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## Promoting Healing with Therapeutic Use of Clay

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# Promoting Healing with Therapeutic Use of Clay

## **Abstract**

Alice McCall Smith, occupational therapist and artist based in North Carolina, provided the cover art for the Summer 2019 issue of *The Open Journal of Occupational Therapy* (OJOT). The piece, titled "Mother and Child," is an 8-1/4" tall sculpture made from clay. Alice grew up on a hill sheep farm in the Scottish Highlands. She has used many of the skills learned on the farm in everyday life and in occupational therapy practice. After being diagnosed and treated for depression, Alice turned to sculpting to cope with challenging emotions. The therapeutic use of clay was a meaningful part of her healing process.

## **Keywords**

occupational therapy, occupational therapist, occupation, art, pottery, sculpture

## **Credentials Display**

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In the seminal text *Finding One's Way with Clay*, acclaimed potter Paulus Berensohn writes, "Of all the hand-forming pottery methods, pinch pots are most often given the least emphasis, despite the fact that they are generally the first method we are taught" (p. 19). It can be difficult to make pottery using the pinch pot method. The process includes rolling a portion of clay into a ball and gradually shaping the walls of the pot using careful pinching motions. At this stage, the pot looks crude and is vulnerable to collapse. Any cracks in the clay are carefully smoothed out. The clay must dry completely before it can be fired in a kiln. Berensohn considered the craft arts the finest arts of the 21st century because he believed society was in profound need of healing. He did not find meaning in the sculptures he created. Instead, Berensohn found the process of creation itself to be therapeutic. "It's not a way of making a living," he said. "It's a way of making a life" (Lawrence, 2014).

Alice McCall Smith, occupational therapist and artist based in North Carolina, provided the cover art for the Summer 2019 issue of *The Open Journal of Occupational Therapy* (OJOT) (see Figure 1). The piece, titled "Mother and Child," is an 8-1/4" tall sculpture made from clay. Alice grew up on a hill sheep farm in the Scottish Highlands. She has used many of the skills learned on the farm in everyday life and in occupational therapy practice. After being diagnosed with and treated for depression, Alice turned to sculpting to cope with challenging emotions. The therapeutic use of clay was a meaningful part of her healing process.

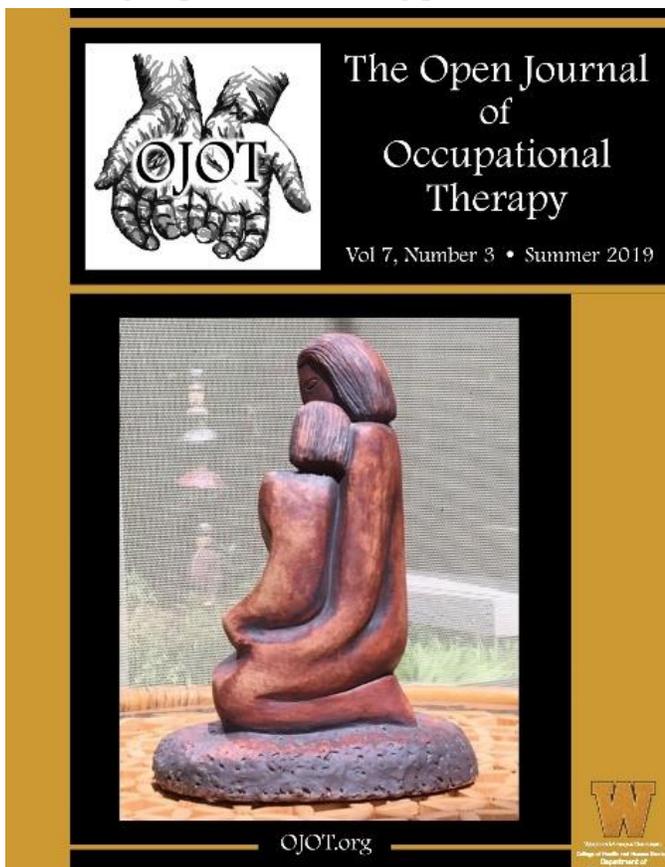


Figure 1. Cover art for OJOT, Vol 7, No 3, Summer 2019.

