Puppetry as an Art Therapy Technique
With Emotionally Disturbed Children

A Thesis

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Dedication

To all of the children who

made this study possible.

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Abstract

Puppetry has long been used as a diagnostic and therapeutic technique with emotionally disturbed children and has been well documented in the literature. Limited research has been done on the creation of puppets in therapy or on the use of puppetry in art therapy. This thesis outlines methods of using puppetry as a group art therapy technique with emotionally disturbed children. The technique includes both diagnostic and therapeutic uses of puppetry. The psychological rationale of puppetry is reviewed. Two art therapy groups of emotionally disturbed children were treated for ten weeks using puppetry. The children made various types of puppets and spontaneous puppet play was encouraged. Material from these sessions is examined in terms of psychodynamics in relation to individual case histories. This thesis proposes that puppetry is a valuable art therapy technique with emotionally disturbed children. Recommendations for further research in this area are included.

Introduction

Emotionally disturbed children are often difficult to work with in group therapy due to their common problems such as poor impulse control, lack of socialization skills, attention deficit, withdrawal and resistance. Therapists are constantly searching for new methods or techniques in therapy to meet the needs of these children. Puppetry has its place among the many new tools of therapy.

Puppetry has been used successfully, both diagnostically and therapeutically with emotionally disturbed children. Jenkins and Beckh (1942) found that puppetry enables the child to dramatically release feelings that he is unable or unwilling to express in words.

Bender and Woltmann (1940, 1951, 1952) developed puppet shows with plots based on themes or conflicts experienced by children such as sibling rivalry or expression of anger. They found that the shows provided an opportunity for the children to work through their problems. Sometimes the children were invited to produce their own puppet shows and the stories usually reflected their areas of conflict.

Irwin and Shapiro (1975) used puppets as part of a projective technique in an assessment interview. They allowed the child to select several puppets from a collection of many character types and encouraged free play with them. Material from the puppet interview was examined in terms of form and content.

Most of the therapy using puppetry so far, has been done by psychiatrists, psychologists, nurses or play therapists, using ready-made puppets. Limited research or literature exists on the use of puppetry by art therapists or on the process of puppet making in therapy. Puppetry could be a valuable art therapy technique. In group art therapy, puppetry would encourage socialization, self-expression and the working through of emotional conflicts both in the making of puppets and in puppet play.

There are several questions that research in this area could answer. Can art therapists use puppetry as a treatment technique with groups of emotionally disturbed children? Which methods should an art therapist use when incorporating puppetry in group art therapy? What is the psychological rationale of puppetry that would make it a valuable art therapy technique?

The purpose of this investigation is to develop puppetry as an art therapy technique. This will be accomplished through the review of a specific clinical application of puppetry in group art therapy sessions with emotionally disturbed children. This study attempts to provide methods by which to examine puppetry material from art therapy sessions. Material from these sessions will be examined in terms of psychodynamics and will be integrated with material from individual case information. Finally, this study attempts to generate ideas for further use of puppetry by art therapists. Recommendations for futher research in this area are included.

Due to the many variables involved and the limited a-
mount of previous research in this area, a non-experimental
design was used. As is common in the literature on the de-
velopment of therapeutic techniques, case studies, observa-
tions and interpretations are provided as examples to support
this technique.

In support of this research design, Sommer (1980) states
that the case study approach emphasizes the individuality and
uniqueness of the participants and the setting. "What is
lacking in generalizability may be compensated for by greater
depth" (Sommer, 1980).

According to Kazdin (1980), case studies have often been
the basis for developing therapeutic techniques. He cites as
an example, the case of Anno O., whereby Freud and Breuer
developed the "talking cure" and the cathartic method of
psychotherapy. The case served as a source of techniques
that could be utilized and investigated in careful empirical
research. The case study serves as a stimulus for further
research as well as being a partner to experimental research.

