Exploring Attachment Through Clay-based Therapy: A Parent-Child Community Engagement Project

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Capstone Thesis
Lesley University

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Abstract
This research project explores the therapeutic potential of clay, particularly as a creative, sensory-rich process that facilitates access to pre-verbal memories. Grounded in attachment theory and the innovative approach to trauma healing by Cornelia Elbrecht, known as *Trauma Healing at the Clay Field®*, the study investigates clay's regressive and healing qualities. It examines how its smooth, skin-like texture can activate our implicit memories through sensory experiences. Utilizing a community engagement format, this study aimed to assess the effectiveness of parent-child clay field sessions in addressing intergenerational attachment trauma and unmet attachment needs. The research revealed that the unique properties of clay encouraged sensory and cognitive engagement, fostering relaxation and connection within dyads. The community engagement project prioritized accessibility for urban community members and provided valuable insights for clay field session formatting. The researcher's personal experience with attachment was illuminated through a clay field session conducted after observing and processing the parent-child workshop. While this study offers promising results, further research is needed to determine the efficacy of this approach in healing attachment trauma.

*Keywords*: Attachment; clay field; clay; implicit memory; parent/child; trauma; sensory; touch; therapy

*Author Identity Statement*

The author identifies as a white, able-bodied, cis-gender woman, whose working-class status enabled her to attend a private university and earn a degree in a predominantly white field. The author acknowledges that the voices of the privilege need to lift up those that are oppressed. While prioritizing non-verbal approaches to therapy is a crucial step in accessibility, this research is limited in its representation of the spectrum of cultural diversity.
**Introduction**

Have you noticed how a particular smell can transport you in place and time to a memory from your past? Or have you experienced emotions surfacing after hearing a song from an important memory? Our bodies are vessels or containers for our life experiences. These somatic responses can bring about positive associations, like the smell of honeysuckle at a neighborhood park from childhood. They can conjure up feelings of comfort, like warm apple pie fresh out of the oven. Sensory-based recall is powerful and can be the catalyst for a stream of conscious memories with a positive or negative context. The sensory system can also provide access to implicit memories or memories formed prior to language development.

During the pandemic shutdown in 2020, I made an artistic and therapeutic self-discovery. The stress and anxiety during this period needed to be released, and I found that possible through a sensory embodiment of pushing hard clay into and across a canvas. Through the process of priming the clay and making it malleable, I was engaged through my whole body. By using all my strength to push and drag clay across a canvas, I was engaging in a sensory process that allowed for regulation and expression. Through further investigation, I began to understand that my gravitation towards this medium had implications of deeper meaning. I have vivid and recurring childhood memories of playing in the mud at the local stream. A particularly prevalent memory involves the sensation of playing with warm playdough that my mother would make on the stove using a few simple ingredients. The sensory properties of clay provide roots to my earliest memories of creativity and implication for attachment to my caregiver. Its sensory properties provide access to haptic memories that precede language. It is these foundational
experiences that have led me to explore the significant therapeutic properties of this uniquely tactile medium and the key role the sense of touch plays in early development.

Within the first seconds of life, we experience touch as our first language. Skin is a social organ that allows us to perceive information about our surroundings. Our early experiences with touch, whether loving and nurturing, or hurtful and unreliable, provide underpinnings for our neurological development and experiences of the world. What our nervous systems receive through skin sense provides information for further cognitive and emotional development.

Jean Ayers Ph. D., widely recognized as the founder of occupational therapy, states that every child receives sensory input from their environment, and this begins in the womb (Ayers et al., 2018). Bruce Perry describes the womb as “the perfect environment” where the nervous system is developed and becomes the baseline for life (Perry & Winfrey, 2021). Neuroscience explains that the brain of a newborn is not yet fully capable of regulating their emotions, instead, they rely on the co-regulation of their primary caregiver (Elbrecht, 2021, 2015 & 2014). This reliance on a caregiver is foundational to the bonds that create early attachment. John Bowlby (2008) stresses the importance of a secure attachment base to allow for a sense of safety and comfort. Unfortunately, there are many instances that prevent the development of the secure base. Domestic violence, poverty, abuse, grief, and stress can cause emotional instability on the part of the caregiver and lead to inconsistency in attunement to the needs of a newborn (van der Kolk, 2014). A foundational principle of attachment theory holds that an infant’s blueprints for life are reliant on the quality of care they receive and the attachment style of the caregiver (Proulx, 2002b). From this perspective, the nervous system and attachment needs of the caregivers can profoundly impact an individual's sense of safety, trust, and ability to form secure attachments later in life. In instances of attachment trauma, without intervention, there can be an adverse influence that can be passed on for multiple generations.
There is mounting research stressing the importance of non-verbal approaches in processing implicit memories (Malchiodi, 2023, O’Brien, 2004). Expressive therapies have been named as being particularly important because of their ability to both access pre-verbal memories and provide a means for expression that transcends language. Clay-based therapy is an effective expressive intervention for meeting insecure attachment needs due to its sensory qualities that can provide connection to the unconscious (Elbrecht, 2021, Meighan, 2021, Sholt, M., & Gavron, T. 2006).

