resistance that she presented to touching new materials. I pointed out the beauty of sensory exploration with clay is related to sensation through the skin. I encouraged her to first try touching and feeling texture with bare hands, opening a space to offer rubber gloves after trying with bare hands. Participant C agreed to try with bare hands and expressed the touching experience as therapeutic. Participant C chose to create following her imaginary design, declining to search referenced images. Participant C expressed the excitement about creating incense holders, stating she needed that for her daily life. Participant C created a rectangular design of incense holder and a circle shape of incense holder for the cone incense holder.

For guided meditation, nothing notable was observed for all participants.

### ***Reflection***

During the session, I was confused about my role as a facilitator. I did not realize that the time setting of directives would feel different, as everyone has different pottery skills. So, when a participant expressed discomfort in following directions, I was confused about what to do for the group. I noticed the anxiety of the participants. However, the cause of the anxiety was not found, and it was assumed that it was the fear of not being able to complete it on time. I also wondered why Participant B needed specific instructions for details. I wondered if it was anxiety about not being able to create aesthetically beautiful works or was it accustomed to following instructions rather than making personal decisions, as experienced in military culture.

I made a sample of an incense holder with pinching skills. While I was creating, I found that touching clay and the way of smoothing the surface of clay allowed me to feel relaxed and focus on my sensation. I expected participants to explore sensations in their hands with clay as a way of building coping skills for anxiety reduction.



*Figure 1 Sample of Pinch Pot*



*Figure 2 Sample of Incense Holder*

## **Session 2- Coil Pot with Coiling Skill**

### ***Procedure***

The session started with a brief check-in, asking about feelings and the general situation going for five minutes. For the next fifteen minutes, I introduced the pottery skills of coiling as pottery skill-based education and shared inspirational photos of coil pot to help participants' understanding and creation. For the next sixty minutes, participants built a coil pot by learning coil or utilizing preexisting pottery skills. For the last five minutes, I offered guided meditation with the theme of anxiety reduction.

### ***Process***

Participants A and B joined the session. For pottery skill-based education, participant A appeared to be feeling impatient and expressed the desire to skip the skill-based education part given her preexisting skills. I reminded her of the fact that the session was designed for a group rather than an individual, encouraging her to respect peers' different levels of pottery skills. Participant A agreed to follow directives. Prior to working on clay, participants explored

reference images of coil pots to get ideas. Participant A was observed to feel anxious about the time limit, as evidenced by increasing the speed of breathing and stating she feels tight with the time limit. She first started creating a coil pot but crushed it, then restarted creating a coil pot and a lid with a handle with a bee design and reported using it for a honey pot.

Participant B identified a low confidence inability to build the coil pot. She sought detailed feedback from peers and me about the process of creation. She expressed the state of anxiety of not knowing, such as how big the size of the coil is and how many layers of coil need to be added. I encouraged her to follow her desire in the creation and support her choice, stating there is no right or wrong. I also offered hands-on instruction in order to support her in managing her anxiety when rolling clay and scoring clay. Participant B successfully completed the creation but stated the process felt like a challenging project.

For guided meditation, nothing notable was observed.

### ***Reflection***

I began to be more interested in participant B's anxiety. She did not start working until more detailed information was given, and she waited for my help. But rather than asking about the cause of her anxiety, I opted for a way to help her move forward in the art process because I thought it was meaningful to offer a model that she could take as her coping skills. I believed that the art process itself is powerful, which is a unique component that is different from talk therapy. I expected participant B to face her challenges in a safe space with support from me, embrace the anxiety, and eventually build her coping skills through the process.

I made a sample of coil pot with coiling skills. While creating, I noticed some challenges might come up for participants such as making even coils and scoring to attach the coils.



*Figure 3 Sample of Coil Pot*

### **Session 3- Glazing**

#### ***Procedure***

The session started with a brief check-in, asking about feelings and the general situation going for five minutes. I provided bisque-fired pieces created by each participant in previous sessions. For the rest of the session, I opened the space to be more accessible than previous sessions, encouraging participants to explore their creativity with glazing in terms of the choice of color and style of coloring. Guided meditation followed the glazing.