This study is based on several theoretical concepts and
research results. Bender (1952) describes the process where-
by children project their problems into the puppets and work
them through. Cassell (1965) supported the fact that chil-
dren are more easily able to express their feelings through
the medium of the "third person", the puppet. Puppetry stim-
ulates storytelling which provides more material for exam-
ination (Irwin and Shapiro, 1975). Group therapy can in-

crease the development of socialization skills, group cohe-
siveness and catharsis (Yalom, 1970). Group art therapy at-
tempts to facilitate communication between members (Kramer,
1968). An important aspect of puppetry is that of being a
group activity which affords the child with all the benefits
of group therapy. The child's ability to share his feelings
with the group enriches his socialization skills (Woltmann,
1951).

Utilizing these concepts, group art therapy sessions
were conducted using the format of a puppetry workshop with
two groups of emotionally disturbed children who were attend-
ing a partial hospitalization program of a psychiatric in-
stitute. Based on these sessions, this thesis presents a
method of using puppetry as an art therapy technique with
groups of emotionally disturbed children. Methods for psy-
chodynamically examining material from puppetry sessions are
outlined.

This study attempts to demonstrate that puppetry is a
valuable art therapy technique in the treatment of emotion-
ally disturbed children.

Literature Review

Puppetry in Psychotherapy

Bender and Woltmann. The first and most extensive use of puppets in psychotherapy was by Bender and Woltmann starting in 1935 in the Children's Observation Ward of the Psychiatric Division of Bellevue Hospital in New York. A problem existed there in working out a routine for the children ranging in age from 2 to 16. A number of interesting group activities, used as a means of understanding and grading the behavior of the children, were organized. One of the most valuable of these activities was puppet shows and puppet classes.

The majority of the children at Bellevue had behavior problems and psychotherapy was believed to be the chief need of these children. They needed an opportunity to work out their problems, to express freely their aggression, to verbalize and clarify relationship difficulties with parents and siblings and to be relieved from feelings of anxiety and guilt. Group treatment using puppet shows proved to be a successful solution.

After observation of children and interpretation of their responses to a puppet play, "Casper in Africa", which was originally used for entertainment, other plays were developed based on particular developmental themes and conflicts. In "Casper in Africa", Casper represents a small boy in a strange world. The show represents some of the basic aspects of child development. Puppet plays were written which allow for

free expression of infantile aggression and which permit projection of the child's problems onto the puppet characters.

Puppet shows were presented once, weekly to groups of children and were performed by adult puppeteers. Before each show, the children were encouraged to react freely to the play by verbally interacting with the puppets. A group discussion based on the play followed each performance.

Bender and Woltmann (1936) believe that puppet plays are an ideal method of expressing the two major problems of childhood which they listed as, 1. the problems of aggression against the child with apprehension and aggression by the child with guilt and 2. the problem of the child's love relationship with his mother, father and siblings. They state that, "the symbolic characters can give a free expression of aggression without causing anxiety or fear in the child, and also can give a free expression of love" (Bender and Woltmann, 1936). They believe that solutions to problems should be approached with equal expressions of aggression and love.

Hand puppets were used rather than other types of puppets because, "they are more direct in their actions, more convincing in their movements and capable of more aggressiveness than the string marionettes" (Bender and Woltmann, 1936). Another reason for the choice of hand puppets is that traditionally, hand puppet shows encourage the participation of the audience. This allows the children to release their emotional feelings, to express their desires and dislikes and helps them to find the proper solutions.

The hero of all of their plays is the folklore character, Casper, who has been known in other countries throughout history as Punch, Guignol, Punchinello and Petrushka. Casper represents the simple, common man who is endowed with all the hopes, wants and philosophy of common man. Casper is "active, curious, sociable and uninhibited; he is immune to any real harm and in the end, he finds the solution to his problems" (Bender and Woltmann, 1936). This adult figure was changed to a boy since the plays were performed for children.

After observation and study of the children's reactions and attitudes, Bender and Woltmann (1936) began to realize how appropriately the puppet characters and plays "would adapt themselves to the child psychology with its needs for expression, for free identification of the child with the puppet characters and the projection of the child's problems into the play." Bender and Woltmann (1936) learned that every puppet character "becomes identified by the child as either with himself, his mother or father or some feature of some one of them, or possibly a sibling."

