

CHAPTER 11

CLAYtherapy

The Clinical Application of Clay with Children

PAUL R. WHITE

Many counselors want to work with children. Most think it would be easier and more fun than working with adults. Child counselors will agree that children are more fun than adults, but troubled children are more therapeutically difficult by far than any adult.

The primary modality of therapy with children is one of the several forms of play therapy. Play therapy sounds fun but is extremely difficult. It brings children to treatment who have not yet completed their psychological, educational, or even neurological development. These children bring near impossible-to-solve life issues combined with severe, sometimes multiple, diagnoses. They often are resistant, usually without a grasp of the clinical procedure and fearful of this mysterious and unprecedented process they are forced to endure. They come to an unknown adult, not of their choosing, and are asked to talk and play with him or her behind closed doors.

The counselor enters this process from the other direction, equipped with complex psychological abstraction and theoretical constructs that are difficult to apply at best, expecting to meet the child's needs by developing a problem-solving and personal relationship that resolves the child's life stressors and/or diagnostic symptoms. In short, the counselor is asked to take this underdeveloped and inexperienced child of just a few years old from a state of emotional or mental disorganization to one

of organization through the use of puppets, sand, paint, figurines, and clay. Play therapy is indeed difficult (Reid, 1986).

Since the inception of play therapy, clay has always been an element noted and suggested as a necessary instrument of therapists. Clay is one of those tools used by the counselor to bring about the aforementioned adult-child relationship followed by the child's transformation from disorganization to normalization. Clay or play-dough is listed again and again in nearly every play therapy text, journal article, or teaching seminar, from the inception of play therapy, as a primary device to bring about this transformation and to assist with this psychological encounter (Freud, 1971; Moustakas, 1953).

Every recognized author on the subject of play therapy, from Axline (1947) to Landreth (2004), recommends that the play therapist secure play-dough as a tool of the trade, but there are only minimal guidelines, directions, suggestions, or applications for its clinical use. When there is direction, it is brief and nonspecific, usually supporting nondirective expressive play intended to reveal inner struggles or unspoken themes. Another frequently stated application is its use as a safe outlet for aggression, allowing the child to pound, squeeze, and knead out his or her hostility, much like a primal scream (Hart, 1992).

There are volumes of books, papers, dissertations, studies, and seminars on the clinical use and application of sand, drawing, puppets, storytelling, and dollhouses, but there is practically no equivalent for the clinical application and effectiveness of clay beyond initial expression and aggression reliever.

This lack of data, the absence of clinical scrutiny and empirical analysis, is a glaring void, but this leaves opportunity and an invitation to discovery and innovation. CLAYtherapy is a response to that void. It is a child-friendly, clinically supportive application of an old friend to all children: clay.

BEFORE CLAYtherapy

Before I discovered CLAYtherapy, I had used clay or play-dough in my practice with children. It was effective regardless of the clinical setting in which I found myself or my agency's objectives. Having been trained in the nondirective school of play therapy, I had always encouraged children's self-expression and nondirective free play with clay. Expressive play is a window into the child's internal processes and secret thoughts; children will reveal many emotional conflicts, experiences, and unre-

solved anxieties through nondirected free play. If the therapist is patient and uses clinical observation skills, he or she can observe not only major clinical themes but many subtleties and nuances through the expressive play process, especially with clay.

However helpful the nondirective clay process, I can remember always wanting to put this free play, reflective, tracking process aside and make something from play-dough that resembled something real and then to make that structured process just as therapeutic as nonstructured play. I wanted to respond to a child's direct request to make a bear, a bird, or a boat instead of saying, "You're saying you want to make a boat." I wanted to teach the child to build a specific creature like an African elephant, a farm animal, a jet plane, or a wheeled vehicle. I wanted to use this powerful medium to enhance my relationship with children, to make counseling not so boring, and through play-dough identify emerging clinical conflicts and concepts. I wanted to make the process of working with clay more directive, more therapeutic, and more fun.

No matter how hard I tried, I couldn't respond to these desires because I had no formal training in three-dimensional freeform arts, no innate art skills, and definitely no clay-to-clinical skills. Clinical clay skills were nonexistent at that point. I had no idea of how to make a dog, how to make that dog clinical, or how to make the making of that dog clinical. When I attempted to ignore and disregard these three "how to's" and build anyway, I always failed. Transforming play-dough into objects and then giving that process clinical value was an enigma.

ANCIENT CLAY

Clay is primal. From the beginnings of civilization, clay has been a substance associated with people. We mark our time with its archaeological shards. We fill our museums with its surviving remnants. We adorn our homes with its shapes, its utility and beauty. Clay finds its way into our literature, our religion, and our language:

Imperial Caesar dead and turned to clay may stop a hole to keep the wind away.

—SHAKESPEARE, *Macbeth*, Act I, Scene 1

And man is made from the clay of the earth. . . .

—GENESIS, 1:24

Mud pies, mud tires, mud packs, mud slides, mud slinging, and mud wrestling.

—FIFTH ANNUAL MUD-WRESTLING CONVENTION

From the earliest of times, we have used its versatile properties to meet our many needs. Clay hardened in early wood-fired ovens formed primitive domestic vessels. The same oven eventually made roof tiles, then storage jars, fine china, and finally porcelain. Ground into powder and mixed with tallow, clay formed paint used to create mysterious symbols and enchanting animals on cave walls across primeval Europe. These evolved into the elegant frescoes of the Sistine Chapel during the Renaissance.