Cornelia Elbrecht and Hans Deuser have developed an approach called Healing Trauma at the Clay Field® based on the regressive and healing qualities of clay. Clay field therapy offers clients a substantial wooden box filled with clay as well as a bowl of warm water and a sponge. Therapeutic work in the clay field allows for the recall of implicit bodily memories from early development. Through following motor impulses and completing movement cycles that were frozen by trauma, clients may be able to access and process difficult memories (Elbrecht 2014).

The role of the therapist is carefully considered in the Healing Trauma at the Clay Field® approach. Elbrecht stresses that “children need to be witnessed by a supportive adult while they learn to find secure attachment through touching the clay and being touched by it” (Elbrecht, 2015, pg. 219). In this approach, the therapist establishes themselves as someone who can provide a safe and secure base so that attachment needs can be met through the sensory and expressive properties of clay.

The traditional model of clay field therapy is dyadic, consisting of a therapist and a child. However, there are several models that outline the importance of a parent-child dyad in therapeutic work. Selma Fraiberg found that treating mother and baby simultaneously is important because the mother’s own attachment conflicts can resurface in her interactions with
her child. (Proulx, 2002a). Cathy Malchiodi also encourages parent-child art therapy because it addresses various aspects of the relationship including attachment issues (Malchiodi & Crenshaw, 2014). Although the benefit of parent-child work and sensory-based interventions in the treatment of attachment needs is apparent, there is currently a void in research regarding parent-child, clay-based therapy.

The aim of this current research and capstone thesis is to explore how inter-generational attachment trauma or attachment needs can be met through parent-child interaction at the clay field. A community engagement workshop was conducted where members of an urban community were invited to participate and explore the clay field in parent/guardian-child dyads. The clay field experience offered the dyads the opportunity to explore having their skin-sense needs met while attuning to each other. The therapist observed the interactions and reflected on the act of witnessing by participating in her own clay field session.

**Literature Review**

Touch is the body’s first developed sense and the last sense to remain as the body declines. Our first communications outside of the womb are experienced through touch, and this becomes the basis for how a newborn and caregiver relate. This early relationship provides the preliminary understanding of safety and love. Early attachment with caregivers is based on tactile contact and the patterns in which a caregiver responds to the newborn’s needs (Baum, 2022; Bowlby, 2008).

**Attachment Theory**

Attachment theory, pioneered by psychologist John Bowlby and his colleague Mary Ainsworth in the mid-20th century, looks at the emotional bonds between infants and their primary caregivers. Bowlby proposed that humans are biologically predisposed to form strong
emotional connections with caregivers to ensure survival and promote healthy development. According to attachment theory, these early relationships significantly influence emotional and social functioning throughout our lives. Their research stressed that healthy attachment requires the establishment of the caregiver as a secure base. They found that infants who experience consistent and nurturing care are more likely to develop security and trust in relationships. Additionally, an established secure base led to infants that were more comfortable in exploration and effective emotion regulation (Baum, 2022; Bowlby, 2008).

Modern attachment theory classifies attachment patterns into four main categories: secure, insecure-avoidant, insecure-anxious, and disorganized. Secure attachment typically occurs when the infant feels secure in their caregiver's availability and responsiveness. In contrast, insecure-avoidant attachment may result from caregivers who are consistently unresponsive or rejecting, leading infants to develop a strategy of self-reliance and emotional suppression. Insecure-anxious attachment arises from inconsistent caregiving, leading infants to become anxious and clingy in their interactions. Disorganized attachment typically occurs when the caregivers, whom the infant relies on, become a source of fear. Children with this attachment style may exhibit contradictory or ambivalent behaviors in their caregivers' presence (Baum, 2022; Bowlby, 2008).

The awareness of the importance of attachment in human development has been growing since Bowlby's first assertions. Researchers in the attachment field seem to agree that primary caregivers play a key role in the child's ability to emotionally regulate (Bowlby, 2008; Malchiodi, 2023; O'Brien, 2004; Richardson, 2016). Davies and Frowley state that “poor attachment is the earliest and possibly the most damaging psychological trauma” (O’Brien, 2004, pg. 7). While in some cases this trauma is caused by intentional abuse or neglect; domestic violence, poverty, grief, loss and lack of parenting skills can also contribute to the disruption of
the bonding process (Malchiodi & Crenshaw 2014b, van der Kolk, 2014). Often, families in these circumstances face social and emotional difficulties because the parental focus is on maintaining safety and survival. Jacoby and Roller (2023) point out that black, indigenous, and “people of culture” are disproportionately represented in the foster system. Children in foster care are at greater risk for insecure attachment because their access to family of origin was interrupted. These children may have difficulty with physical and emotional regulation, and their unmet attachment needs may be confused for hyperactivity, oppositional, or conduct disorder (Malchiodi & Crenshaw 2014b).

Critics of attachment theory point out that attachment is more complex and should not be oversimplified into four categories. Additionally, the theory risks implying that attachment styles are fixed and determined indefinitely based on early caregiver interactions. Freud postulated that “mental representations formed during attachment are never voluntarily given up, and they establish compulsion to repeat past experiences” (Proulx, 2002a). However, Bowlby stated that the “attachment processes continue from the cradle to the grave” (Connors, 2011, pg. 351), indicating a more fluid and flexible understanding of social development. Therapeutic approaches, personal resilience, education, experiences with attuned relationships, and trauma later in life can impact the evolution of one’s attachment style throughout the lifespan (Köhler-Dauner et al.; Proulx, 2002a; Van der Kolk, 2014). Thankfully, the prominence of attachment theory in psychology has led to interventions and approaches that have shown the ability to heal and develop security in adult relationships despite early attachment trauma (Baum, 2022).

