

The creation of a clay vessel is a metaphor for the therapeutic journey of a family affected by a rare disease

Claire Woollatt 

University of Johannesburg
studio90ceramics@gmail.com

Bio

Claire Woollatt is a SACE-registered (further education trained) FET educator (UNISA) with a Fine Art degree (University of Witwatersrand) and an honours in Art Therapy through the University of Johannesburg. She is currently completing a two-year master's in Art Therapy (University of Johannesburg). Woollatt is a member of Ceramics Southern Africa and an award-winning ceramist at several regional ceramic exhibitions. She has a special interest in mental health affecting rare disease patients and their families as two of her children have rare disease diagnoses. Her family are proactive members of Rare Diseases South Africa (NPO 120-991).

Abstract

This article is located within the South African rare disease community. The article draws from a master's thesis and focuses on a case vignette of a family affected by a rare disease diagnosis. There is limited research in South Africa focused on family art therapy. This study established that art therapy processes can uncover resilience factors in families affected by trauma associated with a rare disease diagnosis. The original study consisted of four art therapy sessions focused on identifying resilience factors through family collaborative art using clay, a medium previously unexplored by the family. This article focuses on a single clay object created collaboratively by the family during the sessions. Literature draws from international studies on family art therapy, clay as material, *kintsugi*, and concepts of holding, containing, and transitional objects. The making and holding of the vessel and the vulnerability of brokenness and repair paralleled the family's story. The distinct phases that emerged in the art therapy process included the malleability of clay in

its raw form, the brittleness of the unfired form, the tentative strength of the piece as bisque, the stronger form as a glazed item, and *kintsugi* reparation. Findings conclude that an awareness of the family's strength and resilience was symbolised through the object's creation and repair. This awareness showed the importance of acknowledging struggles faced both medically and mentally by the family and protective factors they witnessed among each other during the study. Initial findings were positive, and further studies are recommended.

Keywords: Clay work, family art therapy, kintsugi, rare disease therapy, rare diseases, resilience

Introduction

This article draws from the master's research study *Enhancing attachment using a clay-based art therapy collaboration in a family*. This study looked at protective factors and building resilience using collaborative family art therapy in a family affected by a rare disease¹ diagnosis of their child. There were four art therapy sessions with this family and the sessions included clay work.² The original family art therapy study proposal was presented to Rare Diseases South Africa³ and through their networks, the Jones family volunteered to participate. The family members are Amy (mother), Jack (father), Mary (aged six), and Ben (aged four), who has a rare disease diagnosis. A ceramic plate artwork made with clay became a symbolic representation of the Jones family and their experience of accepting their family's concept of brokenness and resilience. The ceramic plate was made during the second art therapy session with input from all family members in the same place and at the same time, enabling them to impact and influence each other.

The various clay processes of this piece are followed by the family's reflections on finding parallels between life experiences and their artwork. The processes included 1) creation, 2) firing, 3) breakage, 4) repair, and 5)

1 A rare disease is defined as a heterogenous group of diseases that can affect any system and that results in an impaired quality of life. Rare diseases affect no more than one in 2,000 individuals in the European Union and no more than one in 1,250 in the United States of America (Schieppati et al., 2008, p. 2039).

2 The family who participated in this study are members of Rare Diseases South Africa. Names have been changed to protect their identities (Crowe et al., 2011).

3 Rare Diseases South Africa is a non-profit organisation started in 2013 (NPO 120-991) to support families affected by rare disease diagnoses.

kintsugi (a pottery reparation technique using gold, symbolising healing, resilience, and beauty) (Price, 2021, p. 1).

The original study examined a specific family system and how each person exists individually whilst being integral to the family. This concept informed the therapeutic lens, providing a better understanding of family collaborative artwork, and how it could relate to resilience and protective factors. Family therapy and art therapy are two therapeutic disciplines, integrated through shared theoretical frameworks of personality, family systems, and art therapy processes, using non-verbal communication and becoming family art therapy (Arrington, 2001, p. 4). In family art therapy, the use of materials and engagement with materials is witnessed by the other family members and the art therapist, allowing for greater attunement and connection (Sabados, 2024, pp. 7–8). As a trainee art therapist, researcher, and mother of children with rare diseases, I acknowledge my positionality and internal lens from personal experience similar to the participants.