We use clay today in many of the same ways our ancestors did. From its flexible properties, we make cements, paints and adhesives. We use it for plumbing, roofing, and floor tiles. We have rediscovered clay and employ it in medicines, chemicals, computers, bonding agents, and surfaces of artificial joints. We use clay in the space shuttle, from its electrical insulators and filtering components to its protective skin. Clay is with mankind more now than ever.

MODERN CLAY AND CLINICAL TREATMENT

Clay has a place in the world of counseling. Play therapists have traditionally used natural clays and, more recently, synthetic modeling clays because it's a substance children know well. Children like clay, and if they don't have it, they will play with pudding, pie dough, or mashed potatoes. Place a lump of clay in front of any child from any period in time or any place in the world and watch the inevitable interaction between child and material.

Today modeling clay comes in many forms, both natural and man-made. They are either water or oil based. The manmade commercial forms of clay are usually given a name to identify them as some form of dough—Fun-Dough, Kid-Dough, and of course Play-Doh[®]. Play therapists use both the factory-produced and homemade forms of dough, depending upon their clinical mission and personal taste. Clay or play-dough is found in practically every school, counseling office, and home in our world.

I find Play-Doh brand play-dough to be the most useful and beneficial to the counseling environment.¹

Every therapist in every child-centered clinical treatment environment on the planet uses some form of clay to engage children and enhance the therapeutic process. This time-honored medium of expression and universal toy responds to the most primal and basic need of the child: to play. Most children entering the counseling process are delighted to see their old friend play-dough as part of the counselor's accessories, sitting quietly on the shelf waiting for the next boy or girl.

Clay has always been a toy of children and more recently a tool of play therapy. Counselors use clay as a means to enhance the therapeutic relationship and support the clinical process. Clay provides children with a natural method of connection and expression.

FROM TOYS TO CLINICAL TOOLS

A universal direction of child care researchers and therapists over the last several decades has been the discovery and acquisition of techniques and strategies with which to engage children in treatment. This has resulted in a stampede to rediscover the rudiments and role of *play* in the child's *developmental process* and then to link that connection to a child's natural attraction to traditional *toys*. The final step in this process is to bring those three components together in the development of clinical tools.

This three-way connection is the basis of all clinical tools used in play therapy today. We have made the toy-to-clinical tool transition with many counseling rediscoveries like hand puppets, dollhouses, miniature people, sandboxes, stuffed animals, board games, and storybooks. We have then transformed these into a myriad of clinical tools, filling mail-order catalogs and play therapy rooms with effective props and aids to enhance and support our clinical work with children.

There has long been a need to rediscover similar methods in the transformation of clay into a more effective clinical tool. This basic toy and friend of children has been patiently waiting in the wings for its turn to go beyond its passive ice-breaker, aggression-reliever role to center stage as a primary tool of treatment. The problem is that, to date, there has been no rediscovery process to make this transformation possible. The existing professional community and its research institutions have not made this toy-to-clinical tool connection, thereby bringing clay to the attention of the established play therapy community or the next generation of child therapists.

The best example of this process is sand tray therapy. Once upon a time, we did not apply sand trays and little creatures as we do today. At

some point, a counselor brought a sandbox and a handful of figurines into the playroom, and over time another old friend of children, sand, became an irreplaceable clinical tool.

SNAKES AND BALLS

Most counselors, either just beginning or with years of experience, are not artists. Most would define themselves as "artistically challenged" and have received no art background or training in their educational experience. Most cannot effectively draw, paint, or sculpt or teach children to do the same. More important, they cannot interface clay with treatment.

They cannot teach problem solving, trauma resolution, consequences for actions, or anger control through clay. They cannot provide metaphors with clay that enhance a child's self-esteem, promise a resolution to grief, or build the clinical relationship through their clay work with children. This isn't because they wouldn't like to, but because until now no one knew how.

In the early years of my career, I was not unlike all other therapists when it came to the clinical application of toys of any kind, especially clay. I was child-centered. I used clay purely as an expressive non-directive tool. I had no idea of clay's therapeutic usefulness beyond its expressive role or how to construct clay creatures. Like all other therapists, I made snakes and balls and snakes and balls and snakes and balls. It wasn't because I or the child didn't want to make elephants, dinosaurs, or roses, but because we didn't know how. I had no idea how to get past my lack of art skills, so we made snakes and balls.

With great effort, we made some things, but even our best attempts resulted in difficult to distinguish frogs and dogs. Our creatures' bodies were disproportionate, or their legs fell off, or they were smashed by our well-meaning fingers in the very process of construction. Most of our creatures were best described by one of my young patients, when she said, "All our dinosaurs look like funny cows with no horns."

I knew that play-dough was primal. I knew that all children liked it and I knew that it had promise of great therapeutic value beyond its expressive role. What I didn't know was how to tap it. I became discouraged, but I didn't give up.

Play-dough has always been a clinically useful and pleasant experience for the children I served. For me, it had been an unequalled ice-breaker in my first session with them. When playing with clay, they have

always had some form of nondirect clinical experience, usually positive. Occasionally, major insightful experiences spontaneously and totally unexpectedly emerged from them in the presence of clay. All the children demonstrated a universal attachment to its feel, its smell, its place in their childhood. *Was I to let this child-friendly, naturally engaging, untapped gem of therapy languish as a mere accessory to play therapy?* Not if I could help it. I had to find a way for me, the nonartistic therapist, to develop a user-friendly relationship with this stuff. So began a 15-year quest that eventually elevated humble clay to a revolutionary new level of clinical application in the play therapy community. At the beginning, I could see clay therapy, but I had not yet conceived CLAYtherapy.