**Neuroscience and Attachment**

The brain and nervous systems are underdeveloped at birth, and the infant requires attuned mirroring to develop the social brain and lay the foundation for healthy attachment
Elbrecht, 2015 & 2014). Attunement is at the heart of relationships, and this is a core tenant of meeting attachment needs. Dr. Dan Siegel states that “When we attune with others, we allow our own internal state to shift, to come to resonate with the inner world of another” (Siegel, 2010, pg. 27). Mitchell Kossak explains that attunement in early development is felt in rhythmic interactions through a back-and-forth between infant and caregiver in the form of eye contact, sounds, movements, and facial expressions (Kossak, 2021). A sense of safety in the relationship can be established if this interaction is predictable and reliable.

The underdeveloped orbitofrontal cortex of newborns heightens the importance or reliance on their caregivers for emotional regulation. Co-regulation with a caregiver in infancy is primarily a sensory experience. The skin is a social organ and is needed to regulate the nervous system. Comfort and calming the nervous system is possible through physical touch or an embrace. Cornelia Elbrecht's work on attachment reveals that “touch is the basis for secure attachments and is linked to our earliest body memories, to the ability to handle the world, to sexuality, and also to boundary violations and injury” (Elbrecht, 2015). Touch is the first language and allows for feelings of safety and love to be communicated via the skin sense developed in infancy.

Early experiences of touch during attachment development are stored in the body as implicit memories (Elbrecht, 2021; Van Der Kolk, 2008). Because touch is the primary language at this stage of development, there are no words to express these experiences. Our earliest understanding of ourselves and our experiences are based in our body. Our feelings and needs of hunger, sleep, wetness, and comfort are felt in the body first, and we eventually learn how to have these needs met. Because this developmental communication occurs prior to verbal development, we have no language to express these memories.
Intergenerational Attachment

When attachment trauma is not processed or resolved, it can have adverse effects on relationships and mental health through adolescence and adulthood (Köhler-Dauner et al.; Proulx, 2002a; Van der Kolk, 2014). Proulx asserts that unprocessed attachment trauma remains in the body and can become generational patterns of relating. (Proulx, 2002a) Additionally, “the quality of a mother’s attachment organization predicts her infant’s attachment” (Proulx, 2002b, pg. 55). The intergenerational toll that attachment trauma poses has been supported by researchers Karakas et al. (2021) who found that adverse childhood experiences, domestic violence, and the attachment of the mother to her parent may affect attachment styles of her child. A recent study conducted by Kohler-Dauner et al. (2022) looked at how attachment between mother and child was affected by the Covid-19 global pandemic. The study found that social distancing and educational limitations disrupted and significantly stressed families. Additionally, the study shed light on the intergenerational nature of attachment trauma, citing that mothers who experienced childhood maltreatment were more susceptible to depression during this time. Compromised mental health in the mother is a risk factor for insecure or unresolved attachment issues.

Another critical consideration in attachment quality is the infant’s sensory needs. Early attachment attempts on the part of the caregiver may lead to mis-attunement in neurodivergent infants or those with sensory dysfunction. Often, these individuals block sensory input as a coping or defense mechanism. These responses to sensory stimuli can create barriers to secure attachment, which may affect other milestones (Durrani, 2014).

Sensory and Somatic Treatment of Trauma
Non-verbal approaches to therapy are effective in processing implicit memories such as early attachment trauma or experiences of abuse and neglect, especially those that took place prior to language development (Malchiodi & Crenshaw, 2014b; McCarthy, 2008). Attachment trauma, like other trauma, lives in the body (Van der Kolk, 2014). Body-based approaches to therapy, such as somatic therapy, require attention to the present moment experiences in the body. A somatic approach looks at specific motions in the body to determine where dissociation from potential trauma may be present. Oaklander (1978) explains that interventions utilizing movement and/or touch can provide pathways to the unconscious. Dance-movement therapy provides avenues for body-based expression of implicit memories. Self-regulation, social-emotional dynamics, and self-expression are common goal areas when using body-based approaches to meet attachment needs (Loman & LeMessurier, 2008).

Expressive and creative art modalities have been widely recognized for their effectiveness in processing and allowing for non-verbal expression of trauma (Malchiodi, 2023, O’Brien, 2004; Richardson, 2016). Dennis McCarthy states, “Life’s most pivotal experiences, both good and bad, can only be truly expressed via the language of the imagination.” (McCarthy, 2008, pg. 11). Shaun McNiff postulates that healing is possible through the “active engagement with the imagination through whatever artistic means necessary.” Richardson (2016) states, that trauma is a sensory experience and requires treatment modalities that function on a sensory level. Malchiodi (2023) proposes that through expressive arts therapy, the “senses tell the story” through “visual, tactile, olfactory, auditory, vestibular and proprioceptive experiences” (pg. 7). Trauma is often painful to process; expressive arts can aid in that experience by offering containment and distance. The arts also invite a playful spirit, allowing clients to access memories with reduced arousal levels (Richardson, 2016).