The plate broke following the bisque firing, resulting in individual responses by the family in acknowledging the break and consolidating the repair resulting from the discussion. Jack had suggested further breakage, Mary a “giving away” of fragments, and Amy found it a metaphor for their family that was broken by a rare disease. The small-scale and in-depth study highlighted the potential value of clay and time between sessions to build anticipatory hope and the tracking of processes, paralleling holding space between sessions.

The study of family art therapy is limited in South Africa. This article draws from a constructivist theoretical framework and looks at the literature around clay, family art therapy, Donald Winnicott’s transitional objects, and *kintsugi* as reparation. The article focuses on a South African family with a rare disease diagnosis.

Background

The Jones family has struggled to access medical treatment in South Africa, resulting in anxiety and mental fatigue. The family has medical aid, and Ben’s rare disease is classified as a prescribed minimum benefit.⁴ In 2022, a High

4 The Medical Schemes Act No. 131 of 1998 lists medical conditions and diseases under a list of prescribed minimum benefits (PMBs). The medical schemes are legislated to cover costs related

Court application was brought against the medical aid for refusing to pay for treatment, remaining unresolved, causing additional emotional and financial strain for the Jones family.

The stress of legal battles for Ben's treatment, financial strain, and his daily medical needs (including occupational therapy, physiotherapy, speech therapy, and medication administration) presented as risk factors to the Jones' family health when assessing the treatment goal for the art therapy sessions. The reason for engagement was their reported feelings of being overwhelmed, exhausted, and burned out on account of their medical and legal stress, along with familial needs for connection and relationship. The focus of the intervention was to uncover the family's protective factors and reinforce connection using collaborative art and clay work. Using clay highlighted their need for exploratory experiences to create connection along with the challenge of dealing with unknown future life challenges. The plate became a physical and metaphoric vessel to hold discussion and reflection, becoming an object of meaning and symbolising the family's feelings of brokenness and resilience.

Clay as a medium

From birth, we use our hands to understand the world around us. The first touch, or lack thereof, is a form of communication (Henley, 2002, p. 13). In *Clayworks in Art Therapy*, David Henley (2002, p. 13) notes the deep attraction to clay, which meets a child's desire for novelty through the rich sensory experiences that sustain the attention of most children. Clay is malleable and tactile and, when held, touched, and manipulated, encourages the creator to engage in movement and creativity. For art therapists, sensory input from touch and haptics is significant in activating cutaneous⁵ senses (Lusebrink, 2010; Carlson et al. 2010).

Clay is unique in its use of one's hands as the main tool in the creation process (Blatner, 1991, p. 406). Tactile experiences whereby non-verbal language and expression are invoked through the clay (Sholt & Gavron, 2006) informed the choice of medium as Ben has limited verbal ability, relying on

to the diagnosis, treatment, and care of PMBs. <https://www.medicalschemes.co.za/resources/pmb/>.

5 Cutaneous senses are dependent on receptors in the skin and are sensitive to contact, pressure, vibration, temperature, or pain (VandenBos, 2007, n.p.)

nonverbal communication. Engagement of the hands with clay speaks to the beneficial haptic experience of sensory touch that links one's kinaesthetic movement with sensory receptors in the skin (Elbrecht & Antcliff, 2014, p. 22; Sholt & Gavron, 2006; Wong & Au, 2019, p. 197). Using art and clay offered nonverbal expression that was beneficial for communication within the family unit.

Clay was new to the Jones family, allowing them to be creative and intentionally letting go of artistic ability as an outcome. In *Creativity in Art Therapy*, Rachel Brandof (2017, p. 327) states that creativity can be born out of interactions with any art material. A client's needs are considered so they can be directed to materials to best facilitate engagement and curiosity (Martin et al., 2010, p. 513). The playful, confident ways in which Jack and Amy interacted with clay in the presence of Mary and Ben showcased their role of parental involvement in their children's development of imagination and exploration of objects.

David Henley (2002, p. 25) emphasises the importance of art therapists knowing their material in terms of its expressive properties and understanding its potential results in facilitating therapeutic outcomes. When creating *art for art's sake*, clay is used with a specific outcome intended. The focus is often on the technical requirements and the final object or image. In a therapeutic environment, the focus is on the process of creating, where touch perceptions engage movements and activate emotions (Lusebrink, 2004, p. 127; Martin et al., 2010), leading to authentic, emotive responses witnessed in sessions.

