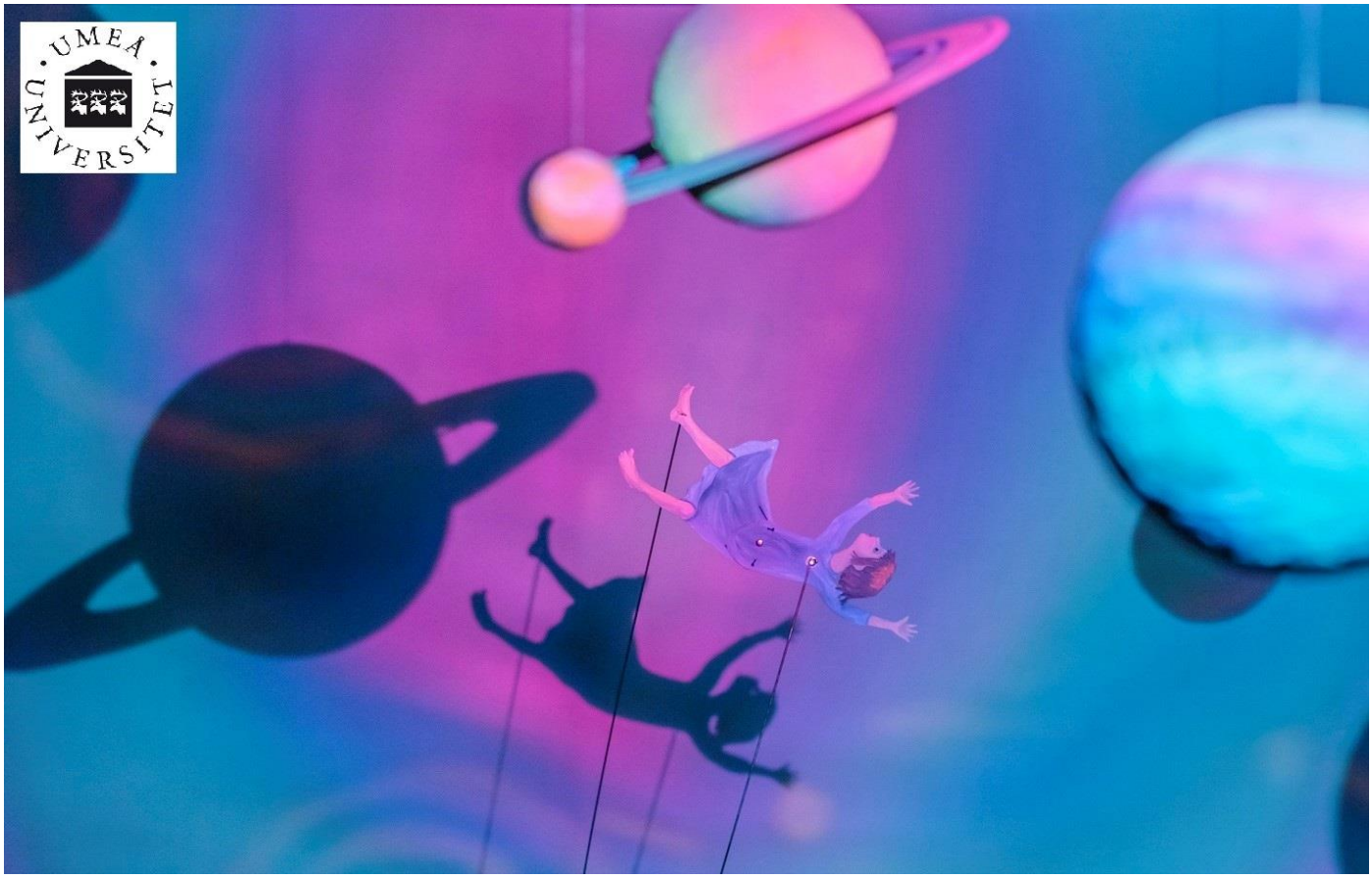

Puppets in Psychotherapy

An international web based study among clinicians

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Abstract

The aim of this study is to understand more about how puppets are used among therapists nowadays, and examine *if* as well as *how* they can be a useful tool in psychotherapy in the future. It is a study based on a questionnaire in English, including both quantitative data and qualitative information. Thematic analysis has been used.

33 participants (n = 33) from 11 countries responded to the questionnaire. Results show that puppet selection as well as inclusion is wide among participants. Hand puppets are most commonly used and approaches are most often child-centered. Six main themes were found in the analysis; the projective, the symbolic, the relational, the empowering, the evocative and the transformative dimension.

According to results most clients can be suitable for the method, however especially children. Results also show, that precaution should be taken with those scared of the puppets and the severe mentally ill. For shy clients, there is contradictory information. Furthermore, successful use is related to individual characteristics in the client. Examples of beneficial characteristics are curiosity, playfulness, creativity, acceptance and an ability to engage in the method. Less beneficial characteristics can be an inability to play, inhibition, rigidness, having a strong cognitive orientation or negative preconceptions of puppets.

The conclusion is that puppetry can be a useful tool in psychotherapy.

Keywords: psychotherapy, puppet, therapeutic puppetry, therapy

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Introduction - art and play in psychotherapy

Figure 1 Petroglyphs in Tanum, Sweden

For thousands of years they have played; the acrobats turning somersaults while shipmen swing their holy weapons in beneath. The petroglyphs represent a fundamental human longing; to play and express oneself in art. German philosopher Schiller is said to have stated: *"Man only plays when in the full meaning of the word he is a man, and he is only completely a man when he plays."* Furthermore, Winnicott, an English paediatrician and psychoanalyst famous for his ideas on holding environment, transitional objects and play wrote in his book "Playing and Reality" (1971, p.44) on psychotherapy:

> *Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play.*

As the acrobats´ play above needs a great deal of courage, the same can be true for clients on their journey. However, in a safe vessel like the ship above, similar to a therapy room, necessary change can happen. This type of therapeutic play can be seen in most therapies, in creative art therapies not the least.

Creative arts approach

Apart from a psychotherapeutic approach, therapists in creative therapy work have an approach related to their creative expression. It can be more or less explicit. Three types of established creative art therapy approaches will be looked upon before moving on to the puppets in psychotherapy; play therapy, drama therapy and art / expressive art therapy. All these three approaches naturally include – or can include - puppets. They are therefore

valuable resources, since the area by itself is relatively unexplored (Bromfield, 1995; Greaves, 2012; Irwin, 2014).