When sharing the idea of clay therapy and this clay-to-clinical transition with my colleagues, I received a consistent response: "Good idea, Paul, but, how would you do that?" I soon realized that if play-dough were ever to become more useful as a clinical tool, to me and the children I served, it would need to grow up. Play-dough had to move from its traditional role of "pound out your aggression" and enter the 21st century. Clay would have to experience that magical conversion, that transformation from toy to clinical tool in a similar manner to puppets, storybooks, and sand. Clay therapy would have to meet both the scrutiny of the therapeutic community and daily clinical engagement with children and come out a winner.

For this transformation to happen I sorted out *two* major obstacles and *seven* basic questions. Over the years, I found those obstacles and questions difficult enough by themselves, but each time I resolved or answered any I was led to yet more questions. I determined that if all these obstacles could be hurdled and the questions answered then I would be well on my way to making play-dough more clinically useful for me and the children I served.

The two obstacles were:

1. The actual construction process of creatures
2. Their clinical application

The seven original questions were:

1. How to control the volume of clay in a creature's various parts
2. How physically to hook the pieces together to stay together
3. How to make our projects look like the creatures we had intended
4. How to make clay construction simple for children
5. How to make the clay-play process interactive

6. How to link therapeutic value to the specific clay creatures and the clay-play process
7. How to get children past the barrier of artistic impairment

THE DISCOVERY AND DEVELOPMENT OF CLAYtherapy

One November day, an 11-year-old boy and I were playing with play-dough while we talked about some rather serious problems, their solutions, and his choices in the matter. As we talked and played, he asked me, "Mr. White, can you make a dinosaur?" I replied, "I can't make a dinosaur. I don't know how," and he said, "Can you try?" I tried, and, as always, I could not convert the vision in my brain to a three-dimensional clay dinosaur. He said, "Thanks for trying," and we continued. After more weeks of talking and making snakes and balls and snakes and balls, it came to me, just as the flux capacitor had come to Dr. Emmett Smith in the movie *Back to the Future*, making time travel possible. If I made a ball of play-dough, smashed it flat as a pancake, and cut it into wedges like a pie, then I could control the volume of a creature's parts by controlling the size of the wedges.

I did just that, and it didn't work. I adjusted the wedge size, and it didn't work, but I kept adjusting the wedge sizes, and finally it worked! *I made a dinosaur with proportioned body parts!* By this method, I eventually was able to determine the exact volume of dough for any dinosaur's parts with trial and error.

I had discovered the answer to my first question, how to control the volume of the various parts. My young client and I made another dinosaur and another and another. They were a bit rough, but they were the proper proportions and could be called dinosaurs because they resembled dinosaurs. I called the wedged division process "pie-portions."

Next came a way to overcome one of the two obstacles, how to achieve clinical application, or value. After a few weeks of dinosaur making we divided our jointly made dinosaurs in half and each took four or five. As the boy was leaving that day, he said, "I can take these home, Mr. White, and they will remind me of what we have been talking about." Eureka! Clinical value! Since that day, I have been making dinosaurs, hooking them to the clinical process, and sending them home with the boys and girls I serve. I was now well on my way to answering the rest of my questions.

Over the next several years, I overcame the other obstacle and learned not only the answers to those original seven critical questions, but to hun-

dreds of other questions I never would have imagined. Answering those led me to a whole array of even more questions and another major obstacle: I had made the process work for me, but I had to discover a way to make it work for children, how to make all this fit the therapeutic definition of play therapy, and how to teach clay therapy to my peers.

Some of the new questions dealt with construction issues, like how long to make an elephant's legs, how to connect those legs securely to its body, how to make a rose have realistic petals, how to make an airplane's wings look like an airfoil, and how to make treads on a car's tires. Other questions dealt with clinical issues, such as how to teach a child problem resolution, self-esteem enhancement, anger control, and patience through the use of play-dough. Over the past 15 years, all these construction questions and clinical applications were addressed, answered, and developed as play-dough emerged from simple toy to revolutionary clinical tool and clay therapy evolved into CLAYtherapy.

CLAYtherapy exists today as a single play therapist's body of knowledge. It encompasses the discoveries and developments of the clay play process over those first 15 years. It is housed in a single book² with hundreds of drawings and pictures to assist in making the 12 projects and contains more than 50 clinical direct and indirect applications. The construction and clinical application skills can be mastered by anyone in a relatively short period. CLAYtherapy has been embraced internationally by thousands of child-treatment professionals. It is used in numerous educational and clinical environments with children of various ages experiencing a wide variety of diagnostic, emotional, and situational needs.

The entirety of the book cannot be presented within this brief chapter, but a few of its discoveries and applications should provide you with an idea of its scope.

