

An Integrative Literature Review: Understanding Grief Through Interactions with Clay

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Submitted to the faculty of the Art Therapy Program
in partial fulfillment of the requirements for the degree
Master of Arts in Art Therapy
in the Herron School of Art and Design
Indiana University
May 2024

Abstract

A review of available literature sought to explore the potential benefits and therapeutic components of clay work when used with a grieving population. To gain a deeper understanding of grief through interactions with clay, an integrated literature review was conducted to showcase the gap in literature relating clay and grief. Key findings indicated the potential for clay work to promote a sensory experience, mind-body connection, and new-founded rituals for those experiencing grief and loss.

Keywords: clay, grief, mind-body connection, sensory experience, rituals

Acknowledgments

A huge thank you to Eileen Misluk, Ashleigh Mower, and my art therapy cohort for their support and dedication in guiding me through this project.

Dedications

This paper is dedicated to my incredible family and partner, Seth Gillen. To my late father, Vincent Ray Downs, his light continues to shine brightly and has inspired my career. To my mom, Rose Ann Lucas Downs for supporting my dreams daily – I would not be here without her steadfast support. Lastly, I would like to thank Meredith Brickell for fostering my love for ceramics and for her unwavering support from the first day I stepped into the ceramic studio at DePauw University.

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Chapter I

Introduction

Grief and loss are universal (Bardot, 2013). Grief is a reaction to loss, but there are subsections to the variety of grief. For each person, a loss is a disruption or change in life and is dealt with in different manners. When someone experiences loss and grief, there are anticipated responses. Feelings such as sadness, shock, numbness, anger, anxiety, loneliness, relief, and guilt are a few that may arise (Bardot, 2013). Physical sensations may also pair with emotional responses to grief.

Outlining the differences between grief and bereavement is essential in understanding loss. In their simplest definitions, bereavement refers to the “loss of a loved one by death,” and grief refers to the “distress resulting from bereavement,” and “grief is a complex set of cognitive, emotional and social difficulties that follow the death of a loved one” (Center for the Advancement of Health, 2004, p. 498). Bereavement is seen as a broad term that encompasses the entire experience of the anticipation of the death, the death, and the adjustment to life after the death (p. 498). An approach to grief in therapy is the use of stage theories. Two models and theories that both serve as frameworks for guiding therapeutic interventions and enhancing a client’s self-awareness and self-efficacy are the Dual-Process Model of Stroebe and Schut (1999) and the Task-Based Model by Worden (2008).

Expressive Arts offer a means of discovering oneself through any art form that comes from an emotional depth. They support the exploration of the self and feelings through various media (Rogers, 1993). The healing compacity of art is a vital force for individual and group healing. Specific to art therapy, the art medium has a complex, varied, and multifaceted role with

bereaved clients, providing a space to grieve and share experiences as the art materials facilitate the space for transformation. One material of interest is clay because it specifically offers an in-the-moment hands-on experience that is suited for contemplative engagement. The clay used in art therapy promotes mindfulness, acceptance, and awareness of impermanence (Rogers, 1993, p. 42).

It was hypothesized that an integrative literature review would provide an understanding of the benefits of clay in art therapy and demonstrate a gap in the use of clay specifically for grief. This resulted in recommendations for future research and the application of trauma-focused clay therapy to grief.

Operational Definitions

Bereavement- “...the situation of individuals who have experienced death-related loss” (Meagher et al., 2013, p. 135).

Choice Theory- A theoretical framework that “aligns with the validation and emphasis on relationships and connections” (Arellano et al., 2018, p. 47).

Clay therapy- “Clay therapy is a form of active psychotherapy where unidentified and unexpressed feelings and emotions become visible through physical manipulation of clay” (Clay Therapy, n.d., para. 1).

Clay-work- The process of “handling, manipulating, and sculpting clay, and the products of these activities” (Sholt & Gavron, 2006, p. 66).

Expressive arts- “various arts—movement, drawing, painting, sculpting, music, writing, sound, and improvisation—in a supportive setting to facilitate growth and healing. It is a process

of discovering ourselves through any art form that comes from an emotional depth” (Rogers, 1993, p. 2)

Grief- “identifies reaction to loss; properly used, this term applies not just to emotional reactions but to all of the human reactions to loss whether they are physical, behavioral, psychological (cognitive or affective), social, or spiritual in nature” (Meagher et al., 2013, p. 135).

The Clay Field- A rectangular box “measuring about 36cm by 42cm and 3cm deep” and holds “roughly 15kg of smooth, non-gritty clay” allowing for a symbolic world of exploration within the perimeters (Elbrecht, 2013, p. 15).

Haptic Perception- “The use of the hands as a tool of perception...” (Elbrecht & Antcliff, 2014, p. 19).

Loss- defined as “death, divorce, moving, children leaving the home, job change, graduation, body changes” showcasing that there is a multitude of losses that people grieve in a lifetime (Bardot et al., 2013, p. 256).

Expressive Therapies Continuum (ETC)- a model used within art therapy that serves to describe and assess an individual’s level of creative functioning (Hinz, 2009).

Chapter II

Methods

To gain a deeper understanding of grief through interactions with clay, an integrated literature review was conducted to gather relevant information, organize, synthesize, and draw conclusions that can be utilized in further research. An integrated literature review is a distinctive form of research focused on generating new knowledge about the selected research topic (Torraco, 2005). A literature matrix organized the data into themes, and a thematic analysis was used to analyze the data.

Chapter III

Results

The results are organized below, including search engines and key terms, types of sources found, and the resulting themes.

Table 1

Databases Utilized in Research

Search Engines
PsychINFO
IUCAT
American Art Therapy Association Journal (AATA)
Canadian Art Therapy Association Journal (CATA)
CINAHL
EBSCO
GOOGLE