Play therapy

Play in play therapy is viewed as *in itself curative*, and, the *natural means* by which children learn. Using play therapy can give them the possibility to express themselves concretely and symbolically to help resolve difficulties and achieve optimal growth. The use of play in child psychotherapy dates back to early 1900´s (Green & Drewes, 2014). Play therapy includes a variety of theoretical models that use play as therapy given by a play therapist. Psychlogist Axline (1911-1988) advocate play therapy as a non-directive and child-centered approach (Axline, 1947). She has said: "*Enter into children's play and you will find the place where their minds, hearts, and souls meet."* And as true but a bit more humourous: *"Asking questions in therapy would be so helpful if anyone ever answered them accurately. But no one ever does."* (AZ Quotes, n.d) Working non-verbally is a way of getting around this.

Play therapy has traditionally been used with children, however, today it is used increasingly throughout the life span. A difference compared to for example art therapy is how art material is viewed. Play therapy puts little emphasis on the art work as such (Green & Drewes, 2014). It is the play that has the developmental and healing properties, not the art. Art therapy values art in itself, and knowledge about art material more than a play therapist. Expressive art has two schools; "the artist as therapist" in the further end, and "the therapist as artist" on the other.

Art and Expressive art therapy

The mother of art therapy is by many Naumburg (1890-1983). She was an American psychologist and artist introducing art as a psychotherapy medium in the 1940´s. Her Dynamically Oriented Art Therapy (Naumberg, 1966) focused inner conflicts, the release of spontaneous imagery and free association of artwork. She repeatedly worked with scribbles, a method still used today (Egberg Thyme, Sundin, Ståhlberg, Lindström, Eklöf, & Wiberg, 2007). She let her patients use their preferred choice of painting media, drawing without lifting it on a large piece of paper until satisfied. Then looking at it from different angles finding an image to color in. In this type of approach, the *projection* as well as the unconscious plays a significant role. And projection goes hand in hand with *externalization*, the basis for all creative art therapies. Inner life is externalized in the artwork and parts of self is projected towards it (Knill, Levine & Levine, 2004). Art therapy is widely spread today by

therapists such as Killick (2017), Robbins (1994), Rubin (2009) and Schaverien (1999). While art therapy refers to visual art, expressive art therapy integrates visual art with the therapeutic use of dance, music, art, drama, writing and other art forms. Expressive arts therapy is an interdisciplinary art form where *intermodal transfer* between different art modalities are in focus. Knill (1994, p.326) writes:

> *Of particular importance is an understanding and ability to engage such techniques as intermodal or amplification. These techniques serve to deepen or extend expression, intensify group involvement or individuation, and offer less threatening modes for finding words beyond those habitually used in conversation.*

Except for intermodal skills Knill means that the expressive arts therapist requires deep artistic and psychotherapeutic conviction along with indepth study of imagination. However, the *process* rather than the art product is in focus. Regarding clients, a *low skill – high sensitivity* combination is wished for. When working with what is rather unknown to the clients senses, sensibility for it is higher than when the opposite. Knill along with Levine & Levine (2004) are representatives of this perspective formed in the beginning of 1970´ies by McNiff (McNiff, 1992).

Drama therapy

Drama therapy has evolved from drama and therefore uses drama terms. In contrast to play therapy it deepens the knowledge in one specific art expression. By using the dramatic process in therapy several gains are won. When *´in-role´* the client can act protected by the role (Langley, 2006). As for drama, play and play therapy it reflects a ´as if ´, a pretend mode, that can assist in safely projecting what is inside. When out of role the *distance* helps the client to reflect upon the distance between fact and fiction, reality and make-believe, sometimes referred to as *distancing* (Langley, 2006). These aspects also make it possible to shift positions, *replay* and *rehearse* for future challenges in life.

The drama therapy model psychodrama was founded by the psychiatrist and psychologist Moreno (1889-1974). One of the most common psychodrama tools are *role-reversal* (Blatner, 2000). In role-reversal distance is reached by letting the protagonist – the person dramatizing his / her personal drama - shifting positions frequently with other chosen roles. The rest of the group supports the protagonist taking part in interventions led by the director. One such intervention is *doubling*, where a participant - usually standing behind the protagonist –

supplements him by saying what he might want to say. Finally, Moreno once said: *…"then I will look at you with your eyes and you will look at me with mine"* (Howie, 2017).

Puppets in psychotherapy

High-lightened concepts earlier in this chapter such as projection, externalization, distancing and role-reverse all naturally apply for using with puppets in psychotherapy. However, there is no theory describing it yet. What Winnicott related to as *transitional objects* can be seen in therapeutic puppetry. The puppet many times serve as a bridge toward greater integration and independency. It becomes a symbol with a life of its own. Bromfield writes on this theme and the psychotherapeutic role of puppet use in general (Bromfield, 1995, p.435):

> *In the broadest sense puppet play functions to exteriorize conflict trough symbolic action (…). By standing in for real people, puppets allow a child to displace feelings from the significant persons with whom they were originally connected. In doing so, puppets offer physical and psychological safety that, in turn, invites greater self expression. For example, a child can express aggression or love toward a puppet without the risk of actual retaliation or rejection.*

By projection or *displacement*, the client can work through conflicts feeling safe. The external object is charged with emotional energy and after explorative work internalized.

In the mid 1930´s Bender and Woltmann (Bender & Woltmann, 1936) worked with puppets in a child psychiatric clinic in New York. These are the first written existing articles on puppets in psychotherapy. They used a psychoanalytic approach working with hand puppets, often by putting on a puppet show for the children to discuss afterwards. They could use fixed archetypical characters such as in Caspar. Puppets have been used repeatedly by many after this, among others in assessment as well as in individual therapy, family work, crisis intervention, school-based group counseling, trauma and mental illness (Aronoff, 1995; Bernier & O´Hare, 2005; Bromfield, 1995; Carter & Manson, 1998; Frey, 2006; Gauda, 2008; Gauda 2016; Gerity, 1999; Greaves, Camic, Maltby, Richardson & Mylläri, 2012; Hartwig, 2014; Irwin, 2002, 2014; Majaron & Kroflin, 2002; Pfeiffer, 1967; Ross, 1977). Today in the German speaking countries a special child-led method has been developed based on Jungian psychology. Swiss puppeteer and therapist Wühtrich (1931-2007) along with German psychologist Gauda (Wühtrich, 2007; Gauda 2010) are predecessors of this perspective.