**Therapeutic Properties of Clay**
Clay is a popular material used in therapy sessions because of its inviting and engaging qualities. It is transformative and can be both symbolic and concrete. Snir et al. (2017) conducted research to evaluate the relationship between two dimensions of attachment (Attachment-related anxiety and attachment-related avoidance) and participant reactions to five art materials. The study found that anxiety and avoidance were less likely to be activated while using clay, due to its easily controlled qualities. Sholt & Gavron (2006) examined the therapeutic qualities of clay and summarized their findings by stating that “clay work is a physical-sensual-mental experience” (pg.67). Additionally, they concluded that clay work is an effective therapeutic tool because it “could function as a central window to unconscious, non-verbal representations” and may be especially helpful with people who find it hard to express themselves (Sholt & Gavron 2006, pg.67). Clay activates the sense of touch which reflects emotional processes. Julie Meighan (2021) wrote a chapter on the use of clay in play therapy and shared that “People who struggle to connect with their senses struggle to recognize and express emotions” (pg.177). Using clay can be an effective way to simultaneously become in touch with felt emotions and express them through art expression.

**Healing Trauma at the Clay field®**

Several researchers and therapists point to and sometimes caution the use of clay because of its regressive qualities (Sholt & Gavron, 2006; McCarthy, 2008; Meighan, 2021; Elbrecht, 2014, 2015). However, when used within the parameters of safety, it can be an effective tool for eliciting memories and emotions that are connected to the senses.

Cornelia Elbrecht and Hans Deuser have developed an approach called *Healing Trauma at the Clay field*® that utilizes these transportive qualities. This approach offers clients a large, waterproof wooden box filled with smooth, non-gritty clay, as well as a bowl of warm water
The clay field allows clients to enter into a relationship with the material that is malleable and heavy and provides instant sensory feedback. The experience aims to allow for the recall of implicit bodily memories from early development. Elbrecht states, “to touch the clay will inevitably trigger implicit memories of touch whether that was present, nurturing, and sensual or whether it was hurtful and brought violation” (2014, pg. 24).

The concepts of safety and pendulation are paramount in Healing Trauma at the Clay field®. While clay activates the skin sense, the solid box that holds the clay provides structure and safety (Elbrecht, 2021, 2015 & 2014). The structure of the setting provides the safety needed for processing of developmental trauma, including insecure attachment. Clients can enter the clay’s sensory experience as they feel comfortable. However, pendulating to holding onto the solid wooden box or the bowl of warm water can provide relief, refuge, and feelings of safety (Elbrecht, 2021, 2015 & 2014).

Hans Deuser devoted decades of research to the discovery of what he calls “Haptic Perception” (Elbrecht, 2021, Pg. 7). The use of haptic perception allows clients to work through and process attachment trauma. “Haptic perception encourages children to use the physical, emotional, and social building blocks of infant hand movements to connect to their neurological pathways in order to rewrite implicit memory” (Elbrecht, 2015, Pg. 219 ). Haptic perception allows clients to work through and process attachment trauma stuck in the body.

The role of the therapist is critical throughout the Clay field® session. Elbrecht stresses that "children need to be witnessed by a supportive adult while they learn to find secure attachment through touching the clay and being touched by it” (Elbrecht, 2015, pg. 219). The therapist functions as an attuned observer. Just as in early development and attachment with the caregiver, the therapist’s presence and attention to needs allow for co-regulation. The co-
regulation and attunement of the therapist while engaging in the intense sensory experience at the clay field provides the foundation for the healing of attachment needs by creating new pathways and new experiences with a healthy relationship. In this way, the therapist functions as a "good-enough parent", a term coined by Donald Winnicott to describe a caregiver who meets the infant’s or child’s basic needs (Elbrecht, 2021; Malchiodi & Crenshaw, 2014). The therapist provides nurturing attunement and expands the client’s understanding of themselves as a human worthy of love and care.

Parent-Child Approaches and Interventions

In the book *Strengthening Emotional Ties Through Parent-Child-Dyad Art Therapy*, Proulx (2002a & 2002b) presents a model for art therapy facilitating the relationship between parent and child. Selma Fraiberg and Stanley Greenspan’s theories are central to this model. Fraiberg stresses the importance of treating babies and mothers together because “the mother’s own attachment conflicts may tend to be repeated in her interactions with her child” Proulx (2002a, pg. 22). Malchiodi & Crenshaw (2014) also championed the use of a parent-child approach in art therapy because it provides opportunities for mutual attunement and the reconstruction of early attachment experiences through sensory-based interventions. In a review of the literature, Malchiodi found support for the idea that recovery and healing from attachment trauma are “not dependent on a specific intervention but rather the supportive, safe, and creative environment” (2014, pg. 56).