NINE OF THE DISCOVERIES AND APPLICATIONS OF CLAYtherapy

Artistic Impairment

Artistic impairment is a concept most adults, especially counselors, identify with. Most say, "I'm all thumbs." Most child counselors are not trained with art materials as art therapists are, yet soon after graduation or employment, we are immersed in an environment of crayons, paint, puppets, and clay. Our first reactions to this challenge are verbal. Counselors make statements claiming artistic impairment and digital atrophy. They get into denial, self-debasement, or other forms of evasion and

avoidance behavior. Sometimes counselors use the self-convincing childhood phrase "I can't," or they say, "My sister got all the art genes in our family."

However convincing we are about our lack of art skills, we all can learn to do art things. We all have brought our brain and hands together to make or do something constructive or creative at some point. We all have made something as a child, learned a new skill in college, or taken on hobbies as an adult. We all do something; macramé, cook, paint, play an instrument, quilt, carve wood, garden, fly fish, sing, compute, dance, mess with gadgets, sew, or craft. The most important point is, there was a time when we could not do those things and said to ourselves, "I can't."

We all respond to our children when they say "I can't" with encouragements like "Make an effort," "Practice," "Yes, you can," "How do you know you can't?" and "You don't know until you try." I encourage all my artistically impaired would-be play-dough counselors to give those same encouragements to themselves.

Snakes and Balls

When considering play-dough, many counselors proudly say, "I can make snakes and balls," indicating their elementary mastery of at least two clay objects. This is actually a wonderful statement of clay ability because CLAYtherapy teaches that if you can make snakes and balls, all you need to do is add one more shape, and then anything can be made. If a therapist or a child can make one more shape, a cone, they can make almost anything, plant or animal, natural or manmade. Think about it. A pig's body is an oval, egglike ball with four squatty cylindrical legs (short snakes), triangle ears (smashed cones), and a curly tail (skinny snake)—snakes and balls and cones! A dinosaur starts with a ball. One end of the ball is formed into a cone for a tail. The other end of the ball is formed into a snake for a neck with a lump on the end (small ball) that becomes the head. Its legs are like the pig's, only longer. A few details with a crayon and a seashell, and the kid has a dinosaur. A jet is not as complex as it may seem at first. Jets are made with 12 cones; if you can make a cone, you can make a jet. A snail is a snake rolled up with two balls for eyes. Everything—cars, elephants, roses, and frogs—is little more than snakes and balls and cones.

Tablespoons and Tools

In CLAYtherapy, most projects are made from a heaping tablespoon (HTS) of play-dough. An HTS is about all most little hands can comfort-

ably handle. A pie-portion with an HTS of clay makes animal legs that fit perfectly into holes made by a Crayola crayon. An HTS is just enough play-dough to make projects like planes and cars that can be measured with a Bicycle-brand playing card and takes about a week to dry with minimal or no cracks. Every standard can of play-dough (Play-Doh) has approximately eight HTSes. An HTS makes success more possible for children and self-esteem a more frequent occurrence during the counseling process.

Through CLAYtherapy, children are introduced to the concept of tools. Play-dough itself is a tool, as are crayons, fingers, water, playing cards, seashells, bottlecaps, cassette tape boxes, screws, pen caps, plastic spoons, pencils, coffee stirrers, and dozens of other everyday items. They all go in a toolbox to which we can add tools. We teach children to make tools, we give tools, we share tools, we learn to use tools, and we develop tools of our own design. Play-dough tools are a metaphor and subtle precursor to the problem-solving and life tools that soon will be taught and transferred from counselor to child.

Cracks, Color, Connections, Construction, and Clinical Application

CLAYtherapy teaches the would-be clay counselor everything he or she needs to know to be successful with play-dough and to teach children the same. Construction is taught by teaching the child: "Piece by piece, first things first, and there is nothing we can't fix." The child and counselor learn to prepare the various clay parts, connect them in sequence, and be patient if something goes wrong. Children learn new skills like how to avoid cracks, how to patch them up, and how to not let cracks or crack disasters affect the outcome. They learn how to use water and the mechanical connection of twirling to ensure parts stick together. They learn to judge size, estimate volume, and move from abstract to practical thought. They learn to make any color of clay in the rainbow, to keep their clay supple and their projects safe, and how to get play-dough out of the carpet.

Naturally a Tool

For countless generations, if you gave a child a lump of clay, he or she naturally and immediately began to roll, fold, and mash it. This natural physical connection can be seen any day in any preschool, elementary school, or middle school. It is a natural and primal friendship between children and a basic element of their earth: clay.

The natural clinical applications became obvious from that first child when he said, "I can take these home, Mr. White, and they will remind me of what we have been talking about." When the counselor sits with a child in the play process, the counselor is invited into and becomes part of that natural, primal child-clay connection.

Natural clinical applications are usually subtle and nondirective. Sometimes they start nondirect and are converted by the counselor into direct clinical value. For instance, I have converted this natural nondirect process to a direct one by saying to nearly three generations of children things like, "You can take that frog home and put her on your shelf, and she will remind you of our discussion about controlling your depression," or "What a nice car we made. You can take it home, and it will remind you of the three things you learned today about controlling your anger," or "A boy has to be patient when solving his problems, just like he is when making a play-dough elephant. It's hard at first, but it gets easier as time goes by."

A Tool of Discovery

All therapists discover what works and what doesn't with children. They experience the theory-to-application process that can only come from years of engaging hundreds of children in eyeball-to-eyeball problem solving and discovery. They learn to mix and match nondirect and direct play therapy. Through years of application, observation, and trial and error, I have experienced that discovery process. The difference between me and other therapists is that I have performed this discovery process with one extra element: Play-Doh.