However, as stated before, the area is relatively small and undeveloped compared to other creative art approaches. Irwin supports this as she writes the following (2002, p.101):

> *Among the most valuable yet, paradoxically, the least understood and utilized of these (play) materials are puppets. A random assortment of puppets is generally included in most playroom supplies, but the clinician is usually left to learn about their use (and misuse) in vivo, and thus often fail to explore their rich potential*.

These words hopefully inspire further exploration of the therapeutic use of puppets.

Aim and scientific questions

The aim of this study is to understand more about how puppets are used among therapists nowadays, and examine *if* as well as *how* they can be a useful tool in psychotherapy in the future. Questions to be answered are:

- How and for whom are puppets used in therapy?
- Can puppets be a useful tool in psychotherapy?

Method

This study is based on a web questionnaire including both quantitative data and qualitative information. The wide approach aims to match the relatively unexplored field examined. Accordingly, the questionnaire was written in English, since the Swedish sample would not have been enough to answer the research questions. For the same reason the study except for psychotherapists include therapists with other professional background. Transperancy and trustworthiness has been the goal throughout the work. Note that when (n =) is used in this essay, it refers only to participants who answered the questionnaire.

Data collection

The collection of data has been divided into *design* and *procedure,* see below.

Design

Google Form was chosen as a host for the questionnaire since it was free of charge and easy to use. It gathered information both on individual and group level. On group level, it created

diagrams and counted together results in numbers and percent. However, it did not have any password protection why caution was taken in different ways. No full name or contact information was asked for in the form nor information given that could link the form to a specific place. Instead a separate e-mail account was used sending out the link to the form to better secure participants´ confidentiality. By using two databases (Google Docs and Microsoft Outlook) trackable information was minimized. However, relevant background data was asked for to enable better analysis. The design of the questionnaire was based on the research questions. It was developed by using a template in Google Form and built question by question with suitable response alternatives. The questionnaire was tested on 3 persons and adjusted before sending out to participants. Except for refining language, the main change made was adding a question on how the clinicians work was financed. For more details see appendix.

Procedure

The questionnaire was open for responses all together for 1 month (February 2017). Thirytwo questionnaires sent out in total, a reminder was mailed out after 2 ½ weeks to the 20 out of the 32 participants that had not yet responded. The persons who got the questionnaires were encouraged to spread it onward to other suitable clinicians with a copy to sender. Unfortunately – in relation to dropout analysis – some unidentified persons who passed on the questionnaire to others, forgot to send a copy to sender. The number of persons receiving the questionnaire is for this reason unknown but is estimated to approximately 200 persons. Since the spreading of the questionnaire doubled the number of responding participants, the extra responses were seen as valuble and therefore included. Dropout analysis is for this reason not done, since the number of people who received the questionnaire is unknown. At final closing date, all together 33 responses (n = 33) had been collected including the ones that was spread on. Four responses where in partly in other languages; in Swedish (2), German (1) and French (1) language. They were included in the study and translated with Google translate.

Participants

The 32 clinicians who receiving first e-mails were both earlier known (17) and unknown clinicians (15). The known clinicians came from England, Germany, Greece, Ireland, Russia, Scotland, Switzerland, Sweden and US. The unknown clinicians came from Australia, England, France, Israel, Norway, and US. The unknown group were recruited by sending out the questionnaire to dramatherapy, expressive arts and play therapy associations in English speaking countries, asking for clinicians working with puppets in therapy. Associations in the

following eight countries were contacted: Australia, Canada, England, Finland, India, Singapore, Southafrica and US. When the questionnaire was passed on by clinicians in these both groups, more participants and countries were included in the study. In total included where 33 (n = 33) participants from 11 countries.

Data analysis

Relevant literature found by literature search was read before analysis. Emphasis lay on the scientific articles mentioned in Introduction section. In the quantitative section, Google Forms counting function and diagrams on group level were used. Thematic analysis (Hayes, 2000) was used processing most of the qualitative information from the questionnaire. Reoccurring themes found reading trough the replies were formed into six dimensions; the projective, the symbolic, the relational, the empowering, the evocative and the transformative dimension. By doing so, the information was meant to be easier for the reader to process. The themes were named dimensions since dimensions seem to have a wider, inclusive approach than other alternatives. Search-function in Word was a helpful tool to crosscheck the relevance of the dimensions. Words and synonyms could easily be found including their setting. For example, the symbolic dimension included search for “non-speaking” and “wordless”, the evocative dimension terms as “feeling” and emotion”. Every dimension included the least 12 hits, often 30 or more.

Ethic considerations

Considerations have been taken to the integrity and confidentiality of the clinicians. This has been done by using two databases as presented above, also quotes have been separated from their individual context and are exemplified on group level. Relevant information has been given to participants and no sensitive client information has been handled.

Results

The questionnaire resulted in 33 included participants (n=33) from 11 countries. Responding countries were in descending order: Germany (n=15), US (n=4), UK (n=3), Russia (n=2), Sweden (n=2), Swizerland (n=2), Austria (n=1), France (n=1), Greece (n=1), Ireland (n=1), Luxembourg (n=1). The largest group (n=18) were participants from German speaking countries including Germany, Switzerland and Austria. Twentyfour participants in total were women (n=24), 4 were men (n=4) and 5 unidentified gender (n=5). The participants´

professional background related to therapeutic work varied; 6 of them were psychologists (n=6), 6 were psychotherapists (n=6), 8 had a bachelor´s degree (n=8), 10 had a master degree (n=10), 3 had a Ph. D (n=3) and one 1 had an ongoing doctor´s degree (n=1). Some participants did not have any of the degrees above, but had other degrees, for example in art therapy, drama therapy, play therapy, Jungian psychology, special needs, occupational therapy and therapeutic puppetry. 22 participants in the group (n=22) had more than 10 years of experience, 7 had 5-10 years (n=7) and the rest less. This means 29 (n=29) out of the 33 had more than 5 years of experience. 24 participants (n=24) rated top satisfaction using puppets compared to other tools, 8 second best (n=8) and only 1 participant rated less (n=1). The rest of the results will be divided into quantitative and qualitative aspects. Regarding the research questions, the first subsection quantitative data relates more to *for whom* and the qualitative to *how*. The second question however - regarding future work - is not answered by the questionnaire at all, but rather a result of it. For this reason, it is mainly included in Discussion section.