Haptic touch is a perceptual experience of movement and touch involving an array of sensory receptors in the skin (Fulkerson, 2011, p. 493). Working with clay encourages an in-process embodied experience of movement between stages of creation. The weight of the clay and its resistance require physical movement to be manipulated. The way the Jones family touched, pushed, punched and rolled the clay was like a dance: they anticipated each other's reactions and moved accordingly to help or step back.

Value of an object

Donald Winnicott (1951) introduced the term 'transitional object', describing the object as infants' first possessions separate from themselves. He clarified that a transitional object is used for comfort when the infants' needs are not immediately met. The term 'transitional' refers to the process of the infant

separating itself from its mother (Winnicott, 1951, p. 10). Winnicott (1975, p. xx) notes the importance of the object because of its symbolism in helping the child transition from being merged with its mother to a state of separation. The transitional object is created from a need to *resolve a tension or conflict* arising from the infant not having its primal needs met and precedes the establishment of reality (Winnicott, 1951, p. 6). In this case, the plate is the transitional object and makes room for the idea of becoming able to accept a difference between an associated idea of reality and the reality of medical challenges that the family faces. Amy described the broken and repaired plate as an object worth more than a Carrol Boyes⁶ plate, a tangible item that symbolises their families' worth. The parents' reflections during feedback suggest the value of the object, capturing the essence of their family unit through their co-creation. Collaborative art as a transitional object and memorial artwork may be valuable for families affected by rare diseases and potential losses.

Methodology

A constructivist interpretive framework was used for this research. Constructivism is based on the idea that people are actively involved in their creation of reality, whereby change is constant and directly related to their reality (Lyddon & McLaughlin, 1994, pp. 89–95). The constructivist position uses a reflective stance, bringing hidden meaning to the conscious through deep reflection on the interactions between the participants and researcher (Ponterotto, 2005, p. 129). Through interactive dialogue, we explored the meanings and interpretations resulting from the creation in the second session and the subsequent breakage and repair of the plate. A constructivist interpretive stance suggests there are many constructed realities rather than a single true reality, influenced by subjective contexts and the individual's experiences, social situations, and interactions between them and the researcher (Ponterotto, 2005, p. 130). A reflexive stance requires participants and researchers to acknowledge that reality is socially constructed and that the relationship and interactions are central to capturing and understanding the lived experience (Ponterotto, 2005, p. 131).

6 Carrol Boyes was an established South African artist and designer whose eponymous label is celebrated for her functional homeware aimed at the upper middle-class market: <https://carrolboyes.com/>

Shirley Riley (1993, p. 253) discusses the importance of art therapists taking a constructivist approach as it relieves the therapist of responsibility to provide answers. This approach allowed the family's story to shape the sessions, as their family has its own story and each family member has their own experiences. Thus, their realities are based on their experiences.

Clark Moustakas (1990, pp. 38–58) places heuristic enquiry within a qualitative, social constructivist research model whereby a researcher pursues a question intrinsically linked to one's personal identity and selfhood (Rumi, 2019, p. 3). Heuristic introspection to reflect on and acknowledge my subjectivity and bias was required for this research. Reflexivity of my disclosed positionality as a fellow member of Rare Diseases South Africa was paramount to the constructivist interpretive stance of interacting with the family as they expressed a sense of feeling understood in ways not previously experienced.

Ethics

The University of Johannesburg's Faculty of Education research committee granted ethical approval. Considerations included consent, assent, anonymity, and protection of data collected.

Processes

Object creation

The four art therapy sessions were conducted in my clay studio, and reflections and dialogues were through confidential verbal and written conversations documented with clinical reports. A focused discussion held online was conducted several weeks after the last session. The sessions were mostly nondirective, with a variety of materials available. Many artworks were made, including 15 mixed media images and 17 pieces of pottery, including one collaborative acrylic painting and five collaborative ceramic pieces. Based on feedback from the family and dialogue during sessions, the plate was chosen as a piece of immense personal value, expressed through the family's emotional attachment to the plate in its broken state and the *kintsugi* repair. Amy admitted she had never previously felt attached to a material object. The emotional value and connection to this piece after a period of rupture and repair symbolised to Jack and Amy the value they found in acknowledging

their journey with their son's rare disease diagnosis and the chosen metaphor for their healing.