I have taken numerous therapeutic theories learned or read in my formal training and converted and reformed them into techniques using play-dough. Over the years, I have engaged my young clients directly and nondirectly in my play-dough research. I have discovered and applied CLAYtherapy techniques to a wide variety of diagnosis encountered over a 35-year period. I have watched, listened, applied, modified, and reapplied the use of play-dough to thousands of children from all quarters of the client and diagnostic spectrum, both public and private, inpatient and out-, office and home, willing and unwilling, young and old. Through this process, I have developed, discovered, conceived, and invented dozens of techniques and strategies that bring play-dough to bear as a clinical tool. This conversion of play-dough from a universal toy and first-session icebreaker to a dynamic and unequalled partner in the clinical treatment of children has been the single most valuable asset to my work.

Following my initial discovery, after I became confident with this new approach, I eventually began to engage my clients. At first I only engaged older elementary-school-age children with this new tool. I purposefully avoided younger children due to my belief that they responded exclusively to nondirective play therapy. I avoided latency-age and older children because of their emerging abilities of speech and reason and their usual avoidance of traditional play. As the years passed and I became more proficient with this new therapy, however, I found it increasingly useful for both younger and older children. I discovered that my methods could be utilized both in directive and nondirective environments and that I and my small following of "clay heads" were able to use my discoveries with a wide variety of ages, clinical environments, personal styles, and diagnostic needs. This discovery/conversion process continues, and I am constantly testing, discovering, probing, teaching, and reprocessing the elements of CLAYtherapy.

How Can CLAYtherapy Enhance Clinical Relationships?

Most of what happens between a child and therapist is relationship. Unlike adults, children have to like their therapist. Without connection between them, therapy with a child is difficult. Too often, I have seen counselors watch a child randomly play with clay while repeatedly attempting parallel conversation and failing. It fails because the child is more comfortable with parallel play than the therapist. It fails because there are two dynamic and parallel processes happening at the same time, and they need to complement, not compete with, each other. It fails because the therapist doesn't know how to combine the powerful clay attraction with his or her clinical expectations and therapeutic direction. With CLAYtherapy, there is a built-in mutual connective process between the child's play needs and the counselor's treatment direction. In CLAYtherapy, the counselor engages the child with something the child wants to be engaged with (clay). Children have never seen creatures and vehicles like those they see in the clay therapist's office. It doesn't matter their diagnosis, the extent of their trauma, or how resistant they have been to therapy in the past; they can't wait to make or have me make and teach them to make these marvelous creatures.

Counselors can teach a child wonderful things about life and living by using clay as a tool. When counselors use clay, they speak to the genetic code within the child that says, "Children need adults. Adults teach children. This is an OK process." Children don't know why this clay/talk process is so meaningful; it just is. It is not unlike a prehistoric

adult squatting at the clan's firepit with a child, teaching some bit of knowledge to promote mastery or ensure survival. This primal, adult-child, student-teacher, clay/talk process is about as natural as it gets, and the child has to respond because he or she is a child.

Through mutual clay play, a conversation between child and counselor automatically emerges. Dialogue doesn't have to be forced or fabricated, but happens naturally when the counselor is revealing, demonstrating, and teaching this dynamic and engaging clay process and the child is asking, learning, and experiencing his or her own trial and error. This manner of interaction links the adult with the child through a hands-on, verbal, nonintrusive, problem-solving counseling process. It sets the stage for additional therapy, establishes teacher and student roles, and supports transference. It is nature at its best.

Metaphor Galore

In play therapy, metaphor is a commonly used tool. Sometimes we remain in a metaphorical process for much of the therapeutic experience. Other times, we slowly coax the child or follow the child's invitation into his or her avoided or uncovered reality and then back into metaphor. Sometimes we never come out of metaphor. It's one of those balance things we learn to do in counseling.

With clay, there is both nondirect and direct metaphor galore. We allow children to choose what to make or choose if they want to play with play-dough at all. They select their favorite color and/or favorite animal. Together, we seek solutions to the problems of making a frog, monkey, or dog. We discover the secrets of making a dinosaur's teeth realistic or a rose petal thin. We use the tools we have at hand—crayons, bottlecaps, shells—to solve the problems of play-dough. If we don't have a tool, we make one. We transfer the skills of one project to resolve the issues of the next. We learn that life is better understood if we go from simple to complex.

We cooperate, mirror, reflect, and clarify. We communicate critique and compliment children on a job well done. We experience frustration, anger, and failure. Children learn new skills. Through sitting close and rolling and mashing clay together, children can experience good touch from the counselor. They do their part to make a project, and we do our part. We can talk eyeball-to-eyeball. We talk of trusting your eyes and hands to get correct sizes of and balance among parts. Trust of adults, feelings, and friends are a short distance from there. Being the boss of the clay is easily converted into being the boss of your behavior, your

feelings, and your thoughts. Clay teaches responsibility. For the abused child, being the boss of his or her body and feelings is a wonderful, empowering lesson to learn. And all this comes from simple play-dough.