Table 2*Search Terms Used in Research*

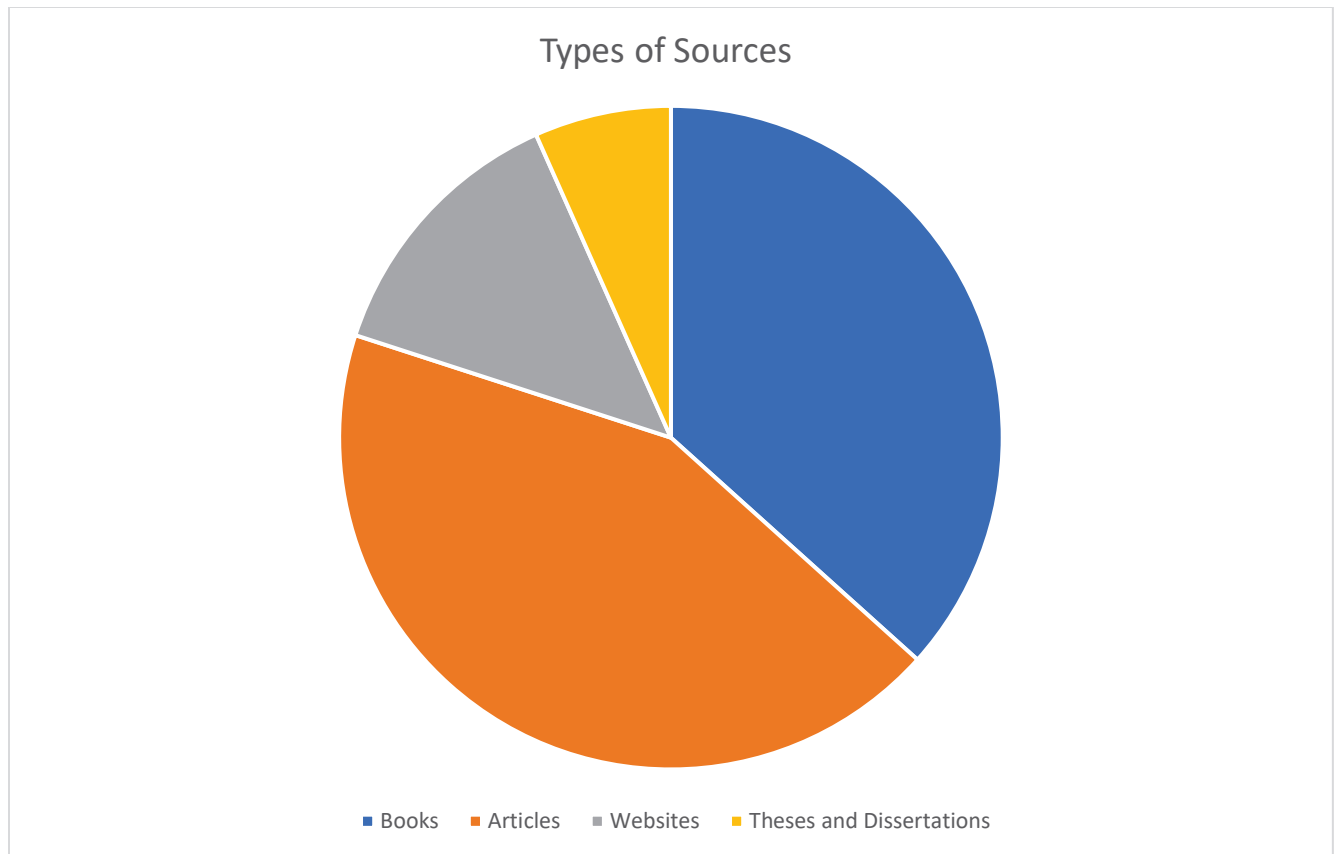
Search Terms	Total Sources
Art (AND) grief	2
Art (AND) clay	2
((Art AND Therapy AND adults)) AND (clay)	1
(Art) AND (grief OR loss OR bereavement OR mourning)	1
Art therapy (AND) grieving process (AND) adults	2
Art therapy (AND) adults (AND) clay therapy	2
Grief (AND) loss	1
Art therapy (AND) widowed adults	1
((Art AND therapy AND for AND adults)) AND (clay)	1
(Art therapy) AND (adults) AND (grief OR loss OR bereavement OR mourning) AND (clay therapy)	1
Clay therapy	2
Prolonged Grief Disorder (AND) adults	1
Art therapy (AND) (grief OR loss OR bereavement OR mourning)	1
(Art therapy or art psychotherapy or creative arts therapies) AND (clay art therapy)	1
Choice theory AND Art therapy	1
Grief (AND) Bereavement	1
Expressive arts therapy (AND) music	2
Models of Grief	1
Grief (AND) Dual Process Model	1
Grief (AND) Worden's tasks of mourning	1
The History of Clay Pottery	1
Properties of Clay	1
Clay and Dementia	2

Note. Additional sources were provided by external reviewers based on literature review content.

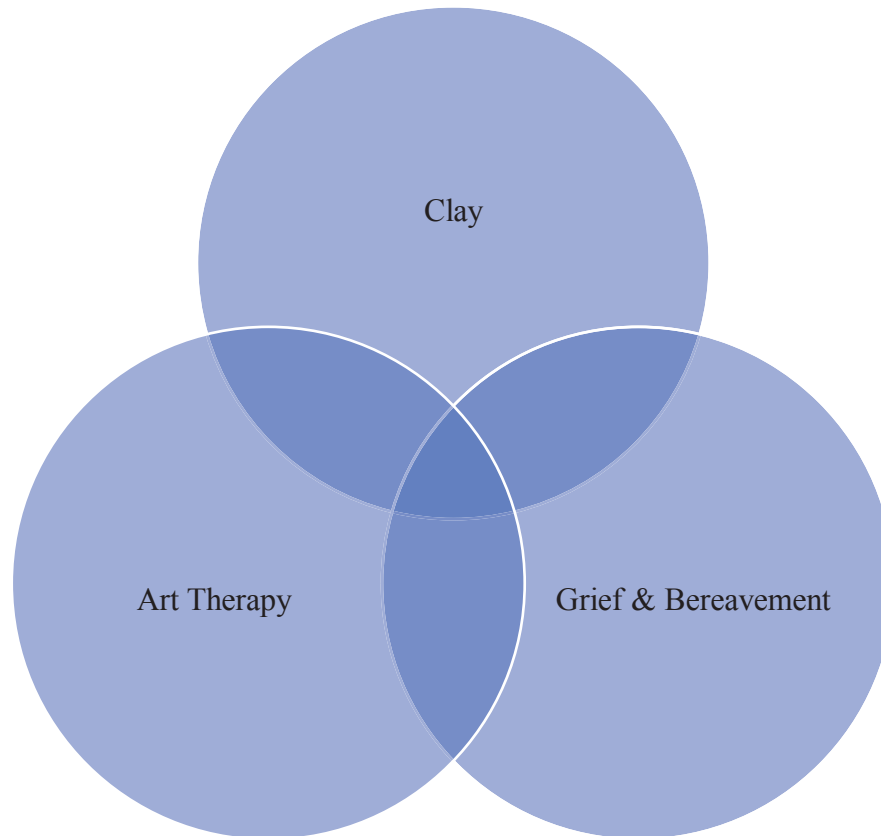
These sources are not included in the search terms or search engines but are included in the list of types of resources.

Figure 1: Sources Total

Total Resources Used in the Literature Review



Note. Resources used within the literature review consisted of 11 books, 13 articles, 4 websites, and 2 theses and dissertations.

Figure 2*Intersection of Literary Themes*

Note. Literary themes consisted of Art Therapy, Clay, and Grief and Bereavement. Explicitly, clay resources totaled eight sources, Art Therapy four sources, and Grief and Bereavement consisted of tens of sources. Art Therapy and Clay resources that overlapped totaled five sources, Art Therapy and Grief and Bereavement totaled six, and Clay and Grief and Bereavement totaled one source. Overall, the intersection of all three sources consisted of one resource, which was Art Therapy, Clay Therapy, Adults, and Grief and Bereavement.

Chapter IV

Literature Review

Grief Versus Bereavement

Outlining the differences between grief and bereavement is essential in understanding loss. In their simplest definitions, bereavement refers to the “loss of a loved one by death,” and grief refers to the “distress resulting from bereavement” (Center for the Advancement of Health, 2004, p. 498). Bereavement is seen as a broad term that encompasses the entire experience of “a person’s anticipation, death, and subsequent adjustment to living following the death of a loved one” (p. 498). This can include internal psychological processes, as well as the adaptation of family members and expression and/or experiences of grief. Furthermore, bereavement encompasses external circumstances such as a change in relationships and living arrangements due to the death. Therapists work on both facets of loss and bereavement in the immediate, but grief is a long-term process.