Clay as an expressive art medium

The Expressive Therapies Continuum⁷ provides a theoretical framework for the use and application of art media within therapy (Lusebrink, 2010, p. 168). It helps therapists understand a client's expression and processing of emotions through levels of kinaesthetic, sensory, symbolic and creative expression. Lisa Hinz (2019, p. 3) suggests that the Expressive Therapies Continuum provides therapists working with art materials with a framework to assess the choice of materials and work within nondirective arts-based therapy. The expression and processing of experience can shift with the various art materials and images created, often holding truths that clients reveal for themselves (Hinz, 2019, p. xxi). As a ceramic artist, the Expressive Therapies Continuum was helpful to inform my clinical thinking about this family and gave a theoretical understanding to what I know implicitly as an artist.

Art therapists face decisions when working with clients, much like an artist facing a piece of clay or a blank canvas. Questions such as "How do I know what material to offer?" or "How do I invite a client to work with new materials?" do not have specific rules. However, the Expressive Therapies Continuum offers suggestions depending on a client's preference of medium, their kinetic explorations, and sensory responses (Hinz, 2019, p. 3). The Expressive Therapies Continuum has various levels of experience, starting with sensory/kinaesthetic experience, which is tactile and sensual, and provides feedback through both internal and external sensations, which is developmentally similar to nonverbal processing in an infant (Hinz, 2019, pp. 4–5).

People have different preferences for materials, and acknowledging these differences helps art therapists remain open to clients' needs and preferences (Moon, 2010, p. 14). The expressive potential is maximised through the available choice of materials, tools, and equipment used in art therapy within a space that holds the interplay between materials and the physicality of expression (Moon, 2010, pp. 10–11).

7 The Expressive Therapies Continuum is a valuable consideration for this paper and thus I have included it with title casing to emphasise its importance.

A diagnosis of a rare disease is a significant stress event, resulting in a clinical impact on the brain system senses and potentially impacting functions such as cognition (cortex), affect regulation (limbic system), and fine motor regulation (Perry, 2006, p. 36). Sensory input, not just therapeutic relational interaction, provides experiences that can lead to functional regulation (Perry, 2006, p. 38). The sensory experience of working with clay enhanced an involvement with kinaesthetic activity whereby Jack was able to engage mindfully through tactile physical engagement. Jack showed creativity with painted images, which echoed through his engagement with clay, requiring additional focus. In its raw state, clay has plasticity, allowing the maker to press it into shapes in which it remains once pressure is released (Shepard, 1985, p. 14). Jack's mindful manipulation resulted in a letting go of conscious control and a mindful immersion in the material, a concept discussed in *Handbook of Art Therapy* by Cathy Malchiodi (2012, pp. 123–124). In its raw state, clay is uniquely malleable and manipulated. However, it has a maximum workability point based on water content (Shepard, 1985, p. 15). This quality of clay paralleled what I witnessed in Ben, who had a personal maximum workability where he disengaged from tasks to lie down and rest.

Mary showed curiosity, whilst Ben at first showed an aversion to clay. Amy noted that Ben had experience with playdough at school and enjoyed cutting shapes and stamping, prompting his reaching for stamps and familiar tools. Ben's familiarity with tools seemed to help him shift focus from the feeling of the clay, affirming Noah Hass-Cohen et al.'s (2018, p. 45) observation that "repeated sensory art experiences contribute to the formation and strengthening of memories". Although Ben initially resisted the clay, his previous experience with playdough gave him confidence and a willingness to participate.

Amy expressed wonder at seeing Jack's patience with the clay: "It reminded me of the things I love about him". Amy expressed value in their relationship, and exploring something outside of their control allowed them to experience something new again. Exploration was an important part of Jack's growth during the sessions. Jack felt it allowed the family members to push past barriers of expectations to explore the challenge of vulnerability associated with a new and unexplored art medium. Reflections were made around the newness of the material and experiences likened to the anticipation of Ben's birth. The breakage of the plate paralleled the sense of rupture to the family through Ben's rare disease diagnosis, which could not be prevented.