Quantitative data

The quantitative data will be presented section by section in a similar order as in the questionnaire. Many choices are possible if else is not told. “Other” alternative is presented only when in larger number than 10. However lesser figures of interest will also be mentioned. If elsewise is not written, numbers are in descending order.

Psychotherapeutic and creative arts approach

Below are psychotherapeutic (figure 2) and creative arts approaches (figure 3) that participants apply to:

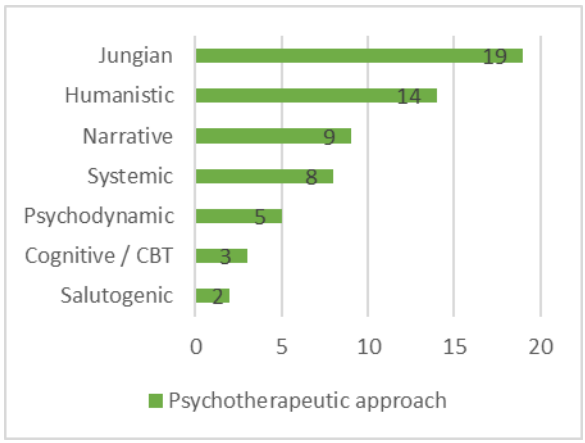

Figure 2 Psychotherapeutic approach, absolute numbers

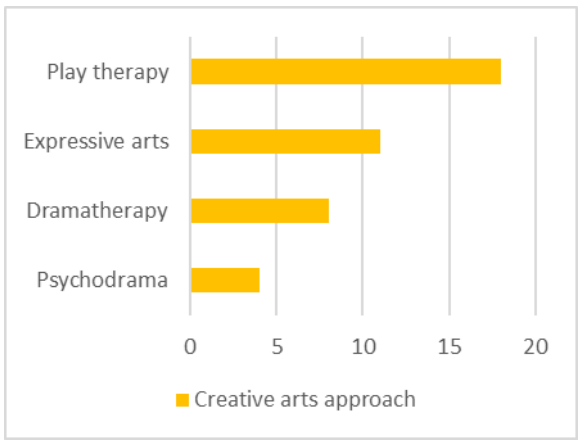

Figure 3 Creative arts approach, absolute numbers

Jungian psychotherapy approach stands out and close after that humanistic approach as often used, the opposite is the case for psychodynamic, cognitive / CBT and salutogenic approach. “Other” alternative included 8 psychotherapy approach responses (n=8) after excluding 3 responses (n=3) since they refer to creative arts approach (therapeutic puppetry). Examples of the 8 “other” answers are hypnotherapy, systemic work and psychosynthesis. Play therapy seems to be applied most often of the creative arts approaches (n=18). However, creative arts approach is more evenly spread than psychotherapy approach, especially if dramatherapy (n=8) is put together with the associated psychodrama (n=4). In the creative arts approach section, apart from expressive arts (n=11), 15 persons (n=15) chose the alternative “other” and answered mainly therapeutic puppetry (n=6) and art therapy (n=4).

Client group and work setting

Clients in the diagram below are divided into children and adults within individual or group work (figure 4). Couples and families are presented in a separate group. To the right is a diagram showing the number of sessions participants give to their clients most commonly (figure 5).

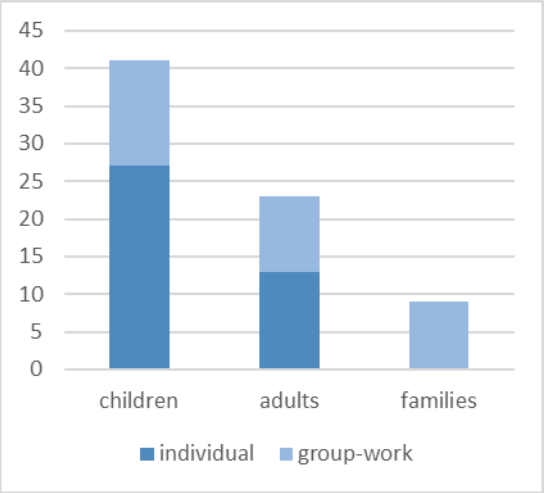

Figure 4 Client composition, absolute numbers

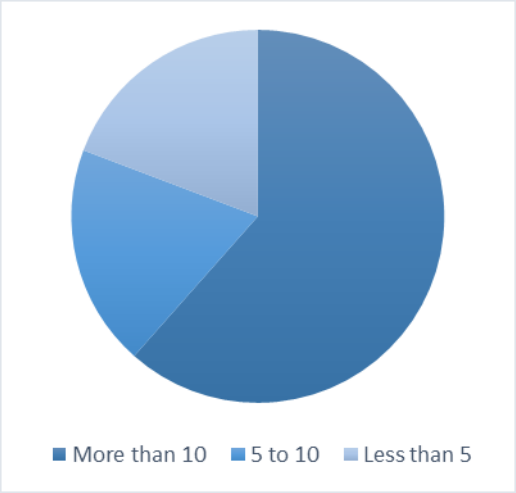

Figure 5 Number of sessions (n=26)

Result shows that participants predominantly work with children, most often individually. Ten sessions or more are most commonly offered. One participant offer 1 session per week for 1-3 years. Clients´ difficulties are crisis or trauma (n=25), social or communicational (n=24), psychological (n=22), somatic or psychosomatic (n=12) and psychiatric (n=10). Settings where participants work range from private practice (n=16), educational system (n=12) and social services (n=6) to Mental Health care / psychiatry (n=7) and health care / hospital (n=3). The payment for the treatment come from clients (n=18), communal

institutions (n=14), healthcare insurance (n=10), private insurances (n=9) and associations (n=2).

Puppet role and selection of puppets

The questionnaire also explores the role and inclusion of puppets in interventions (figure 6).