Boarders. "She was kind to every person and animal," said Alice. "My mother taught me so many practical things, especially about animals. Sheep, cattle, cats, dogs, and ponies. She explained that each animal species needed to be approached and handled in a different way. Indeed, every animal has its

Alice was born and raised on a hill sheep farm near Crieff, Perthshire, on the southern edge of the Scottish Highlands. The farm, known as Connachan, has been in the family since her grandfather took up tenancy in 1904. Alice and her sister, Mary, enjoyed a childhood full of farm animals, exploring the river and moors, and playing with other children on the farm. "We made huts in the hayshed, and go-karts out of found objects," said Alice. Today, Mary runs the farm together with shepherds. Alice often returns to Scotland, her "heart home," in the spring to help when the lambs are born and just to be part of farm life.

Alice described her father as a wonderful practical joker. "One day he found a frozen fish on the rocks beside the river," she said. "His idea of fun was to wrap the fish in a department store bag and put it in my bed as though it was sleeping!" Alice's mother was furious. She began throwing things out to get rid of the smell. "The smell was daunting and it permeated everywhere!" Alice's mother, Deborah, was brought up on a farm in the

own personality. What we need to remember is that we are seen as a predator by farm animals and that makes a difference!” Alice also learned the importance of touch when caring for young animals. “They do not thrive without touch,” she said.

During World War II, Deborah and her sister, Ruth, trained to be occupational therapists. They later helped to organize the first occupational therapy department at Bridge of Earn hospital in Perth, Scotland. “She learned carpentry and weaving alongside her patients,” said Alice. “She once made a basket that was suspended from a wire to carry people across the river.” Alice says her mother’s energy and creativity were contagious.

Deborah brought her expertise in occupational therapy to life on the farm. “Once during the lambing season, the Shepard gave Mum a lamb that was close to death from hyperthermia,” said Alice. Deborah placed the lamb in a shallow pan of warm water and placed it in the slow oven. “This would allow the temperature to rise slowly. This was a kinder and less painful way to warm them,” said Alice. On a different occasion, Deborah was presented a sheep that had sustained a spinal cord injury. She made two padded splints to support the sheep’s hind legs, and once the ewe was helped to stand, she could graze and feed her lambs independently. “This sheep became the foster mother for other sheep that would have otherwise needed bottle feeding,” said Alice.

In grade school, undiagnosed dyslexia and attention deficit disorder (ADD) made learning very challenging for Alice. “I could hardly read at 10-years-old and my spelling was described as *creative*,” she said. “There was no diagnosis, let alone treatment in the 1960s.” Alice worked very hard in school, only to fail repeatedly. “Even though I would work hard, I still could not spell my name or read a poem when I was young,” said Alice. After summer breaks, Alice had to relearn academic skills. Not surprisingly, she began to experience anxiety and fear of failure at a very young age. “School was somewhere I spent my time between 9:00 a.m. and 3:30 p.m., but my real life was at home,” she said. Alice experienced success on sports day and earned points for her school house by running fast and jumping high and long. Outside of school, Alice was a proficient bareback rider and did well in pony club.

After high school, Alice earned a Higher National Diploma in Agriculture from the East of Scotland Agriculture College in Edinburgh. “I did not know what I wanted to do, but knew I could farm,” she said. There were several aspects of modern farming that Alice was ambivalent about, including intensive livestock methods, slaughtering animals, and the overuse of pesticides and chemicals. “I think I did the wrong course,” said Alice. “Perhaps ecology would have suited me better!”

Alice postponed deciding about a future career in farming by taking a gap year to travel. She visited several countries, including Iran, Afghanistan, Pakistan, and Nepal. She also worked in Australia and New Zealand. During her travels, Alice realized she wanted to work with people, so she decided not to farm. “My mother suggested I consider occupational therapy,” said Alice. “Occupational therapy always made sense to me intrinsically. I gave it a go and never looked back.” In 1979, Alice was accepted to Dorset House School of Occupational Therapy in Oxford, England. Starting school was a big adjustment, but it was the right path for Alice. During her training, Alice was introduced to alternative ways of learning that were not explored in grade school. Learning through doing made sense to her and was reflective of how Deborah taught her so many things as a child. Alice also learned alternative methods of studying that made learning easier, such as drawing pictures to learn anatomy and physiology.

Alice preferred hands-on experiences over learning from a textbook. Her 3-year training included one year of clinical practice with 3-month clinical placements in mental health and physical disability. During her last clinical placement, Alice learned her mother had been diagnosed with cancer for the second time. Alice went home to Scotland to spend time with her mother. “She talked about what she was experiencing while dying, and we shared many stories and our joy of occupational therapy,” said Alice. During this time, Alice was participating in a clinical placement at Bridge of Earn Hospital near Perth. This was the same occupational therapy department Deborah had established during World War II.