Mindfulness to mitigate breakage

Throughout the creation of a ceramic vessel, many clay-making processes affect subsequent refining, firing, and glazing. A strong connection between maker and clay emerges, which often comes with an experience of loss and suffering, valued by art therapists for the therapeutic value of navigating these processes (Wardi-Zonna, 2020, p. 43). Attunement to the piece of clay and the connection of the family members during the creation of the piece allowed for a focused moment of connection. Amy and Jack witnessed this connection while creating the plate with their children. An art therapy space, rather than therapeutic art (which lacks the addition of a therapist as a witness), provides an opportune space to practise mindfulness and focused attention within the creative process (Douglas & Dykeman, 2022, p. 2). The role of the therapist in the space was an important factor in allowing the parents to practise a mindful experience with their children present, as they could trust the therapist's attunement to their children. The family members expressed a sense of relief, allowing them to fully engage in the materials.

I noticed that the family focused on the creation of their wet plate, perhaps believing that its creation was enough to guarantee a successful result. There were many steps to follow, and the plate was placed in many situations of significant peril. The plate was rolled into a slab before being draped into a mould. The edges were trimmed and smoothed, and an image was imprinted with Ben's handprint and various stamps. There was intentional input from all members of the family. The later unlabouring of the slightly dried piece required sensitive movement and gentle refinement to avoid potential damage. To facilitate smooth transitions between stages of creation, the potter must find a harmonious point of perfect dryness (Wardi-Zonna, 2020, p. 43). A wet plate can become misshapen or torn. A dry plate cannot be trimmed or finished properly. Thus, a piece needs to be kept in mind at all stages of creation to navigate its transformation. Similarly, the creation of art in a therapeutic space requires the mindfulness of the creator whilst the therapist attunes to the stages of a client's transformation to navigate those spaces of internal shift and growth (Goren-Bar, 2019, p. 3).

Mould for a container

John Bowlby (1988, p. 139) explores the importance of a therapist providing clients with a secure base. This base is likened to Donald Winnicott's 'holding'

and Wilfred Bion's 'containing' (Bion, 1984; Borg, 2013; Ferro & Foresti, 2013; Winnicott et al., 2010). In containing and providing a secure base in a therapy space, the therapist empathetically parallels the relationship between the mother (who provides her child with a secure base to explore the world) and the child (Bowlby, 1988, p. 139).

It was interesting to contemplate the mould as a container for the soft clay. The clay needed a time of slow drying in the mould while being held and supported to become a plate in the same way that a therapist holds the space for clients. The therapist provides space for clients to reflect and heal, like clay slowly drying and shifting into a space of permanence through the first bisque firing, and allows holding and containing to happen. A nonverbal conversation was indented in the clay through Ben's handprint and stamping. After firing, the indents were felt through touch, a reminder of the processes of creating. The clay plate was holding space for conversation as each family member made an imprint on the piece, physically representing this conversation (see Figure 1).



Figure 1: Moulded plate, photograph by Claire Woollatt, 2023

Bisque piece

There is a rawness to a hard ceramic bisque-fired piece. In a transient stage of creation, raw clay hardens and undergoes structural changes through the application of heat in a kiln, resulting in strong yet porous ceramic that is no

longer recyclable (Shepard, 1985, p. 5). Pottery fired at bisque heat tends to be porous, and although stronger than raw clay, it is weaker than a higher-fired and glazed piece (Tankersley & Meinhart, 1982, p. 228). There is a permanence to a fired piece of ceramic that cannot biodegrade (Shepard, 1985, p. 8), like the permanence of an incurable genetic disease, such as Ben's.



Figure 2: Bisqued plate, photograph by Claire Woollatt, 2023

Breakage of a piece



Figure 3: Broken plate, photograph by Claire Woollatt, 2024

Due to illness, there was an extended period between sessions. A physical break in the plate mirrored this breakage of continuity. A weakness formed during the bisque firing and a bump caused a wedge to break in the plate. There were difficult moments acknowledging the break, especially for Amy. Mary suggested giving the broken piece away so someone else could have it. Jack suggested breaking it further to allow for mosaicking and reforming of the plate. Amy was aghast, and her response was, "How can we intentionally break our family?" This unanticipated symbolism for Amy evidenced the depth of meaning attached to the plate. It symbolises the individuals within the family: the handprint from Ben, the stamps and drawing by Mary, and the stamping done by both parents. Amy described it as a family portrait and was initially sad, a familiar sense of grief which permeated within their family due to Ben's health. The rupture of the plate and potential repair was a moment for the family to define 'family' and what brokenness means to them. Faced with this broken plate in a therapeutic space allowed for raw emotions to be expressed and contained. As a witness to the family's pain, I reflected on their feelings, leading to a family discussion, after which I was asked to glaze and then glue the piece. They had unanimously decided not to remake it even with access to materials. This small broken piece of pottery was a significant metaphor for their family, although it was only upon reflection that they were able to acknowledge it.

