

**CLAYtherapy: The Clinical Application
of Clay with Children**
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In this chapter the author will review the absence of historical literature in using clay therapeutically. He will establish the primal connection between clay and children. Next he will present the development of a revolutionary new play therapy tool, CLAYtherapy. He will show how this new tool removes the counselor's hesitancy to use play-dough due to inexperience with the medium, a lack of art skills or unfamiliarity with the play-to-clinical application. He will direct the reader in how to use play-dough to enhance the clinical relationship, to reinforce therapeutic goals and teach concepts like self-esteem, anger control and problem solving.

Introduction:

The primary modality of therapy with children is one of the several forms of play therapy. Play therapy does sound fun but look deeper. Play therapy is extremely difficult. Play therapy brings children to treatment that have not yet completed either 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 them 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. The counselor is 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 several years old from a state of emotional or mental disorganization to one of organization by their use of puppets, games, 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 the therapists. Clay is one of those tools used by the counselor to bring about the afore mentioned adult/child relationship formation 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. (Anna Freud 1926) (Claude Moustakas 1953)

Every recognized author on the subject of play therapy from Axline to Landreth recommends that the play therapist secure play dough as a tool of their trade. However there are 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 their 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, story telling and doll houses but there is practically no equivalent as to 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. Yet when there is a void there is always opportunity and invitation to discovery and innovation. CLAYtherapy is a response to that void. It is a clinically innovative, child-friendly, treatment-supportive application of an “old friend” to all children...clay.

Before CLAYtherapy:

Before I discovered CLAYtherapy I had always used clay or play-dough in my practice with children. It was effective regardless of the clinical setting I found myself or my agencies 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 unresolved anxieties through nondirected free play. If the therapist is patient and uses their clinical observation skills they can not only observe 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 to then make that structured process just as therapeutic as non-structured 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 a plant-eating African elephant, a farm animal, a jet airplane, a wheeled vehicle or other special project. I wanted to use this powerful medium to enhance my relationship with children, to make counseling not so boring and through play-dough tag emerging clinical conflicts or 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 free-form 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 attempt to build anyway, I always failed. Transforming play-dough into objects and then to give 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 archeological 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 One, Scene One*

“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, harden in early wood-fired ovens formed primitive domestic vessels. That same oven evolved to making roof tiles and then to 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 upon cave walls across primeval Europe. These too evolved into the elegant frescoes like those 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. If children don't have clay 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 from anywhere in the world and watch the inevitable interaction between child and material.

Today modeling clay comes in many forms, both natural and manmade. 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 culture, our world.

Play-Doh® brand play-dough I find to be the most useful and beneficial to the counseling environment. Note box at completion of this chapter.

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.

Toys-to-Clinical-Tools:

A universal direction of child care researchers and therapists in 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 **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.

Role of Play... Developmental Process...Traditional Toys

This three-way connection is the basis of all clinical tools used in play therapy today. We have made this traditional *toy-to-clinical tool* transition with many counseling rediscoveries like; hand puppets, doll houses, miniature people, sand boxes, stuffed animals, board games and story books. 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 toy-to-clinical methods in the transforming of clay into a more effective clinical tool. This basic toy and “friend” of children (clay) has been patiently waiting in the wing 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 their 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 sand box and a handful of figurines into the play room and over time another “old friend” of children...sand... became an irreplaceable clinical tool.