Center for the Advancement of Health (2004) states that grief is seen as a more focused and specific phenomenon. Grief is a complex set of “cognitive, emotional and social difficulties that follow the death of a loved one” (p. 498). Individual responses to death vary greatly on the type of grief they experience, including the length of time, intensity, and expression of grief. Arnold (2019) states that the death of a loved one can “create a complex layer of grief symptoms in the bereaved” (p. 6). Bereavement and grief are often used interchangeably, therefore warranting a distinct difference between the two terms.

Bardot et al. (2013) outline the universality of grief and loss, stating that it can result from “death, divorce, moving, children leaving the home, job change, graduation, body changes,” showcasing that there is a multitude of losses that people grieve in a lifetime (p. 256).

Grief is a reaction to loss with subsections to the variety of grief. Doka (2007) describes these subsections as primary and secondary losses, anticipatory losses, tangible, intangible or symbolic losses, disenfranchised grief, ambiguous loss, and complicated grief. Primary losses are deaths, and secondary losses are a result of the primary death. An example of a secondary loss would be a decrease in familial income or friends due to a spouse dying. Anticipatory losses, refer to the past, present, and future of understanding or realization of an illness, job layoff, and/ or recruitment. Tangible losses include something stolen or destroyed, and intangible loss or symbolic losses are losses that cannot be touched or grasped, for example, a divorce or menopause. Additionally, disenfranchised grief is experienced when the grieving individual is not able to mourn publicly, and this could be due to the death of former spouses, pets, miscarriages, infertility, or incarceration. Ambiguous loss occurs when there is a missing person or dementia. Complicated grief can occur because of “violent death, death coupled with trauma or abuse” because of the complexity of the incident surrounding the death (p. 256). For each person, a loss is a disruption or change to life and results in a wide range of grief and loss experiences that can intersect with one another to create a complex grief process.

Feelings such as sadness, shock, numbness, anger, anxiety, loneliness, relief, and guilt are commonly described by those grieving (Bardot et al., 2013). Physical sensations and cognitions may also pair with emotional responses to grief, like hollowness in the stomach, tightness in the chest and throat, breathlessness, and lethargy along with disbelief, confusion, and preoccupation (Bardot et al., 2013). Furthermore, behavioral reactions may include crying, loss of appetite, sleep disturbances, avoidance of certain people and activities, and social withdrawal (Worden, 2009).

Grief and, in turn, mourning can differ from person to person. How individuals view mourning publicly and privately may impact their stages of grief and patterns that are present in daily life. Different cultures, religions, and peoples react differently to death and share separate perspectives. Recognizing loss, remembering what occurred, and mourning accordingly is at the center of processing loss (O’Hear, 2023).

History of Theories on Grief

Psychoanalysis

Theories conceptualizing grieving experiences emerged in the late 1950s within psychoanalysis. Sigmund Freud made the first major theoretical contribution to grief work in his paper *Mourning and Melancholia* (Freud, 1957). Freud claimed that grief work was an involved process of “breaking the ties that bond the survivor to the deceased” (Hall, 2011, para. 4). The three elements of this psychic rearrangement were: (1) freeing the bereaved from the bondage of the deceased, (2) readjusting to the new life circumstances without the deceased, and (3) building new relationships (para. 3). Freud believed this process was contingent on the bereaved acknowledging and expressing painful emotions related to loss like guilt and anger. Withholding this progress, Freud believed that not moving through this process would increase the complications of the grief process and hinder mental and physical recovery.

Stage Theory

Kübler-Ross (1969) outlined perhaps the best-known model for grief stages in her text *On Death and Dying*. Kübler-Ross’ model was based on anticipatory grief and how individuals respond to a terminal diagnosis (Hall, 2011). Based on her clinical work with the dying, she developed a model comprised of five stages of grief. These include “(1) shock and denial; (2) anger, resentment and guilt; (3) bargaining; (4) depression; and (5) acceptance” (para. 4). The

Kübler-Ross model was applied to both bereavement experience and other forms of change and has become foundational in both cultural and professional understandings of loss. Models like Kubler-Ross and Worden (who pioneered the four basic tasks in adapting to loss) set aside the “multiplicity of physical, psychological, social, and spiritual needs experienced by the bereaved, their families, and intimate networks” and are incapable of capturing the complexity and diversity of the grieving process (Hall, 2011, para. 6).

More recent studies focus on the most common trajectories of adjusting to a loss. Bonanno et al. (2002) completed a prospective study that sought to understand common trajectories of adjustment to loss in spousal bereavement. This study gathered data from 205 individuals several years prior to the death of their spouse and then six and 18 months post-loss. They found that resilience is the most common pattern in spousal bereavement. Additionally, five distinct patterns covered the outcome of participants in this study and showed that delayed grief outcomes are rare. Participants showed the following: common grief and recovery (11%), stable low distress or resilience (46%), depression followed by improvement (10%), chronic grief (16%), and chronic depression (8%). Individuals experiencing high levels of distress tended to have high levels of personal dependency prior to the death of their spouse. Hall (2011) noted that for individuals without a history of depression prior to the death of a spouse, predictors for post-death depression were contingent upon the level of pre-death dependency. In contradiction to stages theories, this research demonstrates that there is no single set of stages or tasks to complete to properly adapt to loss; rather, there are distinct paths through bereavement (para. 9).

Process and Task Models

The Dual-Process Model of Stroebe and Schut (1999) and the Task-Based Model by Worden (2008) guide interventions and enhance self-awareness in the grieving process. Stroebe

and Schut (1999) developed a cognitive stress perspective to understand grief. They stated that the process includes the oscillation between two models of functioning: loss orientation and restoration orientation (Hall, 2011). In loss orientation, the grievers' coping is emotion-focused and explores the range of emotional responses associated with loss. While in the restoration orientation functioning model, the griever engages with problem-focused coping. This style of coping requires you to focus on the external adjustments resulting from loss, such as attending to ongoing life demands. The Dual Process Model of Grief suggests that the focus of coping “may differ from one moment to another, from one individual to another, and from one cultural group to another” (Hall, 2011, para. 10).

Fiore (2021) executed a systematic review of the Dual Process Model (DPM) of coping with bereavement. During this comprehensive review, twenty databases were searched to identify publications relating to the DPM between 1999 through 2016. Of the articles reviewed, the results indicated that interventions based on the DPM arcuately represent the bereavement experience and can be used to understand how bereaved individuals cope with loss. Additionally, DPM interventions “may be more effective than traditional grief therapy” (p. 414). The DPM incorporates both loss-oriented (LO) and restoration-oriented (RO) coping to “address the different types of stressors bereaved face on a daily basis, with the concept of oscillation guiding the process between the two coping strategies” (p. 416).

Loss-oriented (LO) coping skills include traditional grief work and ruminating about the deceased, life together before the death, and events related to death. This style of coping is flexible and accounts for the unexpected and expected emotions related to bereavement. Restoration-oriented (RO) coping refers to the secondary sources of stress related to bereavement

that “increase the sense of loss” and can “cause additional stress while the bereaved learn to manage new tasks previously managed by the deceased” (p. 417).