Exposure of the cracks

The choice to repair the broken plate acknowledged their family's journey and expressed the inescapable brokenness felt at times. In considering this piece of pottery, they realised it has also been valuable to learn about their strength, unity, and appreciation of the smaller things. The Jones family were forced into a journey of health battles, medical terms, legal challenges, first aid treatments, and alternative schooling. They are learning to value the small pockets of happiness as important. They are not a family pretending they are okay, ignoring their struggles to keep up with the Joneses. Instead, they are the Jones family inspiring through their interconnectedness.

The ceramic journey through a kiln, firing, and pressure, paralleled the daily living the Jones family experience, where they are pushed to their limits, forged into robust, forever-changed pieces of art. The breakage no longer mattered, and the joining and *kintsugi* became an opportunity to engage in

the positive parts of their story: their family's resilience and ability to find joy despite their suffering. *Kintsugi* repair and associated meaning was discussed at length in a session, and due to technicalities in the process, I glazed and repaired the piece. The therapeutic alliance placed me as an object, psychologically holding and containing the repair (Scharff & Scharff, 1997, p. 150; Schröder et al., 2009, p. 1).

Kintsugi

When cracks are repaired and sealed, they are visible and may be felt when held. As a material craft, repair and sealing is where *kintsugi* can affect an engagement with the senses and facilitate *perceptions* of damage and repair (Keulemans, 2016, p. 17).

Kintsugi (or *kintsukori*) is a Japanese ancestral technique developed in the 15th century to repair cracked or broken ceramics with gold (or other precious metals). The gold highlights defects and presents a duality of fragmentation and transformation through the accentuation of the cracks (Keulemans, 2016, p. 18). The breakage and reparation become integral to the object's history, reflecting the human experiences of people like the Jones family members who are faced with life situations that result in feelings of brokenness and who bear the mental scars of rare diseases (Pasanen, 2021). A broken ceramic item is not recyclable, but it is often repairable, a cycle of reincarnation where new life is given to a repaired piece. It is not unusual for a *kintsugi*-repaired artwork to be more valuable than before (Wardi-Zonna, 2020, p. 45).

Kintsugi invites us to transcend personal hardships and struggles by transforming them into gold, emphasising the scars as a demonstration of the healing journey. In deciding to repair what is broken, one recognises the object's value and its sentimental value (Santini, 2019). Amy choosing *kintsugi* allowed Jack to value witnessing her overwhelmedness and her strength in allowing imperfection. Jack found it an important reminder of her inner strength, saying, "I saw things I had forgotten. Amy got to express a strength she thought was lost, and this plate was an important moment for her to face that strength. She was able to deal with her emotions, even though it was challenging".

The exposure of the crack represented their vulnerabilities and visible scars, describing themselves as "physically broken and repaired", thus acknowledging that they also bear scars from their past. *Kintsugi* teaches

that a broken object should be displayed with pride, as the signs of rupture and repair are a part of the object's history (Pasanen, 2021, pp. 18–19). Jack acknowledged the “symbolic significance of the repaired pottery piece and the emotions it evokes, without needing to fully understand them”.

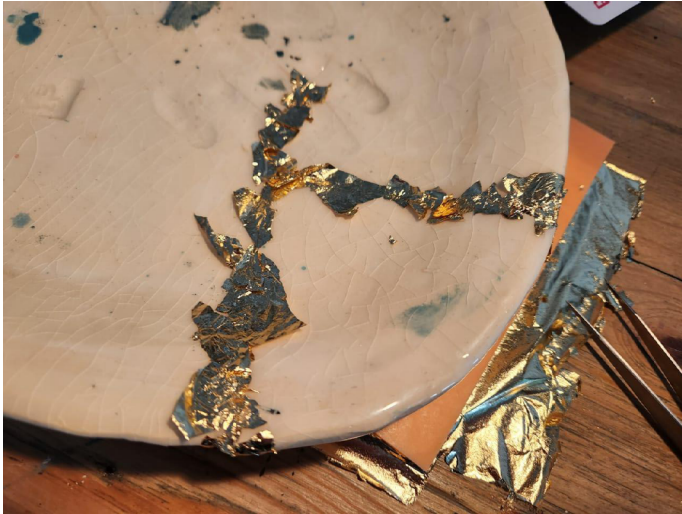


Figure 4: Kintsugi in process, photograph by Claire Woollatt, 2024

It is important to acknowledge that this is the experience of the Jones family, and it may be unique to them. The breakage of the plate was an unanticipated rupture and visible experience of repair, which was noted as beneficial for the family, making them able to externalise these thoughts and discussions through their object.