#### ***Process***

Participants A and B joined the session. Participant A chose yellow and green colors of glaze. Participant A appeared to be anxious regarding the time limit, as evidenced by standing up to speed up glazing. Participant A finished the glazing five minutes earlier, leaving some parts of the piece without glazing. Participant A gave permission to me to finalize glazing on her piece.

Participant B presented hesitation in the choice of glaze color then chose to follow the color choice of peer. I attempted to encourage her to engage in an independent choice of color, but participant B chose to stick to the same color as her peer.

For guided meditation, nothing notable was observed.

### *Reflection*

I noticed the higher anxiety of participant A regarding the time limit. I was confused about participant A choosing to finish glazing without completing regardless of the remained time. I wondered if the cause of the time-related anxiety can be reduced by developing objectivity about her own work speed and planning skills in the art process.



*Figure 4 Glazed Pinch Pot*



*Figure 5 Glazed Incense Holder*



*Figure 4 Glazed Coil Pot*

### **Session 4- Talisman with a Turtle**

I recognized the need for a step-by-step process in preparing for a virtual session because I was not able to observe the participant's process or directly assist with the artwork, as well as I intended to reduce anxiety regarding the time limit by following directives instead of managing their own time. I tried to deliver the intervention as easy and straightforwardly as possible without causing anxiety to the participants.

### *Procedure*

The session was delivered online. I shared slides to help participants understand if they have technical issues such as breaking up sounds. Materials were distributed as a pottery-at-home kit before the session. A flyer including an image of materials was provided a few days before the session to help participants' preparation. The session structure was five minutes for check-in asking about feelings and general situation going, ten minutes for psychoeducation, sixty minutes for working on clay, ten minutes for discussion, and five minutes for meditation.

The session started with a brief check-in, asking about feelings and general situation going and then explored what participants' primary emotions are, how often they carry uncomfortable feelings, when or what situations make them feel fear/concern/anxiety, and how they deal with those feelings. I shared psychoeducation with the theme of talisman, an ornament to give positive energy to the person who possesses one.

A talisman is any object ascribed with religious or magical powers intended to protect, heal, or harm individuals for whom they are made (Talisman, n.d.). Talismans are often portable objects carried on someone in a variety of ways but can also be installed permanently in architecture (Talisman, n.d.). I introduced the turtle as a symbol of a protective animal. This is because the symbolism of the turtle is protection in relation to its shell, which helps the turtle protect itself from external threats, its refuge from danger. Also, the turtle has extended longevity with having a safe space feeling calm and secure. I shared a sample of clay design which is a turtle, in order to show how symbols can be used in the talisman.

Since through clay work one can make real things, clay sculptures can also function as symbolic play objects, and thus afford a much wider potential space for manifestations of fantasy and the inner world, such as fears, anxieties, wishes, and so on, (Sholt & Gavron, 2006, p.68)

During working on the clay part, I provided step-by-step instruction in the creation of the artwork to reduce participants' anxiety and support the feeling of connection. Participants shared experiences of the intervention afterward. For the last five minutes, I offered guided meditation with the theme of anxiety reduction.

### ***Process***

Participants B and C joined the session via Webex. For check-in, participants exchanged greetings and shared how they felt about the day.

Participants B did not appear drawn into the psychoeducation but expressed the excitement of making a turtle. While working on clay, she presented discomfort with the word use of fear. Then, anxiety is the primary feeling among her unease feelings. Participant B was engaged throughout the session without video due to the technical issue, narrating her process and the appearance of her artwork. During the discussion, participant B expressed the enjoyment of having the step-by-step process, stating she could create a three-dimensional sculpture by herself.