Bender and Woltmann (1936) describe how puppets throughout history have been identified with unconscious life. After careful interpretation of the charactes of their various plays, Bender and Woltmann were able to make psychoanalytic interpretations which can account for the value of their puppet plays with children. They realized that the various parts of the psychic structure are reflected differently in

the various puppets.

In Freudian terms, Casper represents the ego ideal in that he is all that the child would like to be himself. In Jungian terms, he is the persona, representing a person's ideal of himself in the social situation or in relation to others.

"Casper is the expression of strong infantile desires which demand satisfaction. He knows that he must adapt his drives to the demands of the superego" (Woltmann, 1940).

The role of the superego is played by Casper's parents. Both the good and the bad sides of the parents are represented in various characters. The Good Mother and Father love and protect the child, feed him and show him affection. The Good Father is represented also by the character of the policeman.

The wicked giant and the magician represent the Bad Father. The witch represents the Bad Mother which is "that part of the mother who wants to destroy the child because of his oral aggression, or the mother who denies the child the full satisfaction of its oral desires and punishes one's self for oral aggression" (Bender and Woltmann, 1936).

The alligator represents oral aggression which produces both anxiety and fear in the child. In the plays, the alligator is always killed.

The character of Charlie, the monkey, represents the id, because he can do what he likes in reaction to his im-

pulses without feeling guilt.

The cannibals represent the infant's primitive concepts of their parents. The character of the little girl represents the feminine features of oneself or the image of Mother in others.

Different children project different personality qualities into puppet characters. "The child may identify himself in part with every character and may project some part of his problems into each one" (Bender and Woltmann, 1936). Bender and Woltmann (1936) state, "with these various characters in mind any number of new plays can be written to present different emotional problems. These can be presented very realistically or with a great deal of fantasy and symbolism."

When writing plays, Woltmann (1952) states that in order for the play to be effective therapeutically, it should be simple, direct, forceful and obvious.

Bender and Woltmann (1936) describe two other puppet plays. "Rock-a-bye-Baby" deals with the problem of sibling rivalry. Children who have this problem will often show anxiety during the play and will often retell the story in a distorted way. Those children who do not have this problem have also found the play interesting.

"How Casper Became a Man" is produced with more symbolism and fantasy. Casper is an orphan in the play, which was planned for the homeless child who is constantly seeking an ideal mother and who can not adjust to life in an institution or boarding home. This play has proven to be equally

valuable for many other types of problems.

Besides the cathartic value of puppet shows, Bender and Woltmann (1951) believe that the real therapeutic nature of puppetry lies in the follow up group discussion based on the play. The puppet shows can be used as material for discussion in the same way that dream material is used. The children can be asked to tell what Casper thinks, feels and does, thus revealing information about himself.

The group discussions are valuable because the children will discuss more freely in groups than they will alone. The presence of the other children with mutual experiences and problems encourages the expression and sharing of feelings which has a socializing effect on children.

Sometimes, the children are allowed to use a small puppet stage and puppets to perform their own versions of the play. "By letting the child be the puppeteer, he is at liberty to add or delete parts, to repeat scenes he likes, or to create his own original play, which may express his own particular problem much better than the show he saw"(Woltmann, 1940). Spontaneity is what makes a child's own puppet show therapeutic as compared to the use of a memorized script.

Besides the puppet shows, Bender and Woltmann have organized puppet classes in which children are taught to make puppets, write their own plays and produce them. Similar to the methods of art therapy, Bender and Woltmann explain that these classes can be used "for therapeutic purpose by directing the interest of the child toward the solution of his own

emotional problems through the medium of the clay used to model the heads of the puppets, by drawing the puppet characters, by witnessing or producing puppet plays or by the free discussion" (Bender and Waltmann, 1936).

Lyle and Holly. Lyle and Holly (1941) discussed the therapeutic value of puppets in terms of re-education. In child therapy both the therapist and the child can learn much about the nature of the child's conflicts which he can express through dolls or puppets better than through words due to his limited vocabulary.