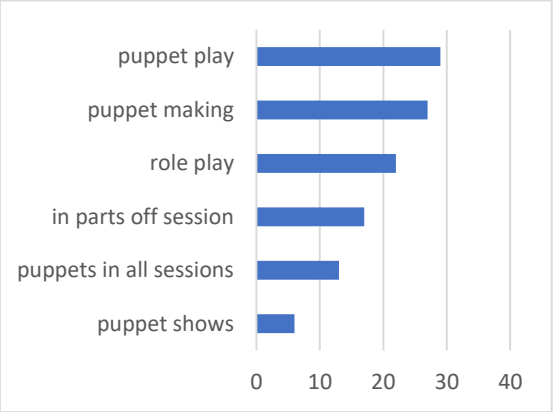

Figure 6 Type of puppet intervention, absolute numbers

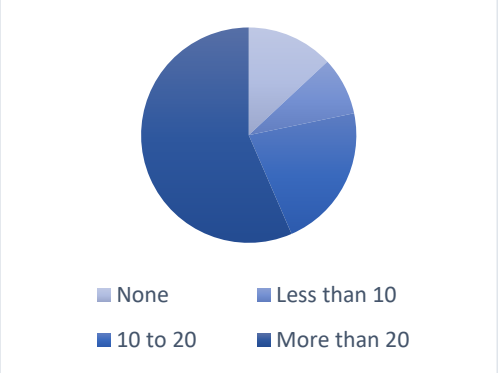

Figure 7 Number of puppets offered (n=23)

Most frequently the puppet interventions include puppet play (n=29), puppet making (n=27) and role play with therapist or others (n=22, figure 6). One participant use mask-making and group playing with masks. More clinicians use puppets in all sessions than in parts of sessions. The puppets manipulation style are mainly hand puppets (n=32), but sometimes also rod (n=8), table-top (n=8), marionettes (n=5) and shadow puppets (n=3). 57 % work non-directive (n=19), 36 % mixed (n=12) and none mainly directive. Most respondents use many types of puppets including symbolic puppets (fantasy puppets such as kings, dragons; n=29), human-like puppets (n=28) as well as animal puppets (n=28). More than half of the participants responding to suggested alternatives offer more than 20 puppets (n=13), the rest less (figure 7). Some doesn´t offer any puppets at all. The group answering the "Other" option consist of 10 responses including two answers "50 puppets", one "100 puppets" and one "1 puppet". One offer 10-20 puppets in individual work and more than 20 in group work. Four mention client made puppets or masks which refer to puppet type.

Summary

Results show that the 33 participants most frequently work client-centered with a Jungian, play therapy approach and that the majority come from Germany. Therapists are over all well trained. Treatment is most often given individually to children and difficulties are often crisis or trauma, communicational or psychological. Private practice plus educational settings are the most common, and accordingly payment often come from clients or communal institutions. Regarding puppet intervention, puppet play is more often used than puppet

making, but difference is relatively small. In general, a wide range of puppets are used, in number as well as characters. The exception is manipulation style; hand puppets are much more used than other types. Slighthly more participants use puppets in all sessions than parts of sessions and more than 10 sessions are most frequently offered.

Qualitative information

The qualitative information was sorted into the six dimensions by thematic analysis. The dimensions are the projective, the symbolic, the relational, the empowering, the evocative and the transformative dimension. The symbolic and evocative dimension were the most frequently mentioned. Below a quote from a participant that includes several dimensions to give an example:

> *Puppets offer a quicker way to access inner life than words alone or even other art processes such as drawing or painting. Animating the puppets leads to animating inner life and enhances interactions with the therapist or group members.*

The dimensions along with results on therapeutic puppetry method, advantages / disadvantages and for whom the method suits will be presented below.

The projective dimension

The projective aspects of therapeutic puppetry include projecting inner life on the puppet, as well as feeling protected by the puppet, engaging in a non-threatening situation, transfer onto the puppet instead of therapist, also, moving to a meta level - distancing - where looking at the difficulties on a distance can help to get insight. Mentalisation can also be included in this dimension. Quotes from the responses are: *"The puppets represent the client in all his thoughts, feelings...; my puppet represents the bits of me which I dare not be in real life…; Puppets add a layer of protection when telling a story about your self; The ability to change the situation is safe…; Puppets as a powerful projection tool allow children to speak all different aspects of themselves with playful freedom…; A puppet can be brought alive and then it is a projection screen of all involved emotions, problems, anxieties…;*...(it offers) *the ability to look at yourself and the situation on the other side...; With the puppet the client has the opportunity to see his problems from another and outstanding perspective."*

The symbolic dimension

The symbolic dimension refers to the wordless and unconsious aspects of therapeutic puppetry. An object represents something more than the object itself. The dimension is mult-layered and naturally holds contradictions. It also includes bridging between the non-verbal and verbal. Examples from the responses are: "*working with their inner conflicts on a symbolic level…; Letting the unconscious talk through the puppet in a symbolic language…; it is much more easy to "speak" without words about inner processes…; I can do things (or handle), what is'nt (even) possible to be said!; the child can tell about his unconcious problems directly, you can work with non-speaking children or mentally disabled children."*

The relational dimension

Buber is said to have stated: "*All actual life is encounter"*. Putting together this with Moreno´s quote mentioned in the introduction *"…then I will look at you with your eyes and you will look at me with mine"* (Blatner, 1989) gives an idea of what the dimension contributes with. Positive social interaction is included as well as conflict and problem-solving. ´Relational´ can refer to the therapist relation, to other group or family members and the relation to the puppet. The relation to the puppet can often be translated into our relation toward our own inner self. Examples of this dimension from the questionnaire are: "*Common play between the child and his parents. Functional and social-emotional problem solving….; social adaptation, communication with others…;…parent-child interaction…; the child can see / feel / speak with a part of himself."*

The evocative dimension

Joy, anger, shame and sadness are feelings included in the evocative dimension, interest and engagement as well. Work in this dimension can be getting in contact with emotions, identify feelings as well as regulate them. Example from the questionnaire are: "*the puppets appeal naturally to most children and they express their feelings with them in a way they could never do with words...; puppet play is a good possibility and prop for children to send their feelings outside…; …Dissociation with their feelings…; …the puppet allows the child to more open show feelings like rage which normally are not so easy allowed to show…; It is a direct way to one's feelings! Even autistic children or teenagers are able to become aware of their feelings and are able to express them - through puppets and/or towards other people in real life; …they don't have to act out their feelings and experiences as they would in a role play. The puppets do it 'for them'."* Last quote is a comparison to drama therapy.