Making the creature look just right too much has meaning for the obsessive child. Doing first things first has usefulness for attention-deficit/hyperactivity disorder and Asperger syndrome children who are having difficulty with impulse control or sequencing. The attachment disordered child receives lessons in trust, deference, and cooperation. The angry child, when making a play-dough project, has to deal with all the same precursor anger elements with play-dough that he would in school or life: frustration, lack of skills, no tools, bad habits, bad problem-solving information, wanting to give up, lack of success, and not listening to adults. With play-dough, the child gets to turn every one of those around. He gets to fail and start again. He gets to be successful and enhance his self-esteem. He gets to control his emotions and build a problem-solving relationship with a significant adult. Mastery over the clay becomes mastery over life issues. The child thinks, "If I can master this play-dough thing, then maybe I can master my bad dreams, my anxiety, my behavior, my fears, and my depression." It is a very small step from play skills to life skills. Children learn to visualize, create, fail, and try again without the penalties of real-life situations. Clay has all this and much, much more.

Problem Solving

After establishing a therapeutic relationship with their clients, most of what counselors do is solve problems for children or teach them to solve their own. The most important word in that last statement is "*teach*." We forget sometimes that our role in therapy is largely that of teacher—teaching children to identify, understand, and change their feelings, to make decisions and control impulses, to accept new ways of thinking, to individuate, to believe in themselves, to get along with others, and, of course, to problem-solve.

The nice thing about clay is that making stuff from it involves teaching. Making things from clay isn't always easy; life is hard, but if you know how to solve problems, it becomes easier. If children allow us to teach them to make things out of play-dough, then they usually allow us to teach them about life. Children often seek solutions to life problems from their teachers at school because they have a history of solving other kinds of problems with their teachers. They trust their teachers, which is why they often go to those same teachers before parents or even school

counselors with their fears, anxieties, or thoughts of self-harm. This is also why some school counselors are less than successful with children—because they haven't gone through the basic process of problem solving with simple things before attempting to tackle difficult ones.

All children need a basic problem-solving process that they can employ automatically when dealing with life issues big and small. I use a four-step process: step-by-step, secrets, tools, and practice. With the help of play-dough, this process can be taught over and over in a pleasant and easily remembered format.

1. *Step-by-step.* Every problem children will ever have, every problem anyone has ever had is solved by a series of steps, first things first and second things second. This fundamental concept is easily taught through play-dough. First you make a ball. Then you squish it into a pancake. Next, you cut the pancake into sections. Then you make a ball from one of the pancake sections and form it into a cone, then a cylinder, etc. You make body, head, legs, and details step by step.

2. *Secrets.* All problems have secrets. Knowing the secrets makes problems easier to solve. Adults in every culture for countless generations have known the secrets to life and living, and it's their job to teach these secrets to the children or that culture dies; it's simple anthropology. There are secrets to finding water in the desert, fish on the flats, or eatable roots. There is a secret to reading the weather. There is a secret to a jump shot, to driving a stick-shift car, to making friends, and to mending a broken heart.

With CLAYtherapy, we first teach the simple secrets of making things out of play-dough. We hope that if children will allow us to teach them those play secrets, then they will allow us to teach them some of the weightier secrets of life and living (e.g., secrets to understanding divorce, controlling depression, recovering from abuse, and feeling better about oneself).

3. *Tools.* Tools make the secrets happen. For a child, talking to adults differently than to his or her friends is a tool. Identifying and controlling anger, depression, and inferiority is a tool. Learning and reducing the three parts of obsessive-compulsive behavior is a tool. Making good friends is a tool. We teach children to use tools to solve the problems of play-dough with seashells, crayons, pen caps, and playing cards. It's a short step to solving real-life problems with the tools taught through counseling.

4. *Practice.* Every parent knows the necessity of teaching children practice, and every child knows the need for practice, whether it be at video games, sports, or lyrics to songs. There is no better medium than

play-dough to learn this. Making things with play-dough is difficult at first, as is problem solving. Many a child's first projects have gone flying across my office. When children say things like "I can't, Mr. White. It's too hard," it is an invitation to learning because we as adults know they can, and we know that with practice they'll get better.

CASE EXAMPLES

Introduction of CLAYtherapy

CLAYtherapy can be introduced at any phase of treatment. It is especially useful in the first meeting with the child because it introduces the concepts of "talk some, play some" and that counseling can be a learning experience and still be fun. The play process parallels the therapeutic process when the counselor talks about the beginning, middle, and end of clay projects like the dinosaur, pig, or airplane. This three-stage process parallels the three phases of treatment. Clay play begins the process of the adult helping the child problem-solve, make decisions, and express feelings. It begins the relationship between helper and child, between student of life and teacher of life. It gives something for today and a promise for tomorrow, like a clay creature today and the promise of another next time, as well as the promise of additional adult-child hook-ups, problem resolution, relief of stress, and growth of self esteem. Therapy gives intangibles to take home, while clay provides take-home tangibles.

Dinosaurs and Divorce

Susan is a bright, engaging, usually articulate 9-year-old girl of divorcing parents. The divorce is imminent. It is more than she can bear to have her parents apart, her family dismantled, and her world torn asunder. She avoids talking about her emotions and pretends that her parents will be getting back together any day. She is having major eating, interpersonal, sleeping, and academic disturbances. She welcomes therapy and is quickly engaged. When she does begin to talk, she is overwhelmed by the flow of emotions. The thought of her parents divorcing is too painful, the consequences too scary, the future totally unknown, and the perceived process dismal. Susan is full of fear, anger, loyalty, betrayal, avoidance, worry, unrealistic hope, resentment, and blame, all at the same time. She vacillates from accepting reality to retreating into her fantasies. When she does talk of her reality, she becomes anxious, tearful, depressed, and hopeless. Her expressions are

full of statements like "I just can't fix all these feelings . . . they are just too much . . . make them go away . . . this will never end . . . it's too big . . . I don't know how . . . I want to leave now . . . etc." Then she usually will withdraw into memories of better times or her fantasies or totally shut down.