Puppetry allows the patient to express his fantasies in a creative way. Allowing a patient to express fears, helps to externalize the anxiety which provides more insight about the conflicts.

A puppet may serve as a means of expression of inhibited aggressiveness which along with the nature of a person's anxiety becomes apparent in symbolic play with puppets. This play allows free expression of infantile aggressiveness without arousing conscious guilt feelings in the individual. Puppets allow people to enact aggressive or horrifying scenes or fantasies such as executions, without the gruesome reality that would be attached to human actors.

One of the major values of puppetry is its versatility. A puppet may play roles both on stage and in treatment. Patients often make conscious or unconscious identifications with puppets. The antics of a puppet may express the exhibitionistic strivings which a person cannot express himself.

Puppetry creates the opportunity to utilize the talents and
interests of patients.

The building of a puppet may satisfy a deep creative
urge. In reference to this, Lyle and Holly (1941) state,
"the making of any useful or beautiful article is always of
great constructive value to a patient, but when he creates
a figure in his own image and it takes on a life of its own,
his sense of achievement is akin to that of a person who
participates in the creation of a real child." "In making
puppets, some patients will over-emphasize certain features
related to their own personal characteristics.

The complete control which a person gains over a puppet
can expand his ego by giving him a sense of mastery. Ex-
cited patients can benefit from the concentration and co-
ordination that is necessary in controlling a puppet.

A puppetry project can enhance self-confidence and en-
courage socialization since puppetry usually involves some
sort of social relationship even if the audience is one
person.

Jenkins and Beckh. In 1942, Jenkins and Beckh wrote an
article on the use of finger puppets and mask making as media
for work with children in therapy. The purpose of this arti-
cle was to stimulate further realization of the possibilities
of these media.

Jenkins and Beckh were familiar with the work of Bender
and Woltmann using puppets with groups, and were interested
in exploring the usefulness of puppetry in individual treat-

ment. They had successful results and found puppets to be most useful for ages five to eleven.

Jenkins and Beckh agreed that hand puppets are vigorous and expressive but they felt that hand puppets are too complicated and require more skill than finger puppets. They describe finger puppets as being similar to hand puppets except that they have no body. The exposed hand serves as arms, legs and body.

In favor of puppets over dolls in therapy, Jenkins and Beckh (1942) described puppets as being "more vivid, more alive, more unusual and more intriguing than dolls." Puppets can be manipulated effectively without practice and can be used by children immediately for effective expression.

"Since the puppets are in fact the hands of the puppet player, these hands have for the purpose of the play ceased to be a part of the child and are the bodies of the puppets. Aggressive or other tabooed actions undertaken by these hands are therefore, for the purposes of the play, not the actions of the child manipulating the puppet, but actions of the puppet. If the puppet does wrong, it is the puppet, not the child that is censured or punished" (Jenkins and Beckh, 1942).

This also allows the child and the therapist to discuss the child's problem impersonally, by presenting it upon the stage and relating the problem to the puppet character. The therapist can personalize the problem whenever this seems necessary.

Jenkins and Beckh (194) describe a case as an example of the use of puppets in individual therapy. Improvement in relationships was seen in the boy and this change was reflected in his puppet play. Puppetry was described as a possible means of reaching children's conflicts and releasing the spontaneity of a child's life.

"It is possible to operate within or without any of the present so-called psychiatric schools and make use of puppetry ... all should find in puppetry a vital, dynamic and flexible medium for work with children. It takes children at their level and in their language. It gives them the opportunity to release in dramatic action those things they feel but cannot or will not express in words" (Jenkins and Beckh, 1942, p. 297).

Hawkey. Hawkey (1951) describes the use of puppetry in play therapy and both diagnostically and therapeutically in psychotherapy with children. He agrees that puppets are useful for the expression of fantasy.

Hawkey (1951) describes several ways in which puppets are used in individual treatment. Sometimes children take turns with the therapist in presenting shows. The therapist uses his turn as a means of interpretation. Children may carry on a conversation with the therapist in the audience or the therapist might converse through the puppet with the child in the audience. This encourages the lessening of inhibited fantasy.