The empowering dimension

The empowering aspects of therapeutic puppetry include working with self-esteem, self confidence, self assurance, self reliance, self image and coping skills. Working with these aspects the patient gets strengthened. Some examples: "*They feel more self-reliant and become more self-assured…; developement of more self-convidence…; the correction of "self-image", the search for personal resources…; The key is the understanding their self-image; participant can feel empowered and experience new ideas about themselves."*

The transformative dimension

The transformative dimension holds change. In that sense, it is always a part of therapy, no matter psychotherapy or creative arts approach. It can be seen in a wide range of therapeutic processes ranging from self-discovery and rehearse in role-play to healing and trauma recovery. Some examples from the questionnaire: "*Playing with the puppets children feel encouraged to try out new alternatives of behaving and acting…; When acting or using puppets clients go to a place where they are 'me & not me' at the same time which allows space for self discovery…; I support the children in the process of overcoming their relationship and attachment disorders and psychic traumas."*

Therapeutic puppetry methods

At least 18 participants decribe a method similar to the one mentioned ealier based on the work of Wütrich and Gauda (Wühtrich, 2007; Gauda, 2010). The client - often a child - selects three props / symbolic objects, then three hand puppets and after that deciding which roles are played by therapist or client. Stage decoration of an ironboard (possible to adapt height) is also included, for example by using differently coloured shawls. The client plays his / her story and the therapist assists. The approach is Jungian and include archetypical puppets. Other examples of methods described are work with a readymade puppet-buddy, the use of a doctor puppet prescribing songs for bad mood, puppet making with polymer clay, papier-mache, wool, textiles, mixed material and recycled material and the use of storytelling. A quote from a participant:

> *Children write a story about a character having to deal with a problem. Then design and make the puppets for the story to be performed. On this process we reflect together about different coping strategies to find a solution.*

Finally, a participant state what is not beneficial in these interventions: *They benefit least from only making a puppet and not playing with it or from only using ready-made puppets and not making some of their own.* This suggests that the complete process from puppet making to play is vital to offer.

Clients´ age, diagnosis and difficulties

Regarding age many suggest children as the most beneficial group to work with, some specifiy age 3 and upward as well as before reaching teen or young adult years:

> *I find that people of all ages can benefit greatly from puppet-therapy. For children between 3 and 8 years, however, it is a very helpful method for them to express themselves…*

Another participant state that with: *…"children (4-6 years), it is often necessary to involve the physical experience..."* However, some explicitly say it suits adults too, others recognize it as a method for all ages: "*Every age - from child to a person in front of death."* Considering what diagnoses or difficulties it suits best for one participant says: *"Children with low confidence and low self esteem, aggressive children, children needing to make sense of a challenge in their lives."* Other examples: *"Children who are inhibited, those who refuse to be received individually, hyperactive children, psycho-social problems, psychic trauma; Clients with a strong "inner child", without serious childhood trauma; All children who suffer from emotional instability and children who have problems in social behaving (aggression against other children or themselves for example); Children who have not yet words for their problems; adult persons without speak (e.g. after a stroke) or mentally disabled persons; Even autistic children"* and at same time it is seen as not beneficial for "*autistic children who are very deep in the spectrum."* Other examples of which clients benefit least from the method are: "*Children with narcissistic disorders or profound identity disorders, children with perverse or asocial structures (seeking to destroy the group); Children with low self-esteem, throw their puppets away (…) Over time, though, both childcare and adults, after watching the process, almost always decided to participate; Adults with difficulties to be engaged in therapy; Not advisable for psychotic or delusional children.; Overwhelming for people with tendencies for psychosis*."

Preconceptions and other factors

Preconceptions and engagement reoccur in the questionnaire as factors of value for being a suitable client: "*people who think positive about the medium…; Any person who can engage*

with the method and relate to it" and similar abilities or motivation: *"creative children with all sorts of problems; children and parents interested in emotional work; children or adults who love to play stories; Adults who easily play; Curiosity & social abilities in group work, permission and acceptance of symbolic work individually"* and more communicational and relational skills: *"Children who are to some extend capable of using language and who are to some extend able to communicate with me as a therapist."*

Therapeutic use of puppets seem least beneficial when: *"clients think of the puppet as just a 'toy'; children prefer not to create something concrete;* for *"...persons with strong suppression; persons (mostly adults) with a very cognitive orientation have problems to release; very shy kids do not dare to play;* clients with *own preconceptions of puppetry work as they see it as childish; restrictive and inhibiting assumptions about puppetry; They could make children scared when introducing them too early (less of symbolic understanding); some children with traumatic experiences or with severe attachmentproblems are afraid of the puppets, they can't do enough as if...; Teenagers who watch horror movies with puppets cannot engage with the method because the puppets seem to remind them of the movies and scare them; children who don't like puppets and have a poor sense of imagination; Children who continue to live in instabile circumstances; customers with a strong ´controlling parent´, with rigid psychological defenses; ...not all children are able to play – for them it is sometimes not possible to find a story."* Other factors mentioned on the down side of using puppets are that it is time consuming, that it can be exhausting, when clients´ resistance becomes a problem and when an angered puppet is destroyed. An example:

> *Children not taking responsibility for their puppet's actions can become behaviourally difficult to control. Some children may be scared of puppets (autism, very young children…)*

The need for both artistic and therapeutic competence is as well mentioned as problematic, also the fact that the method requires equipment, that trained staff in sufficient number can be hard to find, that it is not a mainstream therapy tool and that people may not consider the methods own therapeutic dynamic.

Summary

By thematic analysis six dimensions were found in the qualitative part of the questionnaire. These were the projective, symbolic, relational, empowering, evocative and transformative dimension. Regarding for whom the method is most beneficial for, parts of the information points out children in the first place, for some before teen age or young adult years. The

method seems beneficial for those with an ability to engage, to play, those accepting, creative and curios. Many view severe psychiatric illnesses such as profound identity disorders, psychosis or autism as least beneficial to work with. Some participants point out the risk to scare some of these and other clients including the traumatized. Other less beneficial groups to work with repeated in the questionnaire can be those with negative preconceptions, strong inner control or rigidness and those shy, with strong cognitive orientation or suppression.