Snakes and Balls:

Most counselors just beginning or those with years of experience are not usually artists. Most would define themselves as “artistically challenged”. Most have received no art background or training in their educational experience. Most cannot effectively draw, paint or sculpt. Most cannot do these art-things nor teach children to do the same. More importantly 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, it’s 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 nondirective tool. I had no idea of clay’s therapeutic usefulness beyond its expressive role and less of an idea of 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 it was because we didn’t know how. I had no idea how to get past that lack of art skills necessary to do 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 creature’s bodies were disproportionate, or their legs fell off, or they became 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, one day long ago 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 always have 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 of 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 non-artistic therapist, to develop a user friendly relationship with this stuff. So began a fifteen year quest that eventually elevated humble clay to a revolutionary new level of clinical application in the play therapy community. At that beginning point-in-time 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, to me and the children I served, as a clinical tool it would need to grow-up. Play-dough had to move from its traditional role of “Pound out your aggression.” and enter the twenty-first century. Clay would have to experience that magical conversion, that transformation from toy-to-clinical tool in a similar manner as puppets, story books and sand. Clay-therapy would have to meet both the scrutiny of the therapeutic community and most importantly 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 the seven 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 was well on my way to making play-dough more clinical 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 creatures various parts?
- 2) How to physically 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?

CLAYtherapy Its Discovery and Development:

One November day an eleven 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. He said as we talked and played, “Mr. White, can you make a dinosaur?” I replied “I can’t make a dinosaur...I don’t know how.” 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 more snakes and balls and snakes and balls it came to me, just as the flux capacitor had come to Dr. Emmett Smith, making time travel possible in the movie Back to the Future. If I made a ball of play-dough, smashed it flat-as-a-pancake, cut it into wedges like a pizza or apple pie then I could control the volume of a creatures 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. 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, with trial and error, to determine the exact volume of dough for any dinosaur's parts.

I had discovered the answer to my first question, "*How to control the volume of the various parts.*" Then 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. Later I called the wedged division process "Pie-portions". We were both excited about this and made two more dinosaurs that day.

Next came the answer to another of the original questions, "*How to achieve clinical value.*" After a few weeks of dinosaur making we divided our jointly-made dinosaurs in half. We 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 remainder of my original seven questions.

Over the next several years I overcame the two obstacles and learned not only the answers to those original seven critical questions but answers to hundreds of other questions I never would have imagined. Answering those lead me to a whole array of even more questions and another major obstacle. That obstacle was that I had made it work for me but I had to discover a way to make this whole process work for children. Then how to make this all fit the therapeutic definition of play therapy and finally, in time, a way to teach this clay-therapy process to my peers.

Some of the new questions dealt with construction issues like, how long to make an elephants legs and then how to securely connect those legs to its body. How to make a rose have realistic looking pedals? How to make an airplanes wings look like an airfoil? How to make treads on a car's tires?

Some questions dealt with clinical issues like how to teach a child problem resolution, self-esteem enhancement, anger control and patience through the use of play-dough. Over the next fifteen years all these construction questions and clinical applications were to be addressed, answered and developed as play-dough emerged from simple toy to revolutionary clinical tool. From clay-therapy to CLAYtherapy.

CLAYtherapy exists today as a body of knowledge comprised by a single play therapists. It encompasses the discoveries and developments of the clay-play process over those first fifteen years. It is housed in a single book with hundreds of drawings and pictures to assist in making the twelve projects. It contains over fifty clinical direct and indirect applications. The skills of construction and clinical application can be mastered by anyone in a relative short period. CLAYtherapy has been embraced internationally by child-treatment professionals in the thousands. It is used in numerous clinical and educational environments with various ages of children 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 will provide the reader a grasp of its scope.

CLAYtherapy: Nine of the Discoveries and Applications:

I. ARTISTIC IMPAIRMENT:

Artistic impairment is a concept identified with by most adults, especially counselors. 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 into 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 adapt the self-convincing childhood phrase "I can't" or they say "My sister got all the art genes in our family".

However self-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 in our past. We all have made something as a child, we all have 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 till you try." I encourage all my artistically impaired, would-be, play-dough counselors to give those same encouragements to themselves.