In favor of the use of puppets in therapy over other play material, Hawkey states that children seem to be stimulated by the appearance of puppets. Their versatility in movement and character can encourage the child's projection of a large variety of material. Girls seem to tend not to favor puppets over other play material, but boys favor puppets without feeling girlish or childish.

Puppets are useful in the expression of "bad" fantasies. "To a young child the puppet seems to be 'real', and the guilt he feels about the fantasy is projected onto the puppets. It is the puppets who are doing the 'bad' things, not the boy himself. Because they are puppets they are not permanently harmed by their bad deeds. Even if they are killed they can always come to life again" (Hawkey, 1951).

Hawkey quotes Jung's concept of expressing subjective, unseizable, inverted fantasy activity in objective form by creative means. Hawkey believes that puppetry can be a means to this end.

Kors. In two seperate articles, Kors (1963, 1964) describes the use of puppets in psychotherapy with adults and children. In general he states that the puppet show may be considered a miniature form of psychodrama. The patient, himself, remains invisible to the audience: the puppets act for him and speak to the group in a manner that dramatizes and reveals his conflicts.

Kors (1963) relates his experiences of puppet use in

psychotherapy based on the principles of existentialism. He states that the patient confronts himself consciously or unconsciously with the drama of his existence, in puppet play. This may result in an emotional catharsis which enables the person to take on a more realistic approach to his problems.

The use of puppets stimulates a deeper self-reflection which can aid the psychotherapeutic process. A person's mode of living can be clearly seen in his behavior and expressions as in puppet play. Puppetry allows a person to show "his world" without the influence of society (Kors, 1963).

Kors (1963) sees puppet play as, of all media, the one that comes closest to reality; which makes it excellent in therapy. He lists three parts of the therapeutic process which are relevent to puppet play. They are:

1. "Play your play so that the nature of the world in which you are living becomes clear to me."

2. "Let's talk together about your play so that the world in which you are living will become clear to you."

3. "Let us try to find out why your world is so different from our common, socially constructed world that living in that common world seems to be impossible for you." (Kors, 1963)

Serving as a means of communication, "puppetry offers ample opportunity for nonverbal expression, and can serve as a channel to verbal expression. Through verbal communication the bridge is built between the special world of the patient and the general world all humans share" (Kors, 1963).

Kors (1963) used puppet play with groups of adult patients. The patients would volunteer to present a puppet show using puppets that were previously made by patients. Kors found that patients with deep emotional disturbances, which at the same time means deep disturbance in communication, as in verbalization, react well to puppet play.

After each puppet presentation, the group commented on the content which was followed by the therapist's interpretations. "The imagery of the puppet show becomes channeled into verbal expression and can be compared or contrasted to the common world." (Kors, 1963). Kors observed that patients were quick to point out the latent content after some experience in this process.

The puppet play was used as a way to stimulate the patients' competition for the therapist's attention as well as a means of gratification. The patients soon realized that through puppet play they could express all of their feelings freely including hostility and aggression.

In order to explain his use of puppets with children, Kors (1964) felt the need to differentiate between structured and unstructured uses of puppetry in therapy. In reviewing the literature Kors found only one example of the use of puppet shows in an unstructured or spontaneous situation. He believes that this technique has been used more often, but has not been reported due to what appears to be an inability to evaluate a process which involves so much disorganized and disruptive behavior and activity.

"...puppet shows in an unstructured set-up can lead
to satisfactory results. The goals must be set accord-
ing to the intelligence and ability of the individual
child. The therapist must be willing and able to deal
with an initial phase of disruption, disorganization
and frustration that arises in this particular type of
therapeutic procedure" (Kors, 1964, p.56).

According to Kors (1964), there is a difference between
puppetry and puppet shows. The name puppetry should be used
in reference to the use of puppets in play therapy where pup-
pet play is a game between the child and the therapist. The
child is not actually performing for an audience. The term
"puppet show" should be used when the puppets are manipulated
on a stage because the child is performing while the therapist
and others are the audience. In both cases, the use of puppets
tend to reveal inner conflicts.