I ask, "What is your favorite animal?"

She replies, "Penguins," and smiles.

I say, "Can you make a penguin from play-dough like mine on the shelf?"

She replies, "No, that would be hard."

"OK," I say. "Can you make a ball from this black piece of play-dough?"

"Yes, I can make a ball," she says. "That's easy."

"Can you make a penguin?" I ask.

"No, I can't make a penguin," she replies, with a somewhat anxious, questioning look.

"Oh," I say. "Can you roll that black ball in the palms of your hands into an egglike shape that is bigger at one end and smaller at the other?"

"Yes, I can do that," she says. "That's easy too."

"Can you make a penguin?" I ask.

She thinks, "Is this guy deaf?" Then she says, firmly, "No, I can't make a penguin!"

"Oh," I say. I proceed to ask her to make two small yellow balls (feet). Then I ask her to make two small black balls with blunt cones at each end, each smushed a bit (wings). I help her attach them with water and a crayon. Then I ask her to make a white ball, roll it into a cone, smash it, and attach it to the black egg (a tummy apron). Then she makes the tiny white eyes and the yellow beak. She splits the beak with a playing card and voilà, a penguin.

"I can make a penguin. I can!!!" she says, smiling.

I wait for the right moment and ask, "Can you fix the pain, the fear, the worry, and all the other feelings you told me about that come with your parents' divorce?"

"No, I can't, Mr. White." Sadness and hopelessness returns, with a pretearful face.

"Can we take all those terrible and confusing feelings and fix them one at a time, part by part, fear by fear, worry by worry, piece by piece, just like we made the penguin, and I'll help just like I helped with the penguin?"

Susan is quiet; I can almost see the wheels turning in her head. She looks up . . .

"Yes, I could do that," she says. "I want to do that." She smiles.
"Good," I say. "Let's get to work."

Anger and Airplanes

Anger is one of the common denominators of working with children. We hope to teach children about anger: where it comes from, how to cope with its powers, and how to control its coming and going. In devising analogies and metaphors to respond to anger in children, play-dough is a helpful partner to the counselor. Play-dough provides not only the obvious elements of *expression* of anger through rolling, folding, and pounding, but also the less obvious elements of *recognition*, *modulation*, and *control* of anger and its two cousins, frustration and aggression.

Recognition of Anger

When opening a new can of play-dough, a child learns that clay directly off the shelf is not ready to form into stars and cars. Clay has a crystalline structure when taken directly from the can. The moisture content of play-dough is inconsistent from factory to store shelf or store to store. When making any creature or vehicle from play-dough, we learn to take the clay from the can and make several balls with no cracks to ensure that the clay is soft and has enough water content. If the clay is dry, we knead in some water. I ask, "Is the clay soft enough yet?" or "How's the moisture?" or "How do you/we know when the clay is ready to make something?" Clay has to be soft enough to form into balls, snakes, and cones. It has to be free of small cracks so they don't develop into big cracks as it dries.

I teach the children that the choice isn't just wet or dry, but that there are many variations of water content between the two extremes. And they learn how to remove the cracks by rolling the clay between their hands so they can feel it softening. They develop sensitivity to the substance and cultivate an awareness of its physical moods. They learn to recognize its various states, to know its variations in structure, moisture content, and readiness to use. They become the boss of the clay.

It's a small jump to convert clay knowledge into anger-awareness knowledge. A child has to be aware of his or her anger, to recognize its various states, to know whether it's present or absent, soft or hard, big or small. A child has to know and recognize the difference among anger, aggression, and frustration. He or she needs to develop sensitivity to his or her anger, an awareness of its presence, and a responsibility for its growth or control. He or she has to feel it coming and going, recognize its

triggers, and sense frustration building and when lack of control gives way to aggression. A child has to become the boss of his or her anger.

Modulation of Anger

In time, children learn the difference between hard and soft clay, when a little is better than a lot, and that there are infinite points of hardness, amounts, details, and colors when creating clay projects. They learn the different number of cranks (revolutions) between their palms needed to make a certain amount of clay soft. They learn to take a little bit of clay or a lot, depending on the project. They learn to modulate the time in session needed to make a dinosaur or cow, how to pace themselves, follow the sequence of construction, and apply the secrets of simple to complex clay construction. As therapy continues, the counselor converts all this and more into clinical value.

Children learn the difference among states of anger, how anger evolves from frustration, and how aggression results from lack of anger control. They learn that anger isn't either off or on, hard or soft, but an infinite number of places on a continuum, just like clay. They learn that they can take out a little bit of anger or a lot depending on need or not take it out at all. They learn the process of solving life's problems, whether simple or complex. They learn to become the bosses of their anger.

Control of Anger

A child has to learn frustration control when dealing with clay. Clay will want to go its own way, just like children, just like anger. Sometimes clay goes flying across the room due to a child's lack of control. Through CLAYtherapy, we teach control, sometimes directly, sometimes quietly and nondirectly. We start with control of moisture, volume, color, and time, and we teach the amount of pressure necessary to connect parts without deforming the animal being made.