After receiving her diploma from Dorset House, Alice accepted a full-time job at a psychiatric hospital in Oxford, England. The occupational therapy department had a system that allowed new graduates to rotate between inpatient, outpatient, and community-based psychiatric settings. New graduates could experience working with different interdisciplinary teams. Alice enjoyed introducing occupational therapy concepts to students of other disciplines, and when appropriate, had them join her occupational therapy groups.

In 1985, Alice married and moved to the United States. She established residence in Boston, Massachusetts, and began working in a day treatment program for adults with chronic mental illness. The program aimed to keep patients out of the hospital or to transition them back into the community. Alice’s patients were shared among a multidisciplinary team that included occupational therapists, psychologists, and social workers. Team meetings took place every morning. “Everyone put their heads together to solve problems,” said Alice. “The entire team understood and valued the role of occupational therapy in this setting.” Alice used many of the skills she learned on the farm in clinical practice. Being sensitive to her patients’ need for greater personal space was respectful and helped to establish a trusting relationship.

In 1992, Alice and her husband Alan moved to Chapel Hill, North Carolina. Alice was expecting the couple’s first child, a daughter named Deborah. During this time, Alice had the opportunity to volunteer in the North Carolina Botanical Garden by running groups with a horticultural therapist. After Deborah’s birth, Alice took a break from clinical practice. When Deborah started preschool, Alice accepted a position in home health, a setting she thoroughly enjoyed. “Going into the client’s home is a different dynamic than meeting them in a clinic, it is more holistic,” said Alice.

In 1997, Alice gave birth to her second daughter, Ruth. Shortly after Ruth’s arrival, Alice began to experience high levels of fatigue. “I felt really wiped out,” she said. Alice decided not to return to clinical practice and focused on raising her girls. “I was extremely fortunate that I had the choice to be a stay-at-home mom. So many women do not have such a luxury,” she said. Alice does not regret leaving clinical practice to focus on her family. “Every day my children taught me something,” she said. “The connection I feel with my girls is like nothing else.” Today, Deborah and Ruth are starting careers of their own. Ruth is currently studying early childhood education. Deborah recently earned a doctorate in occupational therapy from the University of Southern California. She is a third-generation occupational therapist.

In 2001, Alice continued to experience fatigue, as well as other unexplained symptoms, including muscle tightness and changes in sensation. Her skin was highly sensitive to touch. At times, wearing clothing was painful. Alice assumed the symptoms were caused by a virus. “I fell into a deep depression,” she said. “I went from a glass is full person (and it’s fizzy), to where is the glass?” Getting out of the house and into the world was difficult at times. “I found myself staying home and not

engaging with people,” said Alice. “I wanted to be left alone. I lost my drive and creativity. I desperately wanted to sleep. It was my children that kept me going.” Alice established a routine and schedule that mirrored her daughter’s schedule. “My doctor decided to tackle the depression first,” she said. Alice’s depression was treated successfully, but when the other symptoms did not subside she was referred to a neurologist. A brain scan revealed she had multiple sclerosis (MS). “Ironically, the day I felt like myself again was the day I got my diagnosis,” she said.

After learning she had MS, Alice went out into the woods alone. “I howled. When I had depleted myself to the point of exhaustion, my first thought was this could be worse,” she said. “I could have had a stroke and no longer be able to communicate.” On reflection, Alice realized she had been living with the symptoms of MS for years. Initially, MS was always on the forefront of Alice’s mind. Slowly, her thoughts and actions shifted. Alice decided living in the moment would be the best way to move forward one day at a time. “Having children and keeping their schedule was helpful,” said Alice. “They are living in the moment, and you have to be there for them.” Alice also used her sense of humor to cope. For example, after reviewing the initial brain scan with a neurologist, Alice replied, “Well, thank heavens the plaques are in the parts I was not using anyway!” Alice says she is lucky to have a loving and supportive family to walk alongside her. “I did not have to pretend or hide my condition,” she said.

Alice also found comfort in sculpting. In 2006, she enrolled in a community-based sculpting class at the local Parks and Recreation department. “My daughters were taking classes and having fun, so I decided to join a class for adults,” she said. Alice discovered the joy of clay and being part of a group. Therapeutic use of clay became a meaningful part of her healing process. “You have to learn the limitations of the materials and yourself,” she said. “My wonderfully kind ceramics teacher, Carmen, guided me in the ups and downs of learning something new.” The downs were hard for Alice, as her old school feelings of failure began to rear their ugly head. “With nonjudgmental guidance, Carmen led me over these feelings of failure. Clay has become a good friend to me now that I have found out the secrets of its ways,” said Alice.



Figure 2. “Three Generations” (2010) by Alice McCall Smith.