Both puppetry and puppet shows can be used in either
structured or unstructured situations. Kors describes each
of these. As examples of puppetry in a structured situation,
he cites Levy (1933), Solomon (1938) and Conn (1948). In
each case, the child was instructed that he could play with
a certain set of puppets or dolls in a particular way, in an
attempt to observe specific behavior. Solomon (1938) stated
that the child doesn't usually include the therapist in his
puppet play so that transference does not easily enter the
situation and cannot be dealt with as such.

As examples of puppetry in an unstructured situation

interaction is, in these circumstances, the equivalent of the process of free association, in which the therapist functions as a trouble-shooter, clarifying anything standing in the way of the free flow of the patient's associations. During the puppet show, the focus was not so much upon studying defenses and inabilities as on resolving them, since they interfered with a free expression of the mind. The ultimate goal was to achieve the utmost creative possibilities of a particular child rather than to focus on all the aspects of his neurotic or psychotic suffering" (Kors, 1964, p.61).

Kors (1964) viewed released emotions as an important result. He found that "since the child had to work out all his feelings with one person, the therapist, the transference feelings were important. These had to be dealt with so as to permit free expression in the play. Many children were gradually able to give a more or less satisfactory performance. This was of significance to the child for it became a device to gain appreciation from the group and the therapist" (Kors, 1964, p.62).

Kors (1964) stresses the value of puppet shows in psychotherapy as being the fact that a person "can see played out before his own eyes the symbolic embodiment of his inner conflicts." By the constant re-enacting of conflicts, with the help of the therapist, a person can become more integrated.

The focus of puppet show therapy should not be on "the child's illness as something unacceptable," but instead on the

"part of him which is healthy and most accepted by others"
(Kors, 1964). This encourages creativity rather than social
conformity.

In summary, Kors states, "when a child has progressed
from a state of acting-out and disorganization to a stage in
which he can perform a coherent skit in front of an audience,
a certain change for the better has taken place" (Kors, 1964).

Cassell. In 1965, Cassell investigated the effect of
puppet therapy upon the emotional response of hospitalized
children undergoing cardiac catheterization. She found that
children who were given the opportunity to master an exper-
ience generally considered to be fearsome, were able to
express their emotions about such a procedure through puppets.
They were able to understand that the professional staff em-
pathized with them and were less emotionally disturbed during
the experience. These children also expressed more willing-
ness to return to the hospital for further treatment.

Miniature apparatus resembling that used in the medical
procedure were used with puppets to demonstrate the pro-
cedure. The patient and the therapist took turns playing
each of the roles involved.

Puppets were chosen over dolls because transference of
feelings to and identification with the puppet were estab-
lished quickly. The puppets provided more diversity of move-
ment. Also, boys were more willing to use puppets than dolls
which were thought of as "sissy" activity.

Schuman, Marcus and Nesse. In 1973, Schuman et al developed a program using hand puppets with psychiatric patients in role-playing situations. They found that this technique allowed patients to express emotions that they might otherwise not have expressed. It also enabled patients to experiment with different modes of social behavior and to practice coping with reality situations. Schuman et al noticed that patients practiced expressing negative feelings, asked for help and reached out to others through puppets. The patients experimented with methods of dealing with problems and tried out new behaviors. They used the puppets to identify ambivalent feelings and to express anger.

A successful puppet session requires planning, patience, direction and flexibility. Groups should be made up of patients who show some motivation for recovery. In groups, patients support each other and practice roles (Schuman et al, 1973).

Pope, Edel and Lane. In 1974, Pope et al set up a puppetry workshop for learning disabled children at a clinic. Groups of children made their own puppets, created a play and performed it for an audience.

This puppetry project channelled to constructive use those behaviors such as brief attention span, hyperactivity, distractability, impulsivity, aimlessness and withdrawal.