Discussion

Focusing results on patient groups treated and recommended not to be treated, somewhat surprisingly *crisis and trauma* are more commonly treated than social / communicational or psychological difficulties. Treatment with therapeutic puppetry is indicated for this group in the questionnaires as well as in the literature (Aronoff, 1995; Bernier, 2005; Frey; 2006; Gauda, 2008; Gerity, 1999). On the other hand, those tending to become *scared* of puppets along with *psychotic or delusional* clients are repeatedly not advised to use therapeutic puppetry with. This to avoid clients being overwhelmed or getting problems with reality testing. It makes sense, and, is at the same time - at least regarding psychotic clients - possible to make exceptions for (Ekstein, 1965; Greaves et al. 2012; Pfeiffer, 1967). It can be compared to art therapy, which is widely known for being used on psychosis (Killick, 2017). If the therapist is experienced in working with psychosis and of responsive nature, puppets can probably become a major source of working with the reality testing and inner conflicts. However, hand puppets are a medium getting close to clients´ both physical *and* inner self, and, are in the questionnaires seen as having potential to rapidly reveal traumas. This - along with information on patients having severe mental illnesses - suggests that a fair amount of caution should be taken (Greaves et al., 2012). In addition, the group with profound identity disorders and autism is a great challenge to most psychotherapy and creative arts approaches. As for psychotic clients, there seems to be many ways of viewing therapeutic puppet work with *shy*. However, many have emphasized the value of using the method specifically with shy clients (Bernier & O´Hare, 2005). The reason is that the child can hide behind a screen or scene, and that focus from others are on the puppet, not the child.

The *How* side of the results shows a very positive use of puppets. Puppet selection, inclusion and number of puppets used are wide, however almost all used mainly hand puppets. More than half answering given choices offer more than 20 puppets. Puppets offered are wide-range with human-like, animal and symbolic puppets. Interestingly enough many offered not only

puppets in parts of their sessions, but in all sessions. This can however be due to the majority working with the German method (Gauda, 2010, 2016; Wüthrich, 2007). The same can be the case for the many participants offering more than 10 sessions, however, quite rare in these days of short-term treatments. One other reason for the many sessions can be that the method is time consuming, especially when working with the complete process from making to play. The *how* is of immense importance also when it comes to preconceptions. Working with own preconceptions is of course vital as well as stepwise inclusion of puppets for the doubtful, whether suppressed, highly intellectual or for other reasons amivalent. As one participant mentioned it can also be a question of *when* puppets are introduced, it can be too early for some. In fact, this group of clients more than any probably needs this type of therapy, if they are at all accessible for the method of course. Not the least this should be valid for adults. The quote on play in the Introduction section (Winnicott, 1971) supports this view.

On the quantitative as well as the qualitative side both disparate and alike patterns occur in the results, however more obvious in the qualitative responses. For example, all participants work non-directive or *client-centered*, some mixed with directive work. No one work mainly directive, regardless of psychotherapeutic or creative arts approach. This work is supported in the literature, especially the modern (Axline, 1947; Gauda, 2010, 2016; Hartwig, 2014; Wüthrich, 2007). Most clinicians work individually and often include puppet play, puppet making and / or role play. A fewer lot work with families and puppet shows. Compare this with when Bender and Woltmann (1936) worked directive with a psychoanalytical approach in the 30´ies, in childrens groups with puppet shows, and Irwin (1975) with family puppet interviews. This is of course in many ways related to how clients are viewed nowadays and the role of a therapist then compared to today. Society seem to be walking a sympathetic path toward where therapists no longer are “experts”, but rather fellow travelers to their clients. Still, it would be interesting to make comparishons if this work would still be found today. Probably it does exist outside of this essay, in some corner of the world, but not possible to include at this stage. However, considering the qualitative dimensions of Bender and Woltmanns (1936) work, parts of it support the results of the study. Especially looking at *the evocative dimension* and emotional work. They worked with emotional difficulties, the dimension most often mentioned in the results of this essay. The focus on children as well remains the same, but group perspective seems to have been shifted toward individual work. If this is the case, even on a more general level, what does that mean for children growing up today? Are they taken out of their context more often than they need? Gaudas quote above suggest the possibility to work individual but with the family mentally present in the room, or

concretely with puppets, as a help in overcoming disturbed family relations. It makes sense and seem very important, but what if the childs development is counteracted in the daily family life? Then all family members should probably better have been in the therapy room. Still, it could be the case that this is not supported in society today, nor financially or culturally. If the allowed way of thinking is on a continuum between contextualizing problems to individualizing them, we are perhaps close to the further end where the individual own the whole of the problem. If so, Irwins way of using Family Puppet Interview would probably be beneficial to actualize and modernize to existing conditions (Irwing, 1975). The smaller child and parents would then be much more on a equal level when assisted by puppets. Here it would have been interesting to interview the participants working systemic (n=8) more in-depth.

Integrating the above with creative arts approaches in the Introduction section, interesting information can be gained. For example, viewing therapeutic puppetry as self-curative play therapy (Green & Drewes, 2014; Hartwig, 2014) goes hand in hand with the Jungian approach in the German speaking countries. Their child-led puppet play does not focus verbalizing the difficulties, on the contrary (Gauda, 2010, 2016; Wüthrich, 2007). However, in these countries there are components of art therapy when it comes to looking at the art work (the puppet), at least if puppet making is included. The making is given a lot of time and often puppets are thorough done. Applying art and expressive art therapy concepts to the method is also meaningful to do in many ways. The puppet seen as an *externalization* of the client´s inner life that becomes a *projection* screen in the play (Bernier & O´Hare, 2005). In the *intermodal* perspective shifting modalities gives a deepend or extended expression (Green & Drewes, 2014; Knill, 1994). This is exemplified by the participants´ combined expressions such as storytelling /-writing, painting (a puppet, stage, prop or décor), making of puppets / props and role playing or putting on puppet shows. The *low skill – high sensitivity* view can be a motivation working with those new to the medium including willing adults. Drama therapy terms somehow are even closer to therapeutic puppetry than expressive arts. *In-role, out-role, distancing and rehearse* can help clients to mentalize, get in contact with feelings and learn alternative ways of dealing with demanding situations. It can perhaps be a complement to more common forms of drama therapy when dealing with extra sensitive material. The client / actor in the drama can then project the hardship on the puppet and on a distance view him-/herself. This instead of being inside of the hardship with the whole body. The client is hereby protected and the play seen as a *safe space* of exploration.