Furthermore, RO coping also addresses areas like role change, the new identity assumed by the bereaved, and emotions related to both role and identity change after death. Oscillation is the “essential element of the DPM process that moves the bereaved between LO and RO coping strategies” (p. 417). This process allows the bereaved to move and alternate between confronting (i.e., actively grieving) and avoiding grief (e.g., avoiding memories and distraction), in turn allowing for adjustment to the death over time. The oscillation between LO and RO is necessary for adaptive coping and adjustment to life without the deceased.

Worden’s Four Tasks of Mourning have guided grief and loss interventions along with supporting individuals through their bereavement experiences. Aligning with previous theories, Worden highlighted the concept similar to Freud’s of taking action steps to work through loss (Yousuf-Abramson, 2021). Worden’s model points to flexibility in the use of time within the tasks, where some tasks may take longer to finish than others. Informed by postmodern beliefs, this model tends to focus on “multiplicity and the unique experiences of individuals experiencing loss while allowing for variability in interventions that could be uniquely suited to the individual” (p 370).

Worden (2008) states that grieving is an active process that involves four tasks:

to accept the reality of the loss; to process the pain of grief; to adjust to a world without the deceased (including both internal, external and spiritual adjustments); and to find an enduring connection with the deceased in the midst of embarking on a new life. (para. 11)

To understand and appreciate the client’s experience, Worden (2008) identifies seven

determining factors: who the person who died was, the nature of the attachment to the deceased, how the person died, historical antecedents, personality variables, social mediators, and concurrent stressors. In this task-based model, a significant focus is placed on understanding the strength and nature of the attachment to the deceased, the survivor's attachment style, and the degree of conflict and ambivalence with the deceased. These factors provide an important context for appreciating the "idiosyncratic nature" of the grief experience in its complexity (para. 11).

Expressive Arts and Grief

Rogers (1993) defines expressive arts as "various arts—movement, drawing, painting, sculpting, music, writing, sound, and improvisation—in a supportive setting to facilitate growth and healing. It is a process of discovering ourselves through any art form that comes from an emotional depth" (p. 2). Expressive arts are a way to explore our self and feelings through various media (Rogers, 1993). Expressive arts therapies place an emphasis on "supporting the internal and therapeutic processes of the creation and expression of art making, as opposed to an analysis of art product" (Davis, 2010, p. 126).

Renzenbrink (2021) covers healing through expressive arts in a wide spectrum of experiences, including mental illness loss, loss of innocence, loss of home and place, as well as the creation of legacies for those still living. "The healing capacity of art is a vital force in working with individual and collective pain and suffering" (Renzenbrink, 2021, p. 94).

Renzenbrink believes that expressive arts like performance, drama therapy, movement, visual art, poetry, and writing all embody forms of resilience and the overcoming of obstacles in their personal lives (Renzenbrink, 2021).

Arellano et al. (2018) supported applying expressive arts in combination with group therapy and choice theory to best support grieving young adults. Adults between the ages of 18-24 need resources to process grief in such a vulnerable stage of life. Choice theory combined with group therapy can lead to healing and fostering basic needs in grieving clients. Glasser (1998) defined choice theory as an approach that focuses on supporting quality relationships with oneself and others. Choice theory combined with group therapy focuses on self-reflection and planning, emotional support, commitment, inspiring the describing of difficult emotions, empathy for others, and increasing self-help experiences through helping others. There are no set rules but more of a focus on encouraging grief processing to establish long-term well-being (Arellano et al., 2018).

Music therapy is a tool used to support individuals who may be grieving. Davis (2010) conducted a case study on the use of music in counseling following a natural disaster in the Southeastern United States. School-aged children in grades 3 through 5 participated in a group after their school reopened post-tornado. Small groups of five to six children were assigned a feeling word and given 20 minutes to develop a musical composition. Davis found that exploring and affirming feelings and experiences through the creative use of music supported the children's transition back to school after the tornado tragedy. The use of music as a medium to express feelings was a "simple and concrete way for them to communicate such complex inner experiences" (p. 131).

Art Therapy and Grief

The healing capacity of art is a vital force for individual and group healing. An exploratory study with eight Israeli art therapists examines how art therapists perceive the roles of the art medium in the treatment of bereaved clients (Bat-Or & Garti, 2019). Three major roles

emerged within the research, including a space for the client's grief work, a communication channel that impacts the art therapists' experience and therapeutic relations, and a shared space where the client and therapist create a new narrative. The art medium had a complex, varied, and multifaceted role in art therapy with bereaved clients because it provided a space to share experiences where the art medium facilitated a space for transformation.

Expressive Writing and Grief

Baker-Cole (2022) explored grief narratives through expressive journaling with widowed participants. This study focused on how creative arts interventions such as art therapy and expressive writing combined with a postmodern constructivist approach, like humanism, help individuals adjust to loss through finding meaning, integration, and continued bonds with the lost individual. This strengths-based experiential approach highlighted meaning-making, loss adaptation, and continuing bonds. This humanistic approach helped the bereaved individual reestablish a sense of wholeness and reconstruct a personal narrative that allows for supporting their new life after experiencing loss.

The overall conclusion of Baker-Cole's (2022) research model is that expressive writing is just as, if not more, effective than traditional art media. However, clients were satisfied with both tools for the expression and exploration of grief narratives. It is the goal to help grieving clients "find meaning after significant loss is a unique, multidimensional, and lengthy process" (p. iv). This study confirms that nonverbal creative arts interventions are vital to the outcomes of meaning-making, loss, and adaptation.

Role of the Art Therapist

As a grief therapist, it is impossible to leave oneself out of the therapeutic relationship because death is universal. An art therapist's personal stance on grief is an important concept

when assessing the relationship between therapist and client. Arnold (2019) completed a pilot study exploring the relationship between creative engagement and navigating personal loss experiences in professional art therapists. Six themes emerged that art therapists experiencing personal loss felt, including balancing personal experiences and professional practice, an awareness of time, the loss experience, art making to stabilize relationships, art as an intuitive practice, and creative expression for a symbolic memorial to the deceased. Each participant acknowledged the benefit of using art materials and intuitive processes to deal with personal bereavement. Arnold (2019) emphasized the importance of understanding and using visual art making to help art therapists develop self-knowledge and personal understanding regarding grief experiences to improve their therapeutic work with others, specifying the necessity of self-awareness regarding transference and countertransference. Additionally, the understanding of cultural practices and norms surrounding death and the role the art therapist plays is an important consideration when defining the role of the therapist.

History of Clay

According to The American Ceramic Society (2022), clay is an ancient industry dating back thousands of years. Once people discovered that this medium could be found in natural abundance and formed into objects by mixing with water and firing, then a key industry was discovered. The oldest known ceramic artifact dates to early 28,000 BCE (Before the Common Era) during the Paleolithic period (para. 1). Examples of pottery appeared in Eastern Asia thousands of years later, with archeologists discovering fragments of pots dating back to 18,000-17,000 BCE (para. 2). During the Neolithic period, the use of ceramics drastically increased with the establishment of settled communities that focused mainly on farming and agriculture. In the Neolithic era, clay-based objects gained popularity as containers for “water and food, art objects,

tiles and bricks, and their use spread from Asia to the Middle East and Europe” (para. 3). In the early stage of ceramics, pottery was dried in the sun or fired in kilns dug into the ground.