Spontaneous expression of fantasy and creativity were encouraged in a flexible yet structured setting. Structure and boundaries were set up in terms of rules of behavior and the sequence of tasks necessary to puppet production.

In this process, behavioral changes are facilitated through success, pleasure and the enhancement of self-esteem. Children are given the opportunity for growth by expression of emotional frustrations, conflicts and needs.

Irwin and Shapiro. Irwin and Shapiro (1975) used puppets as a diagnostic tool as well as in therapy. Their diagnostic interview will be discussed in the section on projective techniques.

In therapy, Irwin and Shapiro believe that "in examining and working through the conflict with this expressive medium, the ego is able to be more effective in reconciling the internal and external demands and thus its integrative capacities can be restored" (Irwin and Shapiro, 1975).

Burch. Burch (1980) refers to Freud's (1958) paper on remembering, repeating and working through as a model of the process that children use to resolve conflicts caused by early trauma. The puppet becomes a medium to aid in this process. As an example of this, Burch describes the case of a thirteen year old boy who used puppetry in therapy to recreate memories and associated emotions related to early abuse, deprivation and rejection.

The boy chose the use of puppets when anxiety of direct communication became unbearable due to the nature of the material being dealt with. He developed spontaneous puppet plays using characters and situations which represented his own life experiences in an effort to find solutions to conflicts.

Information from the puppet material revealed aspects of his self-concept, needs , desires and fantasies, images and interpretations of his past and current environment and re- lationships.

Burch (1980) warns against too much interpretation of ma- terial due to the risk of undermining the therapeutic value of creating and sharing it.

Puppetry as a Diagnostic or Projective Technique

Puppets are often used in a diagnostic assessment or as a projective technique. A projective is any technique which encourages the patient to respond to relatively unstructured or ambiguous stimuli. The patient expresses hidden or un- conscious material such as feelings or conflicts. The basic structure and dynamics of personality are revealed.

In 1949, Kline investigated the use of marionettes as a clinical projective technique with children. He compared re- sponses to marionette scenes, both dynamic and static, to re- sponses on the Thematic Aperception Test (TAT). The TAT is a projective test which elicits stories about pictures on a set of cards. Kline suggests that marionettes are valuable in building rapport, stimulating fantasy and for creating a dynamic interrelationship with the test subject.

Marionettes were chosen over dolls because of their ac- ceptance as a play material for both boys and girls. Mari- onettes were chosen over hand puppets because of there more realistic, full-body, appearance, freer movement, and because they can hang independently of the manipulator and still re-

main life-like in appearance. Hand puppets become "just an-
other saggy doll" when taken off the hand (Kline, 1949).

Kline found that the stories told to the marionette
scenes were more detailed than those told to TAT cards. The
total words told to the marionette scenes were twice the num-
ber told to the TAT cards. The stories told to marionette
scenes which had color and movement were longer then the TAT
stories and a trend was seen towards more expression of mater-
ial to dynamic scenes compared to static scenes.

Most projective techniques feature only one or two as-
pects of fantasy. Fantasy is best expressed in a medium such
as puppetry which combines speech, action and vision. Pup-
petry offers a large range of characters and scenes which en-
courage fantasy (Bryan, 1951).

Dissatisfied with the inability of the manipulator to
view his own presentation, Bryan (1951) developed a puppet
stage with peep holes through which the puppeteer and the
therapist view the presentation reflected in a mirror.

Bryan used four puppet types: a)figures of fairyland;
b)figures of everyday life; c)picturesque figures; and
d)childhood figures of fear. The child is requested to come
prepared to the second session with a plan for a puppet play.
The therapist plays the supporting roles under the child's
direction. The child projects himself into the puppets
(Howells and Townsend, 1973).

As previously mentioned, Woltmann (1951) uses structured
puppet shows presented to groups of children as a projective

method. Verbalizations made during the show reflect the child's thinking and experiences. This material may be difficult to extract in individual treatment. Children's identifications with puppet characters lead to projections of feelings, desires, wishes and anticipations during the puppet show.