Methodological considerations

The use of a questionnaire has been an effective way to spread and collect information. It has fulfilled its purpose crossing both national and linguistic borders with relative ease. Quantitative data and qualitative information have been possible to combine in a way that has corresponds to the aim of the study. On the other hand, the same factors have contributed to a bias regarding the German speaking countries. Where networks were well established the questionnaire was spread wider than in other groups. Germany and Switzerland have as earlier mentioned had a method (Gauda, 2016; Wüthrich, 2007) and education since long and established associations in therapeutic puppetry (DGTP, n.d; FFT, n.d.). Looking back, the result would probably have been more balanced without the questionnaire being spread onward, however, only half as many responses would be the consequence. Counting average amount of responses from these countries instead of the 18 is perhaps one way of increasing validity. The results would be more generalizable, but, still only diverse examples of therapeutic puppetry. If the study would have been multilingual and spread even wider, the results would also have been more valid. Regarding the confidentiality of the participants, precaution has been taken as far as possible. Asking for art therapy as an alternative on creative arts approach was not identified in beforehand, but could have been. As well the term ´non-directive´ could have been changed to the perhaps more modern term ´client-centered´. A function where the option "other" could be extracted on group level did not exist, but would have been helpful. Perhaps a better background check comparing different questinnaires could have given another better choice. Also, it would have been wise to have a more structured and regularily used logbook to make the process more clear and accessible.

Regarding analysis with the six dimensions, they seem to have structured the qualitative information in a helpful way. Patterns not seen when information is separate, become more obvious in the dimensions. However, information put together in a new way, contribute to the loss of former context. The information in the individual context has in this way been split up twice; first into a group level, and then into new themes or dimensions. Hopefully the price for this has not been too high. The risks have been somewhat lowered when questionnaires have been read repeatedly both individually and on group level.

The overall issue still, is how significant impact the fact that more than half of the participants came from German speaking countries had. The 18 participants counting Germany, Switzerland and Austria in a way becomes a group within the group. If they are portioned down to same level as other countries the results become quite different. For example, Jungian approach gets less or roughly as much applied as humanistic, narrative and systemic

approach. Accordingly, private practice and payment mainly from clients gets fewer responses. As ealier discussed the number of session, the inclusion of puppets in all sessions and the amount of client-centered work would also be less. Here is obviously a bias.

Conclusions

According to results most clients can be suitable for the therapeutic puppetry, however especially children. Results also show that precaution should be taken with the severe mentally ill, and that results vary with psychotic clients and shy children. Furthermore, successful use is related to individual characteristics in the client. Beneficial characteristics can be curiosity, playfulness, creativity, acceptance and an ability to engage in the method. Less beneficial characteristics can be an inability to play, inhibition, rigidness, having a strong cognitive orientation or negative preconceptions of puppets. Puppet selection plus inclusion are generally wide and hand puppets are most often used. Many use puppets in all their therapeutic puppetry sessions and satisfaction with the method is high. The conclusion is that puppetry can be a useful tool in psychotherapy.

Finally; therapeutic puppetry can be used in diverse ways; for example, as one out of many materials offered in play therapy, intermodal as one out of many modalities in expressive art, as a part of drama therapy or as a continuous method on its own. Hope is put to more of the latter, even though wide use of course is good. The reason for this is that the area still needs a space to evolve. That is easier when more specialization is made. By including the entire process from making to play much is won. As one participant put it:

> *They benefit least from only making a puppet and not playing with it or from only using ready-made puppets and not making some of their own.*

To all reseachers and clinicians in the field: keep focus straight ahead! Your work is precious.

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Appendix – Questionnaire

Questionnaire information and questions are presented below in the same order as in the web-form. Where there are answering options, they are put together to save space. In web form there are tick boxes that can easily be answered.

Puppets in Psychotherapy (PiP)

This questionnaire examines the use of puppets in psychotherapy among clinicians. The use of puppets can be either in whole or parts of the therapy process, either present or past work. If you work therapeutically but not with psychotherapy you are encouraged to participate as well. Questions regard the time and part of work that include puppets.

It takes about 5 minutes to fill in the form and it will only be filled in at one occasion. Your answers will be presented on group level in a psychotherapy essay. Your name will not be published, it is filled in only for administrative reasons. Please note that your answers should not include information you consider potentially sensitive, such as trackable, client information or your own contact information.

If you have problems filling in the form OR if you do not get a receipt that your reply has been received e-mail asa.viklund@hotmail.com

Thank You for participating!

Åsa Viklund

……

First name and country where you work (*F)

Psychotherapy approach /-es (*M): Psychodynamic /-analytic, Jungian, Cognitive/CBT, Humanistic (gestalt, existential, adlerian etc), Narrative, Solution-focused or salutogenic, Systemic, Other

Creative arts approach /-es (*M): Expressive arts, Play therapy, Dramatherapy, Psychodrama, Other

Setting you work in (M): Healthcare or hospital, Mental Health care or psychiatry, Social services, Educational system, Private practice, Other

Client group (*M): children individually, children in group work, adults individually, adults in group-work, families or couples, Other

Clients main difficulties (*M): social or communicational, psychological, psychiatric, somatic or psychosomatic, crisis or trauma, Other

Number of sessions (usually) (*M): less than 5, 5-10 sessions, more than 10 sessions, Other

Type of puppets used (*M): hand puppets (including finger-/ signing/ mouthpuppets), rod puppets, marionettes / string puppets, shadow puppets, table-top, combined puppets (example hand+rod), ventriloquist puppets, Other

Your selection of puppets (*M): human-like (family members, professionals etc), animals (existing types), symbolic / fantasy (king, dragon etc), Other

Number of puppets offered (*M): I do not offer anny puppets, less than 10, 10-20, more than 20, Other

Intervention includes (*M): puppet making, puppet play, puppet shows, role-play with therapist / others, puppet use in all sessions, puppets use in parts of the sessions, Other

Would you describe your method as mainly (*S): non-directive (client-centered, free play), directive, mixed, Other

Briefly describe your method such as type of material offered, use of props, stage, specific techniques etc.(*F)

What key themes or therapeutic processes are often focused in your work? (F)

What main advantages have you experienced using puppets as a tool in therapy? (*F)

What disadvantages have you experienced using puppets in therapy? (F)

What clients seem to benefit most from the method? (*F)

What clients seem to benefit least from the method? (*F)

How satisfying is it to use puppets compared to other therapeutic tools you use? (*S) 1 (unsatisfying) to 5 (very satisfying)

What professional titles apply to your therapeutic work (welcome to add art or other relevant degrees/ diplomas on "others")? (*M): psychologist, psychotherapist, Bachelor´s Degree, Master´s Degree, Ph.D., Other

How many years have you worked in therapeutic settings? (*S): Less than 5, 5-10 years, More than 10 years

Who pays for the treatment? (*M): Healthcare Insurance, Comunal institutions, Associations, Private insurance, Clients, Other

Additional information or feedback on the form (F):

**Required*
F = free text
M = multiple options possible (checkboxes in form)
S = single option possible