**Work Package: *Clay Works for Mutual Recovery***

**Winship, G (Associate Professor, School of Education, MHN, UCKP registered psychoanalytic psychotherapist)**

**A large grant from the AHRC has been secured for a 3 year multi-centre project looking at various arts of mutual recovery. The overarching angle for the research is Mutual Recovery. The concept of mutual recovery is an emerging and organic idea, but draws from the sister fields of the recovery movement and the traditions of socially orientated co-operative mental health therapies (psychological therapies, art therapy, creative therapy, psychotherapy, counselling. The idea and tradition of therapeutic communities (TCs) might be a useful anchor which offers an overarching from under which we can consider the network of relationships, institutions and organisations that can gel to provide the optimal conditions for mutual recovery.**

**The Clay therapy aspect of the AHRC programme sits alongside, music, photography, and other programmes which are mobilising the arts in the service of progressing recovery. The clay therapy programme will be engaging with a range of stakeholders;**

1. **clinicians & therapists who are using clay in their practice to help people with Mental Health problems – these may be practitioners who are working in a range of settings; NHS, 3rd Sector & privately.**
2. **Individual artists who have found clay personally therapeutic, or have done in the past, either for themselves, family members or peers.**
3. **Emerging artists**

**The clay therapy research will have a strong emphasis on generating descriptions and narratives of experience as well as measures before, during and after therapy. The research doesn’t begin by assuming research anonymity of participants, and it is anticipated that some stakeholders will be very happy for their story to be told. Part of the challenge of mutual recovery from this perspective will be for the research to create a forum (or many forums) where people who work in isolation can engage with like-minded others (artist to artist, practitioner to practitioner, and practitioner and artist). The project will be resourced mainly for a post-doctoral research fellow, but there will be funds for holding meetings, network days, focus groups.**

**Background**

Practitioners who use clay as a therapeutic medium have noted similar helpful effects in the way in which emotional expression appears to be enhanced by the tactile experience of playing with clay (Sherwood, 2004; Sholt & Gavron, 2006). The physical qualities of clay, the way in which it can be subject to pushing, pulling, banging, bending and moulding, appears to engender the type of creative milieu which acts as an adjunct for talking therapy. In other words, it seems to be the case that expressive play with clay, using hands, makes it easier to put voice to feelings. At the University of Nottingham, with grant support of £25,000 from the University, a project team initially built a bridge between art, therapy, and psychological science interrogating the nuanced psychological processes of exactly how it is that clay appears effective as a therapeutic tool (see [www.claytransformations.info](http://www.claytransformations.info)). The project brought together practitioners who used clay in their practice, artists and clients, alongside research psychologists who undertook empirical laboratory experiments examining in fine detail some of the cognitive and emotional processes operant in therapeutic engagement.

A key hypothesis emerging from the Clay Transformations project is that clay sculpting somehow begins to diminish other inhibiting psychological faculties. In other words absorption in the task of sculpting appears to be beneficial when it comes to emotional expression. Working with clay in therapy seems to offer a forum for the reflective narration of life experiences which are otherwise not so easily accessed by the ordinary procedures of talking therapy. It would appear that the three dimensional quality of working with clay has a profound effect on task absorption and therapy, the flux between a depth of emotional engagement and the immersive state of mind which is occurs when participants play with clay. In order to capture the essence of this emotional immersion in task, we coined the term; ‘immersional’ as a descriptor of the state of mind is characteristic in clay sculpting. The immersional quality is both a state of mind, and a sensual tactile experience of pressing into the clay to create an internal dimension that might be describe as a containing space.

With this dimensional depth, we might say that clay provides a sense of solid palpability that surpasses the ocular centric nature of two dimensional expressive art forms (painting, drawing, writing). We noted that when working with clay with young clients, the solid mass of clay as material for play, might stand in distinction to the domination of computer game pixilated screen experience which is more and more commonplace in the lives of young people. As Chris Staley (2008), Professor of Ceramics at Penn State University puts it:

“Working with clay is such a different experience it reminds me that I have a body and do not solely exist in my mind and eyes". (cited in Burkett, 2008)

**Highlight any particular issues that make this particular project worthy of funding**

We published a short account of the Clay Transformations project (Cooper, 2012) in the widely circulated journal *Ceramic Review* and subsequently we received a number of responses (n=20) from practitioners and artists with a stake in the field of mental health. Some practitioners reported using clay in a conventional therapeutic sense, that is, as a material deployed to facilitate the process of psychotherapy with other, while several people got in touch because they felt that working with clay was a essential part of their own well-being regulation, and recovery. For instance one of person reported:

“My daughter is seven and at age two, she had an E-coli infection that led to a life-long physical disability.  In my years since then in my role as carer, I was drawn back to study thrown pottery at a local college and this led to my considering and applying for the MA.  During the course of this first semester and the resultant assignment and presentation, I have come to realise the importance of the process of working with clay.  In summary, I now feel very disconnected from a lot of things and the process of throwing offers me reconnection through touch-sense.  When I throw, it's about the only time I feel I'm not thinking about my daughter in some way shape or form and I am completely absorbed in my practice.  I feel a whole lot better after throwing!