II. 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 one needs to do is add one more shape and anything can be made. If a therapist or a child can make one more shape, a CONE, they can then make almost anything, plant or animal, natural or man-made. Think about it, a pig's body is an oval, egg-like ball with four squatty cylindrical legs (short snakes) with 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 that has a lump on the end (small ball) which becomes the head. Its legs are like the pigs, only longer, (snakes). A few details with a crayon and a shell and the kid has a dinosaur! A jet is not as complex as it may at first seem. Jets are made with twelve cones. If you can make a cone you can make a jet. A snail is a snake rolled-up with two white balls for eyes. Everything, cars, elephants, roses and frogs are little more than snakes and balls and cones.

III. TABLESPOONS AND TOOLS:

In CLAYtherapy most all projects are made from a heaping tablespoon (HTS) of play-dough. A HTS is about all most little hands can comfortably handle. A pie-portion with a HTS of clay makes animal's legs that fit perfectly into perfect holes made by a Crayola crayon. A HTS is just enough play-dough to make projects like planes and cars that can be measured with a Bicycle brand playing card. A HTS takes about a week to dry with

minimal or no cracks. Every standard can of play-dough (Play-Doh®) has approximately eight HTS's. A 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 it's self is a tool as are crayons, fingers, water, playing cards, sea shells, bottle caps, cassette tape boxes, screws, pen caps, plastic spoons, pencils, coffee stirrers, and dozens of other everyday items. They all go in a tool-box to which we can add tools. We teach children to make tools, we give tools, share tools, learn to use tools and 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.

IV. CRACKS, COLOR, CONNECTIONS, CONSTRUCTION, AND CLINICAL APPLICATION:

CLAYtherapy teaches the would-be-clay-counselor everything they need to know to be successful themselves with play-dough and to teach children to be 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 to be patient if something goes wrong. A child learns new skills like how to avoid cracks, how to patch-up cracks, and how to not let cracks or crack-disasters affect their final outcome. They learn how to use water and the mechanical connection of twirling to insure parts sticking together. They learn to judge size, estimate volume and think from the abstract to the practical. They learn to make any color of clay in the rainbow, to keep their clay supple, their projects safe and how to get play-dough out of the carpet?

V. NATURALLY A TOOL:

For countless thousands of generations until today a lump of clay given to a child has resulted in them naturally and immediately rolling, folding and mashing. This natural physical connection can be seen any day in any pre, elementary or middle school. It is a natural and primal friendship between our children and a basic element of their earth...clay.

The natural clinical applications became obvious from that first child when he said, "*Mr. White I'll take this dinosaur home and it will remind me of what we talked about today*". 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 as non-direct and are converted by the counselor into direct clinical value. For instance, I have converted this natural non-direct process to a direct one by saying to nearly three generations of children things like, "You can take that frog home, put her on your shelf and she will remind you of our discussion about controlling your depression" or "What a nice car we made...yes 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."

VI. A TOOL OF DISCOVERY:

All therapists discover what works and what doesn't work with children. They experience the theory-to-application process that can only come from hundreds of clients over years of engaging children in eyeball-to-eyeball problem solving and discovery. They learn to mix and match non with 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 having play-dough value. Over the years I have engaged my young clients directly and non-directly in my play-dough research. I have discovered and applied CLAYtherapy techniques to the wide variety of diagnosis encountered over a-thirty-five 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, the willing and the 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 ice-breaker to dynamic and unequaled partner in the clinical treatment of children has been the single most valuable asset to my work with children.

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

VII. HOW CAN CLAYTHERAPY ENHANCE CLINICAL RELATIONSHIPS?:

Most of what happens between a child and therapist is relationship? Unlike adults children have to like the therapist. There has to be that connection between them or therapy with a child is difficult if not impossible. Jean Piaget said it best:

“Children will not remain in therapy unless they like the therapist and enjoy the therapeutic process.....Children will not continue treatment if they are bored and cannot easily express themselves or if the therapist does not succeed in stimulating their curiosity, motivation and participation.”

Too often I have seen counselors watch a child randomly play with clay while repeatedly attempting parallel conversation and fail. 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 compliment not compete with each other. It fails because the therapist doesn't know how to combine the powerful clay attraction with their 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 or teach them to make these marvelous creatures sitting on the shelf staring back at them.