Further Research

Clay field® session work is in its infancy. More research is needed to support its use in trauma processing as well as a larger scope of mental and behavioral health needs. Elbrecht recently offered the first virtual training course for Trauma Healing at the Clay field®, which
will likely grow the approach and the research available with various populations. A recent study conducted in the Czech Republic looked at the inclusion of the clay field in a multi-modal approach to treating selective mutism. The study found that the use of clay field as a bottom-up approach focused on sensory processing contributed to the observation of significant reduction of symptoms in the participants (Barbora, 2023). Rebecca Hetherington and her client “Luna” (2023) co-authored an article exploring the power of the use of clay field therapy for a teenager affirming their LGBTQIA+ identity. They shared that the sensorimotor approach allowed for replacing fear-based behaviors with choices from a place of safety and affirmation.

**Summary**

The research on healing attachment trauma is consistent in its recommendation for a sensory-based approach that allows for the experience of an attuned relationship. The limited research available regarding clay field therapy relies on the therapist to establish themselves as “the good enough parent.” Still, no available research uses clay field therapy in a parent-child dynamic. The intergenerational implication of attachment trauma indicates the need for intervention for adults as well as children. Proulx discovered in her work with parents in dyad art therapy sessions that “some of the parents seemed to be gaining insight and appeared to be resolving their own issues” as they worked with their child. This finding supports the idea that parents could benefit from the sensory properties of clay, and the opportunity to explore attachment needs through work at the clay field. Parents and children of all ethnicities, socio-economic statuses, and locations recently endured the COVID-19 pandemic. The research conducted by Kohler-Dauner et al. (2022) indicates that the increased stress during the shutdown caused by the pandemic increased mental health concerns, which could have impacted attachment between parent and child. Community engagement interventions can provide opportunities to explore healing for vast populations.
Building on the findings of this literature review, this capstone thesis project examines how clay-based therapeutic interventions might be used in parent-child expressive art therapy sessions. A community engagement workshop invited families to experience the clay field setting in parent-child dyads. The question guiding the research was: will clay-based therapeutic interventions support opportunities for attachment in child-parent dyads?

**Method**

A community engagement project entitled “Clayworks” was held at a non-profit arts center during a family-friendly event where the building was open to the public. A flier, advertising the event, was sent to a domestic violence shelter and a local foster agency. Additionally, the researcher used social media platforms to advertise the event. The flier invited parent-child dyads to attend the event and use clay to explore attachment bonds. Participants were able to sign-up in advance, but the workshop was also open to anyone attending the family-friendly program. The project was open to children ages three through twelve and their caregivers.

The location of the community engagement project was in a small urban city. The non-profit organization is accessible by public transit and offers accommodations and programs for individuals with special needs and various socio-economic backgrounds. The family-friendly programming coexisting with the community engagement project consisted of self-guided tours of three art exhibits. One of those exhibits was a hands-on sensory space that serves as a reprieve from the exclusively visual stimuli featured in the other gallery spaces. Families were also able to visit the studio spaces of twenty-five resident artists.
The “Clayworks” community engagement project was offered in a ceramic studio with access to various clay tools, work areas, and hand washing stations. The two-hour program was broken up into four, 30-minute sessions. Within each session, two dyads could be working simultaneously. The stations consisted of a waterproof wooden box filled with smooth, non-gritty clay, a bucket of warm water, two sponges, and an empty bucket. The clay stations were offered on low chairs and tables to ensure that the children could have their feet on the ground as they engaged with the clay.

The participants were greeted at the door and offered the opportunity to become acclimated to the space. They were offered snacks and beverages and given a tour of the room. Participants that showed up early were asked to wait for the start of the session and were granted access to two art galleries and a hands-on sensory space while waiting for the next session.

Three of the sessions consisted of two parent/guardian-child dyads and one session had a single parent/child dyad. The researcher and the research assistant explained that the community engagement project was part of a research project and asked for permission to be included in the project. They also asked each pair if they had any resistance or reservations about working with clay. Kinetic sand and model magic were available as options. Additionally, the researchers explained that the work was process oriented and that there would be nothing physically created that would go home with them. Finally, the researchers described the importance of being in the moment and stated the expectation that cell phone use should be restricted to emergencies only.

Clay field sessions are typically facilitated by a therapist who provides co-regulation. Because this project was working with a guardian and child, it was important to provide the opportunity for down-regulating and self-awareness. This was facilitated by teaching and practicing box breathing (Hall, 2023). The researcher and research assistant demonstrated box
breathing by tracing the wooden exterior of the clay field. This not only provided an opportunity to focus on breath, it also provided the first encounter with the clay field. The researcher modeled box breathing and then invited the guardian and child to join. The researcher repeated this as needed until a sense of settling occurred.

Next, the researchers uncovered the clay field to reveal the smooth, non-gritty clay. For this project, the researcher used a light gray clay to reflect the limestone prevalent in the area. The whitish/gray clay was also selected because it contrasts with the terracotta clay generally used in this studio to prevent cross contamination of clay. The most important quality of the clay was that it was smooth and had a skin like quality. The researchers also provided an empty bucket and explained that it could be used to hold any clay that the participants wanted to be removed from the clay field. Additionally, a bowl of warm water and a sponge were provided. The researchers asked the participants to feel the temperature of the water to make sure it was pleasing and comfortable. Finally, they demonstrated how water could be added to the clay field by squeezing the sponge, and that this could also be used to remove water from the field as well. The therapist encouraged the guardian and child to have fun and let their hands guide them to determine what should be done in the clay field.