Another projective method used is the half-show. The play is stopped at a point of conflict and the children are asked how the problem should be solved. Then, the play continues and ends as planned. A follow-up discussion reveals the children's opinions about the resolution (Woltmann, 1951).

Woltmann also uses spontaneous puppet plays by the children as a projective method. He suggests the use of hand puppets for this due to their simplicity and versatility.

"A great deal of the child's play is on a "make-believe" level in which fantasy and wishful thinking fill the gap left open by reality. The less structured the stimulus, the greater are possibilities for projection" (Woltmann, 1951, p.307).

The simplicity stimulates the presence of the "make-believe" element.

Children will often use more action than words in puppet play. These actions must be observed as well as the words. "Since the child's hand is the moving guide inside the puppet, he will use the puppet in accordance with his own level of maturation." (Woltmann, 1951, p.307). This explains why young children will often use a puppet as a boxing glove for repetitious hitting and beating.

The child uses the puppet, stage and words to express ideas, concepts, modes of action, perceptions and levels of understanding as well as fears, anxieties and reaching out for love and acceptance (Woltmann, 1951).

Woltmann (1955, 1958) describes children's play activity as a "specific kind of language through which the child communicates his concepts and attitudes and in which movement, acoustics, selection of play patterns, duration and intensity of the play, together with verbalization, take the place of grammar, syntax and vocabulary of the spoken language" (Woltmann, 1955, 1958). It is important to first learn to understand this language as well as child development before using puppet play as a projective method.

Haworth (1957, 1960) used a film of the previously mentioned puppet play "Rock-a-bye-Baby" as a projective method. Various studies have shown that the film viewing process can be an aid in reaching unconscious material. With this method, large numbers of children can be assessed in a short period of time.

The film is shown to a group of children. Using Woltmann's "half-show" technique, the film is stopped at a critical point and the children are encouraged to make responses to questions. After the film, each child is asked, individually, questions related to the story. The responses are used to highlight areas of the child's personality.

Howells and Townsend (1973) have used puppetry as a medium for play diagnosis which is "the discovery through play

of clinically interesting facts concerning a child's inter-
personal relationship". Through puppet play, the child is
able to express information about himself which he could not
do verbally.

Using the puppet theatre developed by Bryan, the child
and the therapist sit side by side as the child chooses pup-
pets and enacts scenes relating to home, school and other
places relevant to the child's life. These scenes provide
information about the child's inter-personal relationships
(Howells and Townsend, 1973).

Sometimes the child is presented with headless puppets.
The child is allowed to make cardboard heads to portray spe-
cific characters in his life. This provides a larger vari-
ety of possible characters (Howells and Townsend, 1973).

Howells and Townsend (1973) caution not to get carried
away with interpretations without tying together all of the
information known about a child. This may be a slow process
but eventually a clear picture can be obtained in order to
begin effective treatment.

Irwin and Shapiro (1975) use puppets as a projective
technique with individual children. This technique is de-
signed to stimulate story telling which reveals important
material.

A collection of about twenty-five puppets were used, in-
cluding fantasy and realistic characters as well as a few
ambiguous forms to represent feelings or formless elements.
It was found that puppets allow the child great expression

of fantasy. The animal and fantasy characters seemed to
provide a basis for identification while allowing enough dis-
guise so that the child has less need to defend against im-
pulses and wishes. With relaxed ego defenses, a greater de-
gree of projection takes place in the form of stories and as-
sociations. The make-believe element provides even more pro-
tection. The puppet serves as an intermediary object through
which the child's inner drama is externalized (Irwin and Sha-
piro, 1975).

The individual diagnostic interview begins by presenting
the child with the collection of puppets and inviting him to
choose several in order to make up a story. The therapist
observes this selection process, noting verbal and non-verbal
behavior.

Using Gardner's (1971) technique, the child is introduced
to an imaginary T.V. audience and is invited to introduce the
puppets. This serves as a warm-up and most children are able
to begin story telling due to the support of the therapist
caused by participation in the make-believe story. If a child
seems constricted or inhibited, the therapist offers more
structure and reduction of anxiety by asking questions about
elements in the story such as person