Furthermore, the first breakthrough in the fabrication of ceramics was in 3,500 BCE with the invention of the wheel (para. 4). Throughout the 16th century CE (Common Era), earthenware was the main source of ceramic products made in Europe and the Middle East (para. 8). In 600 CE the Chinese introduced high-temperature kilns providing the capability to reach up to 1350 degrees Celsius. Additionally, porcelain clay was developed from kaolin clay by the Chinese. By the 15th century, blast furnaces were developed in Europe reaching 1,500 degrees Celsius (para. 9). Since these profound discoveries, the ceramics industry has undergone a transformation, and the products continue to improve. There are many different clay bodies based on characteristics and firing temperatures with some of the most popular being earthenware and stoneware clay bodies.

Clay Properties

Clays and clay minerals form under a limited range of conditions. According to Mana et al. (2017), these formations include soil horizons, continental and marine sediments, geothermal fields, volcanic deposits, and weathering rock formations (p. 155). The cycle of said formations varies depending on the environment. The way clay is formed in abundance today is the weathering of rocks and soil on the Earth’s surface. The weathering process involves “physical disaggregation and chemical decomposition that change original minerals to clay minerals” (p. 155). Clay and clay-based minerals can be formed by altering pre-existing minerals by weathering. An example would include “weathering boulders on a hillside, sediment on sea or lake bottoms, deeply buried sediments containing pore water, and rocks in contact with water

heated by magma (molten rock)” that form pure clay deposits (p. 155). Clay minerals are critical components of the makeup of both ancient and modern sedimentary environments worldwide.

Clay

Clay specifically offers an in-the-moment hands-on experience that is suited for contemplative engagement. Potters manipulate their medium in a way that is unlike pencil, pen, paint, or digital media, allowing for immediate contact with the art-making process (Wardi-Zonna, 2019). The ability for clay to be worked and reworked numerous times encourages heightened freedom to explore. Through immediate interaction and touch, one can have in-the-moment thoughts, feelings, and experiences of their inner world.

Clay is a natural material that is quite literally under our feet when walking outside, increasing our acceptance of the “present moment and grounds us in the here and now” (Wardi-Zonna, 2019, p. 44). Ceramic techniques such as wabi-sabi and kintsugi are ancient ways of breaking, reassembling, and understanding the artwork. Kintsugi, a Japanese art form, means to patch with gold in a long-standing tradition of repairing broken pieces of ceramic work with a “mixture of lacquer, powdered gold, silver, or platinum” (p. 44). This technique allows the flaws of the broken piece to be elevated. Kintsugi celebrates the brokenness, concluding that the visible scar leaves room for story creation without trying to hide the once-broken imperfection.

Clay Across Populations

Adults and Clay. Wong and Au (2019) examined the hands-on, tactile experience of using clay with Chinese adults. In their experiment, two hypotheses were tested: that tactile experience is critical to the effect of clay creation in the enhancement of well-being and that the temperature of clay is one of the mediating factors that affect the tactile experience of clay. As a result, the two participants who created with their bare hands versus with gloves for a 45-minute

session showed significant improvement in positive mood and well-being after the thirty-minute session while those wearing gloves during the session showed no significant improvement. This demonstrates that a distinct benefit experienced during clay work is the direct connection to the raw material.

Clay in Art Therapy

Clay is a versatile medium with the capacity to engage children and adults alike (Moon, 2010). The therapeutic use of clay can be limited to wedging, making spontaneous pieces that are then recycled, or using them in pieces that are added to and reworked over time. Due to the additive and subtractive processes of clay, pieces can result in carefully crafted work or with “spontaneity and force” (p. 16). The three-dimensional nature of the material provides the opportunity to see something from a multidimensional perspective and to mold, develop, and manipulate one’s environment. Moon (2010) states that clay in art therapy focuses mainly on water-based clay, although oil-based clay is sometimes used as an alternative because of its reusable, and relatively clean and colorful nature.

Clay is a suggestive material, as opposed to paper, because it requires physical, sensual, and visceral investment (Moon, 2010). The material can accept, record, and reflect subtle touches, and the tactile messiness is appealing to some because it invites “playful exploration.” To others, it can be presented as repulsive and regressive. The counterpart to clay’s regressive potential is “its capacity to foster integration” (p. 17). Clay forms can be “worked, reworked, repaired, destroyed, and rebuilt,” therefore combining constructive and deconstructive processes (p. 17). Clay can foster transformation and can serve as a means for the release of intense emotions and reparation through reconstruction. Moon (2010) emphasizes that the earthy, tangible, and cohesive quality of clay can serve as a connection point for clients to subjective

reality because it involves a more direct, less-mediated experience, unlike painting and drawing mediums.

A self-study by Wardi-Zonna (2019) analyzed why clay is useful as a therapeutic material in art therapy. Clay is “an effective medium in art therapy insofar as it promotes mindfulness, acceptance, and a keen awareness of impermanence” (p. 42). Art and grief are interwoven, creating a space for self-expression through art.

Sholt and Gavron (2006) identified six major therapeutic factors emerging from using clay work in art therapy and psychotherapy. These therapeutic factors include: “facilitating expression of emotions, catharsis, rich and deep expressions, verbal communication, revealing unconscious material, and concretization and symbolization” (p. 66). Furthermore, clay-work is used to describe the process of manipulating clay and the products that result from manipulation. Drawing from various studies on the theory and practice of art therapy, attachment theory, object relations, and psychoanalytic theory were used to analyze, identify, and define therapeutic implications of clay-work. Central factors and benefits of clay within the therapeutic space are that it allows access to non-verbal representations of “self, other, and the relationships between self and other...” (p. 71). This, in turn, allows for the exploration of clients transforming abilities, identity development processing, and regression.

Helena de Morais et al. (2014) sought to understand the significance of clay art therapy for psychiatric patients admitted to a day hospital in Londrina, Brazil. Sixteen participants were guided in seven clay therapy sessions. Three themes emerged during the study, including becoming familiar with the foundation of clay art therapy, feeling clay therapy, and realizing the effect of clay therapy. As a result of using clay in this seven-session model, the participants voiced that clay art therapy was valuable and helped them become calm, promote happiness and

hope, along with providing positive energies and better relationship interaction, but it did not relieve the symptoms of their illness (Helena de Morais et al., 2014). The use of clay within the psychiatric setting provided the space to promote creativity and self-consciousness and allowed a release and relief of anxiety.

Clay has the advantage of mirroring physical impulses and activating experimentation (Elbrecht & Antcliff, 2014). Children and adults have utilized clay as a psychophysiological art therapy process that engages people's hands as a material rather than a mediator. Clay and working with your hands make you capable of finding solutions by creating a mind-body connection. Clay has been a tool in trauma work to focus on innate memory by creating and recreating implicit memories rather than focusing on the recall of traumatic events and memories associated with the trauma (Elbrecht & Antcliff, 2014). Touch is "one of the fundamental human experiences: to know loving or unwanted touch, the traumatic rupture of boundaries and their repair," and touch is the basis for secure attachment linking back to the earliest body memories (p. 19).

Clay is a familiar art therapy material that features tactile expression and experiences. When hands interact with clay in a therapeutic setting, exteroceptors and interoceptors become stimulated naturally, and the brain receives instant feedback. Haptic perception is the use of your hands as a tool of perception (Elbrecht & Antcliff, 2014). Haptic perception allows non-verbal access to experiences and situations changed and altered by trauma. Clay is the neutral material and space, only receiving feedback from whatever the hands project into it. Touching the clay will inevitably trigger implicit memories of touch, whether pleasant or hurtful (p. 24).