The participants were given freedom to explore the clay as they desired. The researcher acted as an attuned witness at times, and other moments provided more privacy by stepping away from the dyad. No directives were given at first to allow the participants to authentically engage with the clay field.

**Clay field Engagement and the Expressive Therapies Continuum**

According to the clay field approach there are several scaffolded experiences that can be assessed based on how individuals engage with the clay field. The researcher observed these
processes throughout the community engagement project and noted how the participants’ interactions were affected by these elements.

The first area of consideration was how participants accessed the clay field. Hans Deuser and Cornelia Elbrecht propose the use of the expressive arts therapy continuum, developed by Vija Lusebrink, to analyze interaction and engagement at the clay field (Elbrecht, 2021, pg. 137). In general, if participants used their fingertips they were engaging on a cognitive level, while if they used the palm of the hand they were engaging on a sensory level. Additionally, erecting landscapes or projecting emotions would be engagement at the affective/perceptual level (Elbrecht, 2021, pg. 139). The research indicates that attachment is formed through sensory experiences, so these slower movements with the palm of the hand were encouraged and highlighted (Malchiodi & Crenshaw, 2014a, pg. 5).

The contrast of the clay and warm water provided a range of possibilities for sensory exploration. Some participants were only engaged with the water and sponge. This was highlighted by encouraging the guardian to create landscapes and pools for the young participant to fill up and channel the movement of water. In clay field therapy warm water provides a retreat from the activating clay. Warm water can be calming and regulating in contrast to the hard cold clay. For individuals with sensory resistance, the water gives the individual the ability to wash off the clay and then reenter the sensory experience when ready. In the case of processing trauma, having water allows for pendulation from trauma processing and then safety (Elbrecht, 2021, pg. 17).

The availability of the sponge corresponds with access to the water. As individuals created landscapes or structures in the clay, adding water provided the opportunity for flow and movement. Squeezing the sponge to collect or release the water offered experiences of control
and mastery. Rhythmic squeezing of the sponge with repetition also provided access to and relaxed the regulatory system as the rhythm can be reminiscent of hearing the heartbeat in the womb (Elbrecht, 2021, pg. 116).

The symbolic level of the ETC (Expressive Therapies Continuum) is also an important aspect of clay field therapy. In some cases, after an initial five-minute period where the participants only had clay, water, and a sponge, the researcher offered various tools or props. For some dyads, this consisted of offering clay tools such as spatulas. For individuals that were resistant to touching the clay, tools provided an opportunity for deepening. Additionally, two plastic animals were offered to represent polarities in relationships and how this would come to fruition at the clay field. The two animals offered fell into one of two categories, predator (bears or alligator), and victim or docile animal (duck, dear, giraffe). Elbrecht (2021) indicates that the animals offered should reflect the region in which the participant lives. These plastic animals offered the opportunity to expand or create stories and allowed for interaction between guardian and child on a symbolic and cognitive level.

**Holding and Safety**

An intervention revered in individual clay field sessions is accomplished by packing the hands in mounds of clay. If the individual enjoys this intervention, it can feel like a comforting hug and create a safe sense of holding. This intervention can be beneficial for developing attachment or healing attachment wounds because it allows the nervous system to be in a relaxed setting. During the community engagement project, the researcher looked for various signs before suggesting this intervention. One such sign was a need for direction or focus in either of the participants. In this case, it gave a directive for participants that needed more structure to the session. Another indicator that clients might benefit from this was if they were fully immersed in
the clay without hesitation to touch or engage on a sensory level. For participants that engaged in this intervention, the therapist then guided participants in pouring warm water onto the hands mounded with clay. If they felt comfortable and seemed to enjoy that sensation, the therapist suggested having the participant with free hands apply rhythmic pressure on top of the clay. The warmth from the water and the rhythmic pressure on the clay simulates the sensation of being in a womb and causes the nervous system to calm down.

**Interactions**

Regardless of the participants' need for structure or freedom in the clay, the researcher and the research assistant were looking at how the interaction between guardian and child transpired in the clay field. Areas of consideration were “was there a leader?”, if so, “how was that communicated? Did both participants have an equal role? Did the dyad work together to create one landscape or was the field divided into sections? Did the interaction happen in the field or out of the field? Did participants use verbal or non-verbal communication? What shifts happened as the participants engaged with the clay? The answers to these questions influenced what interventions and suggestions were given throughout the project. The interactions were noted and documented with research notes.

**Closure**

As the thirty-minute sessions were ending, the therapist gave the dyads a five-minute indicator. The researcher asked the participants to make their final marks in the clay, and decide how they would like to leave the clay. Instructions on proper clay clean up were provided to minimize the amount of clay going down the drains. After participants thoroughly washed their
hands, lotion was provided as a final sensory experience. It was suggested that the guardians use this as an opportunity to connect by massaging lotion on their child’s hands.

After the clean-up process was complete, the researcher offered light refreshments and a time for reflection. To concretize the experience, the researchers asked each participant to express their experience with the community engagement project in one word. For participants unable to provide a word, the researcher asked for a movement to describe their experience.

The therapist relied on the research assistant’s notes and the commentary of the participants to gain insight on the research question. Finally, the researcher engaged in her own Clay field session after meditating and reflecting on how attachment was accessed or felt during the community engagement project. Pictures from that session will be provided in the results section of this paper.