Participant C was observed to enjoy collaborating her creativity instead of just following the step-by-step process, as evidenced by adding more details and twisting the design of the turtle, such as adding texture to the shell and changing the design of the turtle's legs. She also presented laughing several times looking at her artwork. Participant C shared feeling grateful to have a chance to work on clay at home, stating she did not expect making pottery at home can happen. She added working clay made her feel happier than before the session. For guided meditation, she identified the difficulty of following the speed of breathing that I offered. I validated her feelings and reminded her of the purpose of meditation to find their own balance. Participant C shared the meditation experience from the previous sessions, stating she was able to learn how to meditate.

### ***Reflection***

After the session, I found a lack of therapeutic experience in relation to verbal processing, although participants successfully created artwork. I decided to offer a step-by-step directive for about twenty minutes rather than full an hour for the next session. I expected participants to use

the forty minutes to experience both external and internal sensations provoked by the kinesthetic elements of physical actions and movements (Bae & Kim, 2018), by exploring their mental realm, emotional self, and self-expression (Sholt & Gavron, 2006). I also realized the need for theory-based psychoeducational that is applicable to daily life as well as the list of questions that evoke participants' self-exploration. It was great to hear participant C's feedback about guided meditation. When she said she was able to start learning to control her breathing and thoughts, I noticed the possibility that guided meditation could help her develop emotional regulation skills.

I made a sample of talisman with a turtle. With the step-by-step directives, I was able to focus more on the process than on the time limit. I expected participants to be able to feel grounding at the moment with directives rather than be anxious about time management.



*Figure 7 Sample of Talisman with a Turtle*

## **Session 5- Spoon with Spoon Theory**

### ***Procedure***

The session was delivered online. I shared slides to help participants understand if they have technical issues of breaking up sounds. Materials were distributed as a pottery-at-home kit before the session. A flyer including an image of materials was provided a few days before the session to help participants' preparation. The session structure was five minutes for check-in, asking about feelings and general situation going, ten minutes for psychoeducation, sixty minutes for working on clay, ten minutes for discussion, and five minutes for meditation. The session

started with a brief check-in. I introduced Spoon Theory (ST) for psychoeducation. ST was first developed to help understand the symptoms of Lupus. Miserandino (2017) explained that some people start their day with endless possibilities and energy to do anything they want. However, anyone dealing with a disability or disease begins their day with limited possibilities and energy (Miserandino, 2017). Spoon Theory expresses the amount of energy a person can use daily by comparing it to the number of spoons. For example, it is said that a healthy person can use an infinite number of spoons per day, whereas a person with Lupus can use a limited number of spoons per day. I shared questions of how many spoons they have of the day and how many tasks they need to do to apply the directive into participants' personal lives. In respect, I intended to amplify the personal meaning of a symbol by bringing up the unconscious with the potential intensity of clay work (Sholt & Gavron, 2006). Also, I asked the priority of tasks, pointing out the importance of understanding their energy level of the day and planning it through. I shared a sample design of a spoon and offered step-by-step instruction in the creation of the artwork to reduce participants' anxiety and support the feeling of connection. This time, participants were invited to explore their creativity in the design of spoons. Participants shared experiences of the intervention afterward. During the discussion, I revisited questions that were shared earlier. For the last five minutes, I offered guided meditation with the theme of anxiety reduction.

### *Process*

Participants B and C joined the session via Webex. For the psychoeducation part, participant B was appeared to be confused about applying the metaphor of ST to her life. For example, when I requested to answer how much energy level she has of the day by the number of spoons, participant B asked back about the meaning of metaphor several times. She created a spoon representing one of her tasks such as visiting her friend. For discussion, participant B

expressed the excitement of having the offered step-by-step process, highlighting the reduced anxiety about coming up with a theme of creation.

Participant C was observed to feel bored by the psychoeducation, as evidenced by seeking further directives for the next step. She created a random concept of spoons.

For guided meditation, nothing notable was observed.

### ***Reflection***

During working on the clay part, I recognized that participants became more open in sharing their thoughts and engaging in the group conversation. They shared some jokes and gently mocked me for my English accent. It was great to see that participants started to treat me friendly and comfortable. I found that when participants were able to predict their own pace of work, they were less anxious about time limits.