Children and Clay. Clay represents an art therapy tool that can be used within the therapeutic setting with necessary supervision. Children have a natural sense of curiosity, and

clay can be utilized to explore emotions and curiosity. Davis (1989) outlined methods and theories for working with grieving children and their families. One method is working with clay, specifically “mad clay.” Mad clay is reserved for instances of anger and expression of anger that is channeled through the material. In its raw form, clay can prompt the expression of powerful emotions and feelings. Davis notes that simply touching and manipulating the material can unlock “an elicit feeling response” (1989, p. 329).

Adults and Clay. Working with clay to increase mood in adults has proven to be effective in art therapy. Kimport and Robbins (2012) suggested that clay allowed clients to express and work through negative emotional states. A randomized controlled trial (RCT) was used to document the utilization of clay work and its “specific efficacy for reducing negative mood states” (p. 74). Following a negative mood, 102 adult participants engaged in making a pinch pot, manipulated the clay freely, handled a soft stress ball in a structured manner, or handled a soft stress ball and were able to manipulate it freely. Overall, these activities were seen to decrease negative mood. Specific aspects of clay work “function as active ingredients in treatment success” (Kimport & Robbins, 2012, p. 78).

Older Adults and Clay. Charon (2001) states that older adulthood is a valuable time for the exploration of art. Art therapy within this population can enhance the quality of life through engaging in a medium that is not taboo. According to Charon (2001), the space within art therapy allows for a:

safe expression of thoughts and feelings, expression beyond words, access to unconscious material, opportunities for insight and awareness, documentation of their own progress, a chance to be creative, feelings mastery, a sense of immortality as the client creates something to leave behind a legacy, a way to explore feelings about their own mortality,

opportunities for growth, feelings of control, a sense of accomplishment, connection...
(p. 16)

and includes “clients with carrying physical or mental abilities, and expression of individuality and uniqueness” (Charon, 2001, pp. 16-18).

Abramowitz (2013) offers a wide variety of benefits for older adults with clay as a process to propel a client's personal experience of transformation. Clay was found to support themes of change within older adults. Using clay as an unstructured or undirected medium allowed for self-direction and self-expression. Additionally, it supported social relationships, independence and control, mastery, and satisfying self-versus others. Abramowitz (2013) bridged the research gap between the use of clay in art therapy and older adults. Clay can catapult a transformative process when used as an unstructured art directive with older adults (Abramowitz, 2013). Support was found for themes and benefits of clay as a unique medium that allows for self-direction and expression. Additionally, it was shown to support social relationships, independence, control, mastery, and satisfy self-versus others (Abramowitz, 2013).

Clay and Parkinson’s Disease. Parkinson’s disease (PD) is a “neurodegenerative disorder that significantly alters an individual’s motor ability, mood, and overall quality of life” (Elkis-Abuhoff, 2008, p. 122). In a qualitative and quantitative study, art therapy was researched to support medical treatment and palliative care. A total of 41 patients were placed in 2 matched groups, allowing for 22 patients with Parkinson’s and 22 without Parkinson’s. All completed the Brief Symptom Inventory (BSI) pre- and post-session after being asked to manipulate a ball of clay and respond to follow-up questions about the experience. When comparing the pre- and post-BSI outcomes, Elkis-Abuhoff (2008) concluded that each group benefited from the clay experience. The benefits were permission to play, connection to the past, exploring memories

with grandchildren, and a decrease in emotional distress and somatic symptoms. This research supports the value of clay use within an art therapy setting with patients experiencing a PD diagnosis.

Clay and Alzheimer's Disease. Jones and Hays (2016) offer a report written from a personal perspective – the first author with a 35-year relationship with Ron Hays. Ronald Hays was the former Director of the Hahnemann Creative Arts in Therapy Department at Drexel University in Pennsylvania and co-founder of the art therapy program at Eastern Virginia Medical School. At 62, he was diagnosed with early-onset Alzheimer's disease. The authors of this article showed how the leader in the field of art therapy applied his skills to improve his own quality of life as his diagnosis was advancing. Based on personal interviews and examples of Ron's work, they demonstrated how he used ceramics to develop a "self-facilitated therapeutic process to manage the disease" (p. 213). Ron's return to art after a busy career became a conscious need for coping and survival. Working with ceramics gave Ron the ability and freedom to explore his ideas in an open studio format. The concrete quality of the clay "gradually enabled Ron to separate his symptoms from his sense of self" (p. 214). As he continued to create with clay, he peaked in productivity and creativity in his artwork while suffering significant losses in memory and other abilities in other areas of his life. Thus suggesting that the "creative process offered him respite from his overall decline" (p. 217). From this personal example, it is evident that Ron's choice to work with clay was effective in helping him cope and process being diagnosed with Alzheimer's and living in the early stages of the disease.

Clay Therapy

Clay therapy lowered the hopelessness levels of neurology patients in a study by Akhan and colleagues (2017). Fifty neurology patients diagnosed with epilepsy or stroke were asked to create objects out of clay in any shape. From this experience, a Beck Hopelessness Scale (BHS) was used to assess pre- and post-outcomes. The assessment showed a decrease in hopelessness scores (both men and women) before and after clay therapy. Specifically, it found that clay therapy was more effective in women, married patients with a child, patients diagnosed with a stroke, those experiencing chronic illnesses, and patients not experiencing any psychological disorders (Akhan et al., 2017).

Art therapy provides an unlikely course of action and outlet for self-expression for patients in a hospital setting who do not respond well to other forms of psychotherapy. Art therapy affects the “development, foresight and self-recognition, establishing effective communication skills, and reconnecting with the outside worlds by being aware of their impaired internal and external balance” (Akhan et al., 2017, p. 39). Medical art therapy allows for a sense of normalcy and focuses on personal powers during that trying time in an unforeseen, uncomfortable space.

Clay and Trauma

The Clay Field. Clay can be used as a psychological art therapy process that engages people’s hands in the safe setting of a containing box (Elbrecht & Antcliff, 2014). Working with hands to focus on the innate memory of creating and recreating implicit memories with clay rather than recalling traumatic events is essential in trauma work with clients. “Haptic perception allows non-verbal access to psychological and sensorimotor processes thwarted by trauma” (p. 19).

Nine situations are outlined in *Trauma Healing at the Clay Field: A Sensorimotor Art Therapy Approach* to provide a step-by-step approach to guide art therapists along with clients through trauma healing. The Clay Field is a rectangular box “measuring about 36cm by 42cm and 3cm deep” and holds “roughly 15kg of smooth, non-gritty clay” (Elbrecht, 2013, p. 15). Elbrecht (2013) demonstrates a unique focus on the sense of touch to heal, along with the movement of the hands, in trauma with children and adults alike. Interactions with clay allow space for the therapist to work with the client on early attachment issues, developmental setbacks, and traumatic events in a primarily non-verbal capacity focused on the body.