**Research questions**

1. Does clay work for mutual recovery? To what extent does creative clay therapy provide a medium ‘mutual recovery’ among adult mental health service users?
2. What might be the particular features of ‘mutual recovery’ when clay is the ingredient for shared creative enterprise? Is there a difference between lone sculpting and group sculpting?
3. How empirically efficacious is clay in facilitating recovery when compared to other interventions?
4. Is it possible to identify for whom clay therapy might be indicated? For whom might it be contraindicated?

**Field Study**

There are two domains to the research package:

i) Organisations and Institutions: The Clay Transformations project has identified a number of agencies across sectors; charitable, NHS, secure settings & voluntary, where practitioners are engaging with clients in the process of recovery using clay as a key ingredient. We will work with these agencies identifying upwards of six separate Work Package sites, these will be organisations who are working with a throughput of clients who are undergoing recovery. We will develop comparative case studies, describing the process of clay therapy, gathering anecdotal accounts of practice, and developing a visual archive of clay works. We will also conduct standardised measures before and after intervention. Some of the interventions we will study will be individual cases, and others may be drawn from group situations (Winship & Haigh, 2001). Measures to be confirmed (to be co-ordinated with other Work Package programmes, but likely to be drawn from: CORE; Becks depression inventory, Short Warwick-Edinburgh Mental Well-Being Scale; York SF12 (quality of life); Health-Promoting Lifestyle Profile II; EQ-5D (health outcome); De Jong Gierveld Loneliness Scale (loneliness)

ii) Artists & recovery: In the case of the clay transformations network we have noted that there is a sizeable group of people, including some well known artists, who have reported that their work with clay has been integral to their own mental well-being and recovery. This would appear to a group of people who form an ambient network of 'mutual recovery', not in terms of their physical connectedness, but rather in terms of their shared pathway of creative therapy. Our research cluster will gather carers and recovering artists together under the rubric of their shared experience with clay (n=10-20, we anticipate a snow-balling recruitment as we disseminate findings from Clay Transformations phase 1). We will undertake individual case by case research, before inviting the cohort to meet together to share experiences in a series of focus group meetings, which will be scheduled to coincide with an exhibition which will be curated by a member of the research team with experience of curating exhibitions.

**Show how the data will answer the question(s) posed**

A combination of quantitative and qualitative data sets will be generated alongside case study reports. From before and after intervention measures we will have some clear data of effect. Qualitative measures from interviews and focus group interviews will gauge how much effect there has been in terms of the therapeutic medium and how much might be the result of therapist intervention. Some structured interviews will also gather evidence about the subjective processes of the clay work itself, and some of the nuanced experience of the effect of hands-on clay work will interrogated through interviews. We will also develop a visual archive of some of the clay artefacts themselves. Some of these will be disposed of - and this in itself will be subject to review as a therapeutic dynamic of recovery (Patrick & Winship, 1987) - while other artefacts may be preserved and exhibited (and indeed sold by some professional artists).

**Describe how service users and other partners/organisations, as defined by you in relation to the topic of the project, have been consulted with and listened to**

The Clay Transformations pilot work has give us an opportunity to hear from a number of clients and practitioners whose experiences with clay and experiences of recovery have been invaluable to the development of the project and have shaped the current Work Package. The Clay Transformations project team includes a number of experienced clinicians who have worked for many years with clients in recovery. The PI has been in personal therapy for several years, as have other members of the Clay Transformations team.

**Impacts**

The Clay Transformation Network of clients and practitioners will continue to grow and we envisage a number of network activities that will see exhibitions, journal papers and an edited book. We also expect to have some high profile support for the project. We shall disseminate findings at conferences, in professional journals and we will work with advisory bodies and policy makers to make recommendations or reservations about the future of clay with regards to programmes of mutual recovery. We have so far also attracted attention from local media, including an item on local BBC news, a journalist student doing an MA project about the Clay Transformations work, and a film documenting some aspects of the development of the project, and we envisage a continuation of popular media interest.

**Timeframe & milestones**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1-4 | 5-8 | 8-12 | 13-16 | 17-20 | 21-24 | 25-28 | 29-32 | 33-36 | 36-48 |
| Literature review |  |  |  |  |  |  |  |  |  |  |
| Recruitment of PhD student |  |  |  |  |  |  |  |  |  |  |
| PhD student |  |  |  |  |  |  |  |  |  |  |
| Cohort recruitment  |  |  |  |  |  |  |  |  |  |  |
| Baseline data  |  |  |  |  |  |  |  |  |  |  |
| Focus groups |  |  |  |  |  |  |  |  |  |  |
| Data analysis |  |  |  |  |  |  |  |  |  |  |
| Outcomes data |  |  |  |  |  |  |  |  |  |  |
| Project write up |  |  |  |  |  |  |  |  |  |  |
| PhD Supervision |  |  |  |  |  |  |  |  |  |  |

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