While we are teaching control of clay, we teach control of self—control of what we make, who does what, how much the adult does versus how much the child does, who is in control of the session, and who controls what and when things happen. CLAYtherapy teaches frustration control. When things don't come out the way we wanted them to, when they fall apart or crack, we have to control our anger and our sadness. We learn how to control ourselves when our pet dog eats our best play-dough car or our little sister breaks our best pig. Through play-dough, children learn they are the boss of their own behavior!

Airplanes and Anger

My favorite anger control CLAYtherapy approach is airplanes. Airplanes have a lot of power, in their construction, engines, avionics, and even bombs, if it's a military aircraft. An airplane can fly fast, high, and far. But it has to obey the laws of physics and the rules of flying; there are rules to follow and consequences for breaking the laws of nature or society. It has a ceiling above which it can't safely go. It can't fly once it runs out of gasoline. The pilot has to obey the instructions from the tower, the base, and his or her boss. An airplane has wonderful powers, but it also needs control or responsibility.

How is a boy or girl like an airplane? A child or teen has to obey the rules of nature and society as he or she goes about the business of growing. Boys or girls have to control and be responsible with their powers. Children have power in four places:

1. In their muscles (behavior)
2. In their brains (thoughts)
3. In their mouths (words)
4. In their hearts (feelings)

I say, "Think of the times you've gotten into trouble. Most of the time, it's because you didn't control your powers." And, "Take that airplane we made home and put it on your dresser. Every time you look at it, think of what we talked about today: controlling your powers." Once the child learns the lesson of the airplane and anger, the counselor can expand that concept to other feelings that need control like sadness, worry, fear, and anxiety.

CONCLUSION

Professionals in every child-centered discipline seek to improve their clinical skills and techniques with children. Experienced counselors are constantly seeking innovative methods to enhance their therapeutic intervention and treatment proficiency. New counselors seek techniques to compensate for limited experience and assistance in their development of clinical methodology. Most counselors in office, school, or clinic, whether experienced or recent graduate, use some form of play therapy with children. Most of them use clay, but few have learned how to use it effectively. *CLAYtherapy pulls together the play needs of the child with the treatment needs of the therapist.*

CLAYtherapy is an unequalled tool in helping children with problem-solving skills, self-esteem enhancement, decision-making processes, and control of impulse and anger. Any clinician providing short- or long-term therapy, intervention, or supportive services to children will welcome CLAYtherapy to his or her skill-building toolbox. CLAYtherapy reduces children's fears of counseling, grabs and holds their interest, provides a wide array of clinical connections, establishes an immediate problem-solving environment, complements the ongoing treatment plan, strengthens the clinical relationship, and is fun. CLAYtherapy is used with children from kindergarten through middle school.

CLAYtherapy is in its infancy. To date, its utilization has been limited to a few thousand counselors working within the crucible of day-to-day clinical engagement. I continue to discover additional applications, advance its parameters, and teach its application. Its eventual effectiveness and contribution to the broader play therapy community is yet to be known. I have issued an open invitation calling for suggestions, questions, recommendations, and challenges, and I welcome empirical scrutiny and academic review to determine the range of CLAYtherapy's therapeutic effectiveness, its acceptance by treatment professions, and its placement in the toolbox of play therapy.

NOTES

1. I use the universal word "clay" or "play-dough" in teaching CLAYtherapy. Both terms refer to the many natural or manmade clays, putties, and doughs or play-dough products on the market. They all have their pros and cons, and the user should select his or her favorite substance based on treatment needs. I have used every substance and find my CLAYtherapy techniques adaptable to them all. I have used dozens of homemade play-dough recipes with CLAYtherapy over the years. I no longer use homebrewed play-doughs. I use Play-Doh brand for three reasons:
 - Children seem to do best when they have the same consistency, smell, and feel from project to project, session to session. Homemade dough just can't be made to such consistent standards.
 - Children are already familiar with and have had positive experiences with Play-Doh at home, school, church, shelter, aftercare, and day camp.
 - In these days of malpractice litigation, I have to be careful in concocting something in my kitchen that might cause a child to have an allergic reaction in my office. Therefore, I use the standard in the industry: Play-Doh.

2. *CLAYtherapy*[®]: *The Clinical Application of Clay with Children*—This 150-page manual—with color pictures, line drawings, and text, teaches counselors to employ *CLAYtherapy* and to become proficient in its use. It is accompanied by a disk that shows step-by-step construction of the first four projects in the 12-creature inventory. *CLAYtherapy*[®] was published in 1989 by The Weebstar Press. Copies are available through my office (phone: 815-636-9742) or at my website (www.PlaytherapyCLAY.com).

REFERENCES

- Axline, V. (1947). *Play therapy*. Cambridge, MA: Riverside Press.
- Freud, A. (1971). *The writings of Anna Freud, 1966–1970, Vol. 7*. New York: International Universities Press.
- Hart, R. (1992). *Therapeutic play activities*. St. Louis, MO: Mosby Year Book.
- Landreth, G. (2004). *Play therapy interventions with children's problems*. Northvale, NJ: Aronson.
- Moustakas, C. (1953). *Children in play therapy*. New York: McGraw-Hill.
- Reid, S. E. (1986). Therapeutic use of card games. In C. E. Schaefer & S. E. Reid (Eds.), *Game play* (pp. 257–276). New York: Wiley.