Counselors, using clay as a tool, can teach a child wonderful things about life and living. 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's not unlike a prehistoric adult squatting at the clan's fire-pit with a child, teaching some bit of knowledge to promote mastery or to insure survival. This primal, adult/child, student/teacher, clay-talk process is about as natural as it gets and the child will respond, they have to because they are children.

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

VIII. METAPHOR GALORE:

In play therapy metaphor becomes 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 their invitation into their avoided or uncovered reality and then back again into metaphor. Sometimes we never come out of metaphor. It's one of those balance things we learn to do in counseling as the years go by.

With clay there is both non-direct and direct metaphor-galore. We allow the child 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 dinosaurs teeth realistic or a rose petal thin. We use the *tools we have at hand* crayons, bottle caps and shells to *solve the problems* of play-dough. If we don't have a tool we will make one. We *transfer* the skills of making one project to resolve the issues of the next. We *learn* that life is better understood if we go from *simple to complex*. Simple clay problems first and then complex ones, just like life.

We *cooperate, mirror, reflect and clarify*. We *communicate critique and compliment* on a job well done. We *experience* frustration, anger and failure. Children learn new *skills* they never knew they had. Through sitting close, rolling and mashing clay together the child can experience *good touch* from the counselor. The child does *their part* to make a project and we our part. We can talk eyeball-to-eyeball. We talk of *trusting* your eyes and hands to get correct sizes and balance in the parts. Trust of adults, your feelings and friends are a short reach from there. Being the “*Boss of the clay!*” is easily converted into being the *boss of your behavior, your feelings and your thinking*. Clay teaches *responsibility*. For the abused child being the boss of your body and your feelings is a wonderful, empowering lesson to learn, all this 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 our ADHD and Aspergers 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 as 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* to mention a few. 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, 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 the same processes of *mastery over life* issues. 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 penalty of real life situations. Clay has all this and much, much, more.

IX. PROBLEM SOLVING:

After establishing a therapeutic relationship most of what counselors do is to either 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 roll in therapy to a great part is teacher. Teaching children to identify understand and change their feelings; teaching them to make decisions and control impulses, to accept new ways of thinking, to individuate, to believe in themselves, teaching them to get along with others and of course teaching to problem solve.

The nice thing about clay is that making stuff from clay is about teaching. Making things from clay isn’t always easy. Life is hard, but if you know how to solve problems it becomes so much easier. If a child will allow us to teach them to make things of play-dough then they will usually allow us to teach them about life. That’s why children often seek solutions to life problems from their teachers at school. They have a history of solving problems with their teachers. Together the child and teacher have tackled problems with math and spelling and rule following. They trust their teachers; teachers have walked the walk with them so to speak. That is why they often go to those same teachers first before parents or even school counselors with their fears, anxieties or thoughts of self-harm. That is also why some school counselors are less than successful with children they serve because they haven’t gone through the basic process of problem solving with simple things before attempting to tackle the difficult ones.

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

Step-by-step:

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

Secrets:

All problems have secrets. Knowing the secrets make 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 them to the young ones or that culture dies, simple anthropology. There are secrets to finding water in the desert, fish on the flats, reading the weather or finding eatable roots. There is a secret to a jump shot, secrets to driving a stick-shift car, secrets to making friends and secrets to mending a broken heart.

With CLAYtherapy we first teach the simple secrets of making things of play-dough. We hope that if a child will allow us to teach those play secrets then they will allow us to teach them some of the weightier secrets of life and living. There are secrets to understanding divorce, secrets of controlling depression, secrets of recovering from abuse and secrets to feeling better about yourself to mention a few.

Tools:

Tools make the secrets happen. Teaching a child to talk to adults differently than their friends is a tool. Identifying and controlling anger, depression and inferiority is a tool. Learning and reducing the three parts of OCD behavior is a tool. Making good friends is a tool to use throughout life. We teach children to use tools to solve the problems of play-dough with sea shells, crayons, pen caps and playing cards. It's a short step to solving real life problems with the tools taught through counseling. Through CLAYtherapy they allow us to teach them beyond the play-dough through play-dough.