In the chapter focused on adults, Elbrecht uses D.W. Winnicott’s theories on child development phases as a framework for nine situations outlining a process of finding self-realization as it relates to human needs. Those three needs include finding fulfillment, realizing individual responsibility, and creating mythical correspondences (Elbrecht, 2013). The nine situations Elbrecht uses in her work with trauma include: “reliability: being reliable to me, reliability: relying on something other than me, finding orientation, reaching object constancy, reaching subject constancy, finding one’s own ground, shadow integration, destruction and self-realization, accepting one’s humanity” (pp. 199-220). Self-reliability, the beginning stage, includes all the necessary rituals the clients need to find a reliable inner certainty not only within their own bodies but also within their physical presence (Elbrecht, 2013). Next, the issue of trusting someone other than oneself arises within the second situation that Elbrecht (2013) hypothesizes. The client perceives the clay field as the unknown that may or may not support them, and then they begin to hesitate to proceed but begin to explore the clay and its surroundings.

The third situation focuses on finding reliability in what is present, meaning the therapist begins to analyze how clients interact with the material. Furthermore, when reaching object constancy, the client can “find a relationship with the material and a hold” (p. 205). In situation five, the client becomes aware of their subjective presence within the Clay Field, establishing their own position within a foreign space. Moving forward allows for inner grounding to gain significance in situation six while finding one’s center. Shadow, the core opposite of self, integration begins in situation seven, where the most feared and terrible shadows emerge and are dealt with in the Clay Field. Here, individuals know and are fully aware of what is happening, and it is no longer an unconscious act (Elbrecht, 2013). In the final situations, the self is “no longer on an island but finds a new context in a much larger world than previously perceived,” allowing clients to believe that they are working in unison with events that happened rather than letting the events control them. Overall, the situations outlined above give the therapist a glimpse of how trauma is explored within the Clay Field.

The Slip Game. Klein et al. (2020) introduced The Slip Game as a sensory experience. Ten experienced art therapists and 28 art therapy students participated in this game. This study's purpose was to understand playing with slip, the ways participants perceive The Slip Game, and the therapeutic qualities of the slip material. All participants reported a pleasant, calming, playful, and tactile experience and did not feel pressure to work towards an end product. Additionally, the experience of playing with the mixture of clay and water was meditative, simulated regression, and improvements in behavior, emotional control, and fine hand-movement skills were reported (Klein et al., 2020).

Results from the study by Klein et al. (2020) present ways of positive interaction through the use of slip. Eighty-eight percent of participants noted that playing with slip was a sensory-

touch experience that allowed them to be present through their senses and hands. The slip allowed them to be “free of stress and to free themselves from creating and producing...” (Klein et al., 2020, p. 68). Focusing without an end product in mind, The Slip Game supported a reversion to childhood-like experiences and memories. Playing with the slip was seen as an art-making experience that allowed for creativity, movement, playfulness, curiosity, and inquiry. Furthermore, 63% of the participants reported that The Slip Game was calming. “Clay-work involves an intense and powerful tactile experience of touching and haptic involvement” (Sholt & Gavron, 2006, p. 2). This makes it possible to create an entirely non-verbal language or communication for the creator.

Chapter V

Discussion

The focus of the literature review was to identify a connection between the use of clay as a therapeutic modality within a grief work setting and processing a bereavement journey. This literature review intends to support clay's benefits in an art therapy setting to enhance the therapeutic process by demonstrating a variety of uses. The researcher found a gap in art therapy research to address the needs of grieving clients using clay as a material. The discussion serves to make connections from the literature on the benefits of clay in art therapy for grief and bereavement.

Media Dimensions of Clay

Many early art therapists like Kramer, Naumburg, Ryne, Rubin, and Wadson wrote about the media properties of the art process and product. Art therapists define media by the influence it has on the art process and its ability to evoke emotion (Hinz, 2009). According to the Expressive Therapies Continuum (ETC), materials with "more inherent solidity or structure are called resistive because they require the application of pressure and provide resistance to pressure to be used effectively" (Hinz, 2009, p. 30). Media that have less structure are called fluid because "they flow easily and quickly during the creative process" (p. 31-32). Wet clay within a three-dimensional space falls within the fluid media category when wet and restrictive media when dry. Fluid media can elicit emotional responses, and resistive media are more likely to elicit cognitive responses (Hinz, 2009).

Media used within the framework of the ETC may evoke various types of experiences depending on how the materials are used. Clay may be used in a Sensory/Kinesthetic fashion, a

perceptual manner, and finally, a Cognitive/ Symbolic way depending on the unique needs of a client (Hinz, 2009). Throughout one's grieving journey, the way one uses clay as a material may change and advance with comfortability and experience navigating grief. The clay used in an unstructured activity could induce increased stress and anxiety in a newly grieving person, while someone working on their grieving journey for a longer period may experience a release. In opposition, giving a newly grieving individual clay and a structured art directive could create expectations for a "successful" outcome and be detrimental to the grieving process. Based on this information, it is recommended that clay be used mindfully in an individual unique capacity based on experience with the media in unison with a timeline that allows for connection and growth within the grieving space.

Sensory Benefits of Clay

Klein et al. (2020) introduced The Slip Game as a sensory experience. All participants reported a pleasant, calming, playful, and tactile experience and did not feel pressure to work towards a product. Additionally, participants reported that the experience of playing with the mixture of clay and water was meditative and simulated regression and improvements in behavior, emotional control, and fine hand-movement skills (Klein et al., 2020). Sensory overload in grief may be often overlooked by grieving individuals until they are experiencing a trigger that relates to their grief experience. For example, walking into a certain restaurant and smelling food that was their loved one's favorite or seeing a pregnant individual out in public after a miscarriage or loss. Allowing the process of playing with slip in a controlled environment may allow individuals experiencing grief a sense of control without the idea that there is a product, eliminating the concept of failure. Removing the concept of failure, the Slip Game creates a sense of accomplishment and achievement in the midst of grieving.

Moon (2010) states clay is a suggestive material that accepts, records, and reflects subtle touches, and the tactile messiness is appealing to some because it invites “playful exploration” (p. 17). During grief, one may disconnect from the body, and clay can become the visual and tactile mediator to feel, touch, and become aware of the body after loss. Clay forms can be “worked, reworked, repaired, destroyed, and rebuilt,” therefore combining constructive and deconstructive processes (p. 17). Clay can foster transformation and serve to release intense emotions and repair through reconstruction. Moon (2010) emphasizes that the earthy, tangible, and cohesive quality of clay, serves as a point of connection for clients to their subjective reality because it involves a direct and less-mediated experience.

In the research presented above, one of the main benefits of the use of clay in a therapeutic setting is the ability to create a hands-on, tactile experience with a client. Interacting with clay is a sensory experience through touch. Clay starts as a natural material that is under our feet daily, and that one can dig up from the ground and process. Separating the clay and dirt allows the clay to bond properly to prevent cracking and drying with imperfections. This experience is then enhanced when touch becomes the focus of throwing on the wheel, hand building, or when interacting with slip materials. Additionally, traditionally, people are buried, and the connection to the earth is very symbolic.

If utilized correctly, clay and slip can be a sensory experience focusing on and even getting lost in the process of making without concern for the final product. In grief, allowing for trial and error supports autonomy and normalizes failure in a controlled environment. Using clay as a mediator to enact feelings related to grief offers therapeutic distance to enhance processing and emotional recognition through sublimation and externalization of the art product.