*Figure 8 Sample of Spoon with Spoon Theory*

### **Session 6- Glazing**

Prior to the session, I requested participants to bring their pieces to the clinic to fire in preparation for glazing. Participants came into the clinic to drop off art pieces and I fired the pieces in a kiln before the session started. Participants joined an in-person session for glazing.

### ***Procedure***

The session started with a brief check-in, asking about feelings and the general situation going for five minutes. I provided bisque-fired pieces created by each participant in previous

sessions. For the rest of the session, I opened the space to be more accessible than previous sessions, encouraging participants to explore their creativity with glazing in terms of the choice of color and style of coloring. Guided meditation followed the glazing.

### ***Process***

Participants B and C joined the session in person. Participant B had no hesitation in choosing a color. She expressed the desire to mix different glazes to make the color she wanted. I explained the nature of the glaze that is different from conventional color paints so that mixing them does not guarantee to come out in the intended color. After the explanation, she still chose to mix the glazes, stating you never know before trying. Throughout the session, participant B shared her personal story about her career and marriage experience.

Participant C expressed confusion about the characteristics of the glaze. I tried to help her understand by explaining to her the mechanism of her glazing. Participant C also shared her own personal stories of her own about feeling uncomfortable to ask for help as a person who has a physical disability.

For guided meditation, nothing notable was observed.

### ***Reflection***

For this session, I was little emotional to see how much participants became more open to sharing their personal stories with me as the session goes on. During the first fourth session, participants were only talked about their artwork and the art process. They started to share their intimacy in the fifth session by joking, and they shared their personal stories in the sixth session. Also, I was thrilled to observe participant B's change of taking a risk in the result of glazing as well as being independent in choice of color.



*Figure 9 Glazed Talisman with a Turtle*



*Figure 10 Glazed Spoon with Spoon Thoery*

## **Discussion**

The literature revealed that female veterans have high anxiety. Getting to know oneself and lowering anxiety levels are essential for maintaining well-being. Through the data I collected, I have made some discoveries that help maintain well-being through anxiety reduction. I will discuss how the features of clay and group art therapy positively influences the reduction of anxiety.

### **Clay**

#### ***Self-exploration***

The data revealed that clay group art therapy not only developed individual creativity but also helped increase openness to self-expression. During the first few sessions, it was observed that participants talked only about artworks. However, in the following session, they started to express themselves and shared their personal stories. Art therapy using clay activates an individual's nonverbal attachment issues and developmental setbacks through touching, then the therapy addresses their exploration of the unsolved problems (Elbrecht, 2012). People's nonverbal representations function as a central window to express themselves who feel uncomfortable with verbal (Sholt & Gavron, 2006). People reflect positive aspects of their core self while working on the clay which connects them to their surroundings despite the adversity of

their condition (Bae & Kim, 2018). Also, the setting of an open studio provided participants with a safe space to explore themselves. Individuals focus on feelings and symbolic representation by exploring the visual form within a therapeutic space where the therapist offers a non-judgmental environment (Kaimal & Ray, 2017). Through touch, which is a part of clay work, participants were able to explore self-exploration with non-verbal elements and increased their openness to self-expression.

### **Group Art Therapy**

#### ***Structured Intervention***

The data indicated that participants became less presenting anxiety during working on the clay part. I found structured intervention helped participants manage their level of anxiety. For example, participants presented anxiety with the unfamiliarity of materials, pottery skills, and the session structure by expressing discomfort with following directives for the first three sessions. In contrast, as the sessions continued, participants appeared to get used to not only the materials, skills, and session structure, but also time management during working on the clay part. Specifically, I found that step-by-step directives were one of the most critical factors to help anxiety reduction. Anxiety arises when a person is unsure about appropriate behavior in a threatening situation or a given situation (Horwitz, 2013). The structured intervention with step-by-step directives played an essential role in minimizing anxiety levels by allowing them to understand what they needed to do in the situation rather than making themselves question what to do in the situation. Structured and repetitive activities lead participants to reduce anxiety (Ashlock et al., 2018). Kimport and Hartzell (2015) also confirmed that structured clay manipulation decreased state anxiety for adults. I believe that female veterans benefited from structured interventions with step-by-step directives by minimizing the level of anxiety.