Alice usually begins her sculptures by making a pinch pot. “This centers me as I get a feel for the clay,” she said. Alice says her sculptures develop organically. “I do not have a clear vision of what I am going to make,” she said. “My sculptures develop organically. They just come through me.” In 2010, Alice’s daughter, Deborah, invited her to collaborate on a sculpture. They created a totem pole comprised of colorful forms with a wren, made by another artist, perched at the top. The wren represented Alice’s mothers’ favorite bird. The piece, “Three Generations” (see Figure 2), is a 5 ft sculpture made from clay. “This sculpture holds great meaning to me,” said Alice. “I see it every day. It reminds me of how much fun and laughter we had while working together.

Alice continues to live and breathe occupational therapy. “You do not stop being an occupational therapist just because you are not being paid to work,” she said. As a regular guest speaker for the occupational therapy program at the University of North Carolina at Chapel Hill, Alice

enjoys sharing insight and experiences with students. She provides a snapshot of her childhood growing up on a farm in Scotland. Alice is also up front about what it is like to live with depression. “Unfortunately, it sometimes goes unnoticed, undiagnosed and untreated,” she said. Alice’s MS appears to be stable. Her symptoms are well controlled. Alice explains why she is not the sort of patient with MS they will be treating in the future. Alice educates students on the therapeutic use of clay and the benefits of incorporating art into occupational therapy practice. She provides a portion of clay to each student and teaches them how to get started on a pinch pot. “I put the students in a position where they have to experience what it would be like as a patient,” said Alice. She explains that anyone can do therapy, but a good therapist works on functional tasks that are meaningful. “You need to help them understand the disease process as it tends to get lost,” said Alice. “It is the connection you build with the patient that is important.”

Alice enjoys sharing stories from clinical practice about facilitating art groups in an outpatient mental health clinic. On one occasion, Alice asked her patients to develop a design that could be carved onto a potato stamp. She remembers working with a female patient whose design was far too intricate. “This patient was asking a potato to do something a potato cannot do,” said Alice. “She always had unrealistic expectations and could not finish anything.” Ultimately, the project turned out to be a total loss. Alice believes the experience was symbolic of the daily struggles in this patient’s life. “It is what art brings out in these patients that is meaningful,” she said.

Arts and crafts have been a popular modality in psychosocial occupational therapy practice since the profession was founded in 1917. William Rush Dunton, MD, one of the seven original founders of the profession, firmly believed in the therapeutic value of crafts (Cara & MacRae, 2005). Dr. Dunton’s ideas were reinforced by the arts and crafts movement, which emerged at the turn of the century in reaction to the negative effects of the industrial revolution (Cole & Tufano, 2008). Dr. Dunton took the movement a step further by applying the therapeutic use of crafts to the mental health setting.

Handcrafts have special therapeutic value as they afford occupation which combines the elements of play and recreation with work and accomplishment. They give a concrete return and provide a stimulus to mental activity and muscular exercise at the same time, and afford an opportunity for creation and self-expression. (Johnson, 1920, p. 69)



Figure 3. “Mr. Rooster.”

Alice stopped attending the community sculpting classes approximately four years ago and now has a studio at home. More recently, Alice has redirected her time and energy to a quarter horse named Mr. Rooster (see Figure 3). “I had not owned a horse in 40 years. It was a match made in heaven,” she said. “He is the most significant thing that has happened to me in years.” Mr. Rooster is housed on a farm with other animals. Together they explore the woods and jump the occasional fallen log. It reminds Alice of childhood on the farm. “Life has come full circle,” she said.

In the face of opposition, sculpting helped Alice to cope with challenging emotions and move on with her life. “For me, finding my way with clay has taught me about listening and letting go. Not

controlling,” she said. Since receiving her diagnosis, Alice has learned to accept the things she cannot control. “If I have a low energy day, I change my expectations,” she said. Today, Alice strives to live in the moment and to get the most out of life. “My daughters and diagnosis have helped me do so,” she said. “Almost every day I see something beautiful, wonderful, or that gives me joy. How lucky I have been.” Alice believes there is something intrinsic in human beings that makes them want to create. “Clay became my path. Creating sculpture is a process, you focus in the moment, create, and move forward. Sculptures are a part of you, yet separate. They show you something about yourself which is new, a surprise. Therapeutic use of clay has changed my life.”

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**View Alice McCall Smith’s sculptures in the OJOT Gallery:**

[https://scholarworks.wmich.edu/ojot\\_occupationandartist/27](https://scholarworks.wmich.edu/ojot_occupationandartist/27)

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