Mind-Body Connection

As shown in Jones and Hays (2016), the mind-body connection was in decline for Ron Hayes due to his early onset Alzheimer's disease. From his experience as an art therapist and working with clay, he was able to be autonomous in making, and it allowed for meaning-making in the here-and-now while his cognitive processes declined. In the grief community, the disconnection to self after loss is an enhancing factor of isolation felt by grieving individuals and families. Experiencing the mid-body connection that clay as a material has to offer allows for processing grief through the material working outside of the body rather than emotions piling up inside the body. The concrete quality of the clay "gradually enabled Ron to separate his symptoms from his sense of self" (p. 214). As he continued to create with clay, he peaked in productivity and creativity in his artwork while suffering significant losses in memory and other abilities in other areas of his life. While grief may feel all-encompassing at times, engaging in tactile materials that allow for separation may benefit the grieving population overall. Hays and grieving individuals both have something in common: although disconnected from themselves and their community, clay can be the connection point that reduces isolation and supports self-exploration and autonomy.

Elbrecht and Antcliff (2014) outline the innate memory of creating and recreating implicit memories with clay rather than recalling traumatic events as essential in trauma work with clients. For trauma, Elbrecht (2013) demonstrates a unique focus on the sense of touch to heal, along with the movement of the hands. Interactions with clay allow space for the therapist to work with the client on early attachment issues, developmental setbacks, and traumatic events in a primarily non-verbal capacity focused on the body. Grief can be compounded by trauma for individuals experiencing loss, whether sudden or expected. Working with clay in grief to explore

events non-verbally allows clients not to relive their grief or trauma experience but to begin to separate and work through certain aspects of their bereavement journey. Being mindful within the art therapy setting with clay is important because the nature of clay can bring emotion to the surface, so building rapport and understanding before introducing this material to a grieving individual(s) is necessary. In grief work, the benefits of mind-body work allow an individual to begin to interact with internal emotions rather than letting them remain within the mind, promoting the importance of returning to the present moment.

Rituals in Art Therapy with Clay

Clay becomes stronger as it moves from wet clay to greenware to a glazed piece of art. Memory-making with clay can be utilized within art therapy to memorialize and make concrete handprints and thumbprints. In due process, clay can become a solid, imperishable, solid structure that can last for many years when cared for properly. Clay can capture human interaction and fingerprints when made beautifully. Making after loss can help reestablish rituals that may have been lost because of the experience of death. Creating art allows an individual's grief to be seen, makes it tangible, and creates a container for overwhelming emotions that arise throughout the grieving process. Creating can offer structure when it feels like life is unpredictable, and the physicality can offer a sense of control for individuals experiencing a life that is now altered after loss.

Limitations

Limitations exist within this study due to the sheer lack of research available connecting the use of clay work with the grieving population. There is a lack of abundant research within the art therapy realm on the use of clay work in general and, more specifically, within grief. In addition, grief-related literature lacks art therapy groups with clay, and as a whole, there are

limited research studies that connect art therapy and grief broadly. Using a traditional literature review for my method may have created a gap in finding additional literature because it was not done systematically. In addition, using the IUPUI database and searching for English-only articles limits access to articles outside of this search engine and in other languages.

Chapter VI

Conclusion and Recommendations

Little research has focused on the intersection of art therapy, clay, and grief. Art therapy and clay resources overlapped along with art therapy for grief and bereavement. The intended purpose of the literature review was to provide an understanding of the benefits of clay in art therapy and demonstrate a gap in the use of clay specifically for grief.

Recommendations for future research include expanding the literature connecting clay within art therapy for the grieving population. Working hand-in-hand to develop pilot studies to create additional literature will contribute to the growing research connecting the use of clay for grieving patients. For this to be successful, research solely based on the Expressive Therapies Continuum (ETC) and the use of clay in a therapeutic setting would be useful as a basis of information to expand upon. Furthermore, expanding on research showcasing the potential differences between using clay in a group setting, focusing on community, versus in an individual setting. Protocols that can be easily implemented to efficiently design and execute a clay group with specific criteria to determine and measure success. Other recommendations for future research include a needed deep dive into the therapeutic benefits of process versus product of utilizing clay in a therapeutic modality.

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Appendix A

Literature Matrix

Author + Date	Keywords	Population		Methods			Outcomes	
		Bereaved	Non-Bereaved	Literature Review	Human Studies	Therapeutic Benefits	Clay Benefits	Mind-Body Connection
(Sholt & Gavron, 2006)	Art Grief	X		X		X		
(Arnold, 2019)	Art Grief	X	X		X	X		
(Kimport & Robbins, 2012)	Art and Clay		X		X	X	X	X
(Wong & Au, 2019)	Art and Clay		X		X	X	X	X
(Abramowitz, 2013)	((art AND therapy AND for AND adults)) AND (clay)		X		X	X	X	X
(O'Hear, 2023)	(art) AND (grief OR loss OR bereavement OR mourning)	X		X				
(Arellano et al., 2018)	art therapy AND grieving process AND adults	X			X	X		X
(Elbrecht & Antcliff, 2014)	Art therapy AND adults AND clay therapy		X		X	X	X	X
(Renzenbrink, 2021)	Grief AND loss	X			X	X		
(Baker-Cole, 2022)	Art therapy AND widowed adults	X			X	X		

CLAY AND GRIEF

(Akhan et al., 2017)	Art therapy AND adults AND clay therapy		X		X	X	X	
(Davis, 1989)	art therapy AND grieving process AND adults	X		X		X		
(Abramowitz, 2013)	((art AND therapy AND for AND adults)) AND (clay)		X		X	X	X	
(Bat-Or & Garti, 2019)	(art therapy) AND (adults) AND (grief OR loss OR bereavement OR mourning) AND (clay therapy)	X	X		X	X		
(Klein et al., 2020)	Clay Therapy		X		X	X	X	
(Wardi-Zonna, 2019)	Clay Therapy	X			X	X	X	X
(Helena de Morais et al., 2014)	(art therapy or art psychotherapy or creative arts therapies) AND clay art therapy		X		X	X	X	X
(Howie et al., 2013)	Grief and loss	X						
(Worden, 2009)	Grief and loss	X						
(Doka, 2007)	Grief and loss	X						
(Elbrecht, 2013)	Clay			X		X		

(Charon, 2001)	((art AND therapy AND for AND adults)) AND (clay)	X		X	X	X	
(Glasser, 1998)	Choice Theory		X				
(Center for the Advancement of Health, 2004)	Grief and Bereavement		X				
(Hall, 2011)	Models of Grief		X				
(Davis, 2010)	Expressive arts therapy AND music		X		X		
(Rogers, 1993)	Expressive arts therapy AND music		X				
(Fiore, 2021)	Grief and Dual Process Model		X		X		
(Yousuf-Abramson, 2021)	Grief and Worden's tasks of mourning		X				
(Mana et al., 2017)	Properties of clay						X
(Vespini, 2019)	Vespini		X	X	X	X	X
(The American Ceramic Society, 2022)	The history of clay pottery		X				
(Elkins-Abuhoff et al., 2008)	Clay and Dementia			X	X	X	

CLAY AND GRIEF

(Jones and Hays, 2016)	Clay and Dementia	X	X	X	X	X
(Moon, 2010)	Clay			X		