**Observations and Reflection**

Overall, the community engagement project was well received and executed. Two participants were unable to attend due to illness and the other events that were scheduled to be happening simultaneously with this project were canceled at the last minute so there was very little foot traffic through the building.

The researcher had access to four clay fields, but only two could be used at a time due to the necessary sensory accommodations if someone needed to use kinetic sand or model magic. This reduction of clay fields made the transition from session to session difficult. The clay needed to be removed and filled after each session and the quality of the clay may have affected how quickly the participants became fully immersed in the experience. For example, when the clay was very dry, it was difficult to move and took participants longer to cover their hands. However, if the clay was more wet, participants either were more resistant to touching it or very
quickly covered their hands and forearms. Although it is important to offer accommodation for resistance to touching the clay, this accommodation was not used by any of the participants during this project.

The research and research assistant were both surprised at the labor intensity involved in this project. One of the reasons this approach is used is because handling clay requires embodiment primarily due to its weight. Each clay field held twenty-five pounds of clay. Carrying these, drying out the clay, and reloading them after each session was taxing on the body and likely not sustainable in this rapid-fire setting. Each session was thirty-minutes in length. Going into the project, the researcher was aware that this timeline would be tight but necessary to allow for as many participants as possible. For some of the participants this was an acceptable amount of time. However, for others that were “slow to warm-up” to touching the clay and engaging in the project, only having thirty minutes was detrimental to their process. For this reason, the researchers allowed the participant to continue their process into the next session. Overall, when factoring in clean-up, forty minutes seems to be a more accurate length of time needed. Also, time in between sessions seemed crucial to allow the clay to be the correct consistency.

**Results**

The “Clayworks” community engagement project consisted of seven dyads engaging with the clay field for approximately thirty minutes each. One group had an extended period of time in the clay due to some initial resistance and needing more time to process. The children ranged in ages between four and twelve and attended either with their biological parents or foster guardian.
The timeline and preparation between sessions was intense and I could feel my own anxiety elevating trying to meet these demands. Additionally, the cyclical nature of having two pairs leaving while the next group was coming left little time to reset completely. The opportunity for box breathing promoted relaxation and attunement for myself, the research assistant and provided an entry point for the participants.

Each dyad had a very different journey in the clay field. Six out of the seven groups immediately engaged with the clay field either with fingertips making small holes or pinching a small amount of clay. This first interaction with the clay can mimic how one would enter into a relationship. It indicates a test to see if this will be a safe experience. The youngest participant was immediately drawn to the warm water and his dyad partner created various landscapes and channels for him to fill and empty using the sponge. The introduction of water was important for many of the participants because it changed the sensory experience in the clay from hard to soft and slippery. For the participants that used water, it is notable that only the child added water while the adults seemed to manage the texture and create boundaries.

The dyad that had resistance to entering into the clay field, chose to remove bits of clay and create figures outside of the clay box. Both the child and parent seemed to be anxious when given no perimeters. I could feel my anxiety increasing while being close to them. At first, I tried giving them more space to see if they could find a natural rhythm. After a few minutes, my instinct was to give them some tools and a small ceramic duck. Armed with the tools, the child made their first marks in the field. The parent created a small nest while the child created a hole with the clay spatula. Together they placed the nest in the hole, giving the ceramic duck a home directly in the center of the clay field.
Having built confidence and finding a “place in the field” with the assistance of their guardian, the child went to work with an embodied effort, pulling harder clay from the field. Their work was concentrated on the lower right corner of the clay field. They worked independently while the parent offered encouragement as attunement. It was during this time that I decided that this dyad needed some more time. I had left the space for a few moments to check in with the next group that had just arrived. When I returned, the child was beaming with pride that they had cleared the corner of the clay field. Both members of the group had relaxed bodies and were smiling and interacting freely. Their finished clay field had a nest for the ceramic duck, a mostly intact field except the one corner that was dug out. When I came to check in with them, the child was elated to show me the corner with the missing clay. As their time with the clay came to a close, the guardian in this dyad chose the word “calming” to describe their experience and the child in this dyad chose the word “proud”. When I asked the child what made her feel the proudest, they pointed to the corner that had been revealed from her efforts.

It may be significant to note that this dyad chose not to use water at all in their experience and seemed to be engaged on a cognitive rather than sensory level. The other dyads that utilized the warm water seemed to have fluid movement from cognitive and sensory engagement. One dyad described the soft clay on their hands as lotion or cream. When this group started creaming their hands with the clay, I decided to offer packing the hands in clay as an intervention. At first, the guardian packed the child’s hands in the clay. The child’s shoulders were raised, and she seemed braced. I guided the guardian in using warm water to bring about a more relaxed state. Additionally, the guardian tried applying rhythmic pressure on the mounds of clay covering the hands. Although the child continued to be braced, when they pulled their hands from the clay “womb”, they were smiling and suddenly seemed present in their body.
With excitement, the child asked if they could cover their guardian’s hands. This was significant because leading up to this, they were very concerned with “doing it right”. This newly emerged spirit had vigor and excitement that was previously not exposed. When the child created the experience of packing her guardian’s hands in the clay, they were both making more eye contact and smiling. As the guardian settled in, they immediately had a softened face, and relaxed shoulders. Both members of the dyad began to use softer, more relaxed voices. Their communication began to shift to more non-verbal attunement. The child used the sponge to add warm water and seemed to embody their role as “caretaker”. Both members of this dyad remarked on how relaxing the experience was once they “settled in”. They described the experience using the words “very fun”, “bonding”, and “calming”.