Practice:

Every parent on the plant earth knows the necessity of teaching children practice. Every child knows the need for practice whether it be video games, sports or lyrics to songs. There is no better medium than play-dough to do this. Making things with play-dough is difficult at first. Problem solving is difficult at first. Many a child's first projects have gone flying across my office, "I can't Mr. White, it's too hard." When children say things like that 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:

X. INTRODUCTION OF CLAYTHERAPY:

CLAYtherapy can be introduced at any phase of treatment. It is especially useful at that first meeting with the child because it introduces the concept of talk some, play some. Also introduced is, 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 snot-nose guy. This three-stage process foreshadows the same three phases of treatment, beginning, middle and end. 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 promise of tomorrow. It gives a clay creature today and promise of another next time. It has promise of additional adult/child hook-ups, additional problem resolution, additional relief of stress and additional growth of self esteem. Therapy gives intangibles to take home while clay provides the take-home tangibles.

XI. DINOSAURS AND DIVORCE:

Susan is a bright, engaging, usually articulate, nine year old girl of divorcing parents. The divorce is imminent. Her parents apart, her family dismantled, her world torn asunder is more than she can bear. 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 decomposition. 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...its too big...I don't know how... I want to leave now...etc." Then she usually will withdraw into memories of better times, her fantasies or will totally shut down.

I ask, "What is your favorite animal?"

She replies "Penguins." (Smiles)

I say "Can you make a penguin from play-dough like the one 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 say.

"No, I can't make a penguin" (Somewhat anxious, questioned look)

"Oh" I say "Can you roll that black ball in the palms of your hands into an egg-like shape that is bigger at one end and littler at the other?"

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

“Can you make a penguin?” I say.

She thinks, “Is this guy deaf.” Then she says “NO”...”I can’t make a penguin!” (Firmly)

“Oh” I say. Then 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 is smushed a bit ...wings. Then I help her attach them with water and a crayon in a special way. Then she is asked 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 Bicycle playing card and ...Walla! A penguin.

“I can make a penguin, I can!!! She says. (Smiles)

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 hopeless returns, pre-tearful 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, piece-by-piece, 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.” (Smiles)

“Good” I say. “Lets get to work.”

XII. 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 willing and helpful partner to the counselor. Play-dough provides not only the obvious elements of **expression** of anger by rolling, folding and pounding but the not-so-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. This is done to insure that the clay loses its crystalline structure and has enough water content. If the clay is dry we will knead-in some water. I ask the question “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 won’t develop into those death-dealing big cracks as it dries.

I teach the children the choices aren’t “just wet or dry” but many variations of water content between the two extremes. The child learns how to remove the cracks by

physically rolling the clay. They feel it softening as they roll it between their hands. They develop sensitivity to the substance; they cultivate an awareness of its physical “moods”. They learn to recognize its various states. They learn 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 boy or girl has to be aware of their anger. They have to recognize its various states. They have to know whether it’s present or absent. Soft or hard anger? Whether it’s big or small. They have to know and recognize the difference between anger, aggression and frustration. They need to develop sensitivity to their anger, an awareness of its presence and a responsibility for its growth or control. They have to feel it coming and going, recognize its triggers, sense frustration building to anger and when lack of control gives way to aggression. They have to become the **“Boss of their Anger”**.

Modulation of Anger:

In time, they learn the difference between hard and soft clay, they learn when a little is better than a lot. They learn 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 out a little bit of clay or a lot depending upon the project. They learn to modulate the actual time in session needed to make a dinosaur or cow. They learn 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.