### ***Social Connection***

The data indicated that participants were able to build social connections throughout the sessions. I found building connections among peers helped reduce their anxiety levels. Given that all participants experienced social isolation and loneliness with living alone status, participants' engagement in the intervention was considered a positive factor to reduce anxiety. Older individuals who live alone are likely to experience anxiety influenced by negative emotions such as feelings of worthlessness, loneliness, and hopelessness, as well as have many problems such as despair, insecurity, fear, and depression (Aydin & Kutlu, 2021). Additionally, clay induces a rapid reduction in older adults' loneliness and hopelessness levels by engaging in physical movements (Aydin & Kutls, 2021). Aydin and Kults (2021) also pointed out that group art therapy using clay leads to enhancement of interaction among group members, which supports the self-exploration of emotions and thoughts. Furthermore, physical engagement was essential when working on the clay, which helped people to manage negative emotions such as loneliness and hopelessness. Kim et al. (2017) pointed out that older adults can benefit from reducing loneliness and promoting their quality of life and psychological well-being through physical activity during leisure time. Ashlock et al. (2018) pointed out anxiety reduction happens when participants are engaged in creative activity while spending time with peers during the activity. Therefore, it is considered that building a social connection through group art therapy using clay positively influenced in anxiety reduction for female veterans.

### **Limitation**

There are several limitations to this study. First, although this study focused on group art therapy using clay, another factor that might help anxiety reduction, such as guided meditation, was included. The explanation of the relation between guided meditation and anxiety reduction

was limited. Second, the diversity of participants was limited by age, nationality, and geography. All participants were Americans in their 60s who lived in MA. It is limited to applying the effects of anxiety reduction to female veterans in different age groups, countries, and regions. Third, this study did not consider the effects of the medication. As the CAT clinic is an outpatient support group, participants might have taken medication for both physical and psychological illnesses. To determine whether art therapy using clay can help female veterans maintain their well-being through anxiety reduction, further work needs to be done in an environment where participants who are from different geographies sustainably engage throughout the session.

### **Contribution**

The findings of this study point to the need for group art therapy intervention with clay as a way to promote anxiety reduction. Current data suggests that the intervention may be helpful in treating diffuse anxiety symptoms and generalized anxiety disorder in different populations. Although results have not been employed with people with PTSD, I suggest applying this intervention to people with PTSD because PTSD has a strong relation with anxiety. Also, it may be beneficially applied to adults for whom anxiety is not the primary concern.

### **Conclusion**

This research aimed to identify how clay in group art therapy helps female veterans maintain well-being. Based on a qualitative analysis of data that I collected from six times of weekly pottery art therapy sessions, three main points were found in the results. First, the results indicated that clay allows female veterans to explore their inner world through a non-verbal approach and increase openness to self-expression. Second, the results revealed that female veterans presented fewer anxiety levels with structured intervention, specifically step-by-step

directives. Third, group art therapy provided female veterans with an opportunity to socialize with people and reduce loneliness by building social connections. The combination of self-exploration, structured intervention, and social connection helps veterans develop coping and grounding skills to minimize the anxiety directly related to well-being. Therefore, it can be concluded that group art therapy using clay induces anxiety reduction for female veterans, which leads to an increase in their quality of life. This study has limitations in the complex factors of group art therapy using clay and guided meditation, lack of diversity among participants, and overlooking the effects of medication. This study could be extended to the treatment of PTSD with regard to anxiety reduction. Further research may explore a diverse population with depression as anxiety and depression are one of the most common comorbidities in mental health disorders.

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**Type of Project:** Thesis

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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.

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