Another consideration was how the dyad interacted in the clay field. Six of the seven dyads worked together to make one landscape while one of the partners seemed to divide the clay into two sections and engage in parallel play. It might be significant to note that this dyad was the only partnership that included male rather than a female guardian. The adult in this dyad seemed to interact with the clay field as though it were a canvas and began erecting long narrow shapes of clay that eventually became a face. On the other side of the field, the child was using water to create caves and rivers. As the water began to overflow into the area with the face, the dyad began creating a story. Before the two scenes merged, the partners seemed focused on their separate spaces. As the water began to flow throughout the whole field it seemed to bring them together and they began laughing, talking, and making more eye contact. When asked to describe their experience in the clay, they were unable to put the experience into a word, but instead created a movement by jumping and waving their arms from side to side. This movement seemed to be filled with elation.
As a means to process the experience, I engaged in my own clay field session. I had planned to do this in the same space as the actual community engagement project, but due to the intensity of clean-up and time constraints in renting the space, I had to complete this in my own home later that evening. I took some time to meditate and reflect on the interactions, images, and structures created. With my eyes closed I tapped into a felt sense and then allowed my hands to enter the field. I found myself entering the field with flat palms and found the flat smooth surface to be cold yet satisfying. I allowed myself to just feel that sensation, moving slowly with my hands across the clay. Although the clay was cold, it was not alarming, and I did not feel compelled to use water.
Eventually, my fingers began to dig into the clay and I started making large bi-lateral circles. Sometimes my thumbs would meet in the middle. I felt a familiar sensation emerge. This
meeting in the middle felt like cleavage. I was suddenly transported back to the many hours I spent breastfeeding my children. I felt a wave of warmth come over me as I remembered the skin-to-skin contact when I first gave birth, and their slippery warm bodies were placed on my chest. This feeling was familiar, I had felt it before, but only on the three days in which I had given birth. It felt as though the skin sense had transported me to a memory that lives only in the sense of touch. Although this memory is very personal, it emerged from a meditation of witnessing the bonding attunement that occurred for the five participating dyads of this community engagement project.

Discussion

The therapeutic properties of clay were evident throughout the community engagement project and in my own processing. The medium invited engagement, fun, and transportive qualities that activated implicit memory. The water allowed participants to control the quality of the clay, which affected how they engaged with the experience. It seemed that the harder clay allowed people to enter the experience on a cognitive level by shaping and creating figures. While the addition of the warm water invited more sensory play, either entirely in the water bowl or with softer, slippery clay. Sensory play is known to help regulate the nervous system and reduce anxiety (Ayres, A. J., et al., 2018), therefore on this fundamental level, engaging with the clay provided therapeutic benefits.

Accessibility of therapeutic services is often restricted due to financial resources, location, and availability. The community engagement project was offered to circumvent these barriers. Offering the workshop at an open location and accessible via public transit was an important consideration. All resources used during the workshop were bought by the researcher,
and their time was not compensated. For this to remain a free workshop the therapist would need to acquire grant funding or donations. It is also important to consider the labor intensity involved in facilitating these sessions in a group or community format. Volunteers or assistants could make the group facilitation possible, but depending on resources, this modality may be best suited for family therapy settings.

Throughout the research, I witnessed attunement on the part of the guardian and the child. Having a joint project provided a shared experience that focused their energy and attention. Additionally, the clay field process was instrumental in regulating their nervous systems as evidenced by increasing relaxation and co-regulation. The sensory rich experience and the bonding and attunement aided in attachment. One of the foster guardians that attended the session shared that with younger foster children, they can hold them on their laps and engage in nurturing interactions that aid attachment, but for her older foster children, those types of interactions are not age appropriate and often leave pre-teens and teens craving sensory based affection. This guardian shared that having clay field as an intervention could be an age-appropriate means for teens in the foster system to have attachment and sensory needs met.

Finally, a significant observation of this workshop was that the adults seemed to be equally invested in the clay field as the children. While no data was collected to determine histories with complex trauma, it is widely known that all participants endured the collective trauma of living through a global pandemic. Kohler-Dauner et al. (2022) shared that during this time parents endured financial stress and stressors surrounding work, home, and school life balance. The researcher assumes that the participants in this study endured increased stress due to the global pandemic. Though it is unclear how this stress may have affected attachment, the participants in the community engagement project all shared a sense of relaxation from the experience. The research and research assistant also remarked that the dyads left the space with
more vigor, conversation, and connection than at the start of the session. This shift in demeanor could be significant for setting the stage for healing generational attachment trauma.

The outcome of this research seems to assert that clay can be an effective medium for promoting interaction between guardian and child. This interaction paired with the sensory-induced relaxation and transportive skin sense provides fundamental elements for meeting attachment needs in the moment. Future research is needed to confirm if childhood attachment wounds can also be transformed through clay field therapy.
References


THESIS APPROVAL FORM

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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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