In time children learn the difference between states of anger. How anger evolves from frustration. How aggression occurs through the 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 upon the need, or not to take it out at all. They learn the process of solving life’s problems whether they are simple or complex. They learn to become the **“Boss 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 lack of a child’s control. Through CLAYtherapy we teach control. Sometimes it is taught directly and at others quietly and non-directive. We start with control of moisture, volume, color and time. We teach the amount of pressure necessary for the connection of parts but not so much pressure as to deform 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 and how much the child does, who is in control of the session, who controls what and when. Who/what controls when we talk and when we play? CLAYtherapy teaches frustration control. When things don’t come out like we wanted, when things fall apart or get big cracks 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? Children learn control through play-dough. **“I am the Boss of my Behavior!”**

Airplanes and Anger:

My favorite anger control CLAYtherapy approach is airplanes. Airplanes have a lot of power. Power in its construction, powerful engines, powerful avionics and powerful bombs, if it's a military aircraft. An airplane can fly fast, high and far. However it has to obey the laws of physics. It has to obey the rules of flying. There are rules to follow and consequences for breaking the laws of nature or society. It has a ceiling over which it can't safely go. It can't fly beyond its gasoline. A plane (pilot) has to obey the instructions from the tower, from its base, from its boss, whoever that might be. An airplane has some wonderful powers but it has to have control (responsibility).

How is a boy/girl like an airplane? A child or teen has to obey the rules of nature and society as it goes about the business of flying, (growing). A girl has to control her powers. A boy has to be responsible with his powers. A boy or girl has to control their powers. A boy/girl has powers in four places. They have to control those four powers or they will get into trouble, every time, just like an airplane. Children have power in four places:

- 1) Power in their muscles (behavior)
- 2) Power in their brains (thoughts)
- 3) Power in their mouths (words)
- 4) Power 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.”

I say, “Take that airplane that we made home and put it on your dresser and 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. All made possible through play-dough.

Conclusion:

Professionals in every child-centered discipline the world over 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 the development of their clinical methodology. Most counselors in office, school or clinic, weather they be experienced “salt” 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 unequaled 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 their skill-building toolbox. CLAYtherapy Reduces a child's fears of counseling, grabs and holds their interest, provides a wide array of clinical connections, establishes an immediate problem solving environment, compliments the on-going 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. Its author and primary critic continues to discover additional application, advance its parameters and teach its application. Its eventual effectiveness and contribution to the broader play therapy community is yet to be known. There exists an open invitation calling for suggestions, questions, recommendations and challenges. The author welcomes 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.

Axline, V. 1947 Play Therapy, The Riverside Press Cambridge, Mass.

Hart, R. 1992 Therapeutic Play Activities, Mosby Year Book, St Louis

Moustakas C. Children in Play Therapy, McGraw Hill, New York

Reid, S. E. 1986 Therapeutic Use of Card Games, John Wiley and Sons

I use the universal word "clay" or "play-dough" in teaching CLAYtherapy®. Both terms refer to the many natural or man-made clays, putties, and dough's or play-dough products on the market. They all have their pros and cons and the user should select their favorite substance based on their treatment needs. I have used every substance there is and find my CLAYtherapy® techniques adaptable to them all. I have used dozens of home-made play-dough recipes with CLAYtherapy® over the years. I no longer use home-brewed play-doughs. I use only Play-Doh® brand made by the Fisher Price people for three reasons.

One: *Children seem to do best when they have the same consistency, smell and feel from project to project, session to session. Home-made doh just can't be made to such close standards.*

Two: *Children are already familiar with and have had positive experiences with Play-Doh® at home, school, church, shelter, aftercare and day-camp.*

Three: *In these days of malpractice litigation I have to be careful in concocting something in my kitchen that may cause a child to have an allergic reaction in my office.*

I would recommend the same for my readers. Therefore I use the standard in the industry, Play-Doh®.

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 twelve creature inventory. CLAYtherapy® was published in 1989 by The Weebstar Press. Copies are available through Mr. White's office 815-636-9742 or at his website www.PlaytherapyCLAY.com