The coloured marks in Figure 5 were made with underglaze by the family. The underglaze splashed from another piece, an interesting acknowledgement of the unintended consequences of one's actions.



Figure 5: Repaired plate, photograph by Claire Woollatt, 2024

Limitations

The limitations of this study are the small sample size, the rare disease diagnosis, and the subsequent effect on one family being quite different to others affected by diseases with different genograms. I acknowledge my biases as a ceramic artist and a mother of children with a rare disease. However, I see the benefit this allowed in terms of my empathetic understanding when I engaged with the Jones family's personal struggles rising from their challenges: medically, mentally, and socially.

Findings and conclusion

The reflective responses from the family highlighted significant thematic parallels between the creation of a ceramic art piece and their personal journey through a rare disease diagnosis and the subsequent impact on their family. They also spoke about the value of the experience of art therapy as a family unit. The hope and anticipation of their plate developing through firing processes each week created a space to talk about their anticipation and hope when Ben was born. The breakage highlighted their grief when they noticed significant health issues early in his life and the subsequent reality of potential

early death. The repair was a moment to acknowledge how they choose to live and the impact their son has had on their lives, creating resilience and strength.

Art therapy has the inherent ability to nurture both positive and negative emotions (Green et al., 2021, p. 1). Positive emotions can be established with the help of art therapy, which creates safe therapeutic spaces where there is no inherent threat to one's life and which helps build adaptive traits through increasing psychological and social capacity (King, 2016, p. 116). Over time, positive responses can become habitual, and this in turn can build resilience. Creative work integrates the two hemispheres of the brain, assisting in the integration of thoughts, emotions, and sensations linked to relationships with loved ones (Green et al., 2021, p. 2). The plate became a symbolic, transitional object that bore witness to joy, sadness, and relief. Through symbolic rupture and repair, the plate held the celebration of scars and the acceptance of hurtful life experiences and their subsequent resilience. Family therapy involving incurable diseases holds, like clay, permanence and fragility concurrently. Family art therapy allowed the Jones family to experience a breakage and repair witnessed in a therapy space.

The creation of an image or an object is understood through the concrete form outlasting the experiential making of it (Case & Dalley, 2014, p. 86). The making of images can be interrupted, and meaning may alter through interference and the associations whilst the images are being made. Shifts may occur over time to impart new meaning and insight (Case & Dalley, 2014, p. 86). It could be said that the materiality of clay and the processes and timing required in the creation of an art piece mirror the family's experience and parallel life journey. There was an acknowledgement by the family of vicarious resilience through the metaphor of tracking the clay, looking at delayed results, and having to wait, creating space to breathe and reflect.

Repaired cracks can trigger memories and link to related catastrophes and broken moments, conjointly creating a space for care, amelioration, and hope, which is dependent on the individual and their perspectives (Keulemans, 2016, p. 17). *Kintsugi* is shown to demonstrate the propensity of repaired objects to embody dual perceptions of catastrophe and amelioration (Keulemans, 2016, p. 15).

It can be hard to move past hardships and see oneself and one's family as something more than the victim of a rare disease diagnosis. Here, the philosophy of *kintsugi* can be applied to moving forward: seeing one's scars

as something to be proud of and appreciating one's story. This perception is how one can advocate for treatment, awareness, and identity in a positive and vicarious way. Learning and growing from life experience becomes more about the future and less about the hardships faced. Rumination is shifted into restoration and reparation. Some families possibly feel shame connected to their emotional and psychological wounds. However, *kintsugi* teaches acceptance. Acceptance helps people to draw strength from hurtful life experiences and to find ways to become more resilient, enabling them to highlight their story in a positive and proud way (Pasanen, 2021).

This study had positive outcomes for the participants. Further studies are required to support the potential of family art therapy using clay within South Africa's rare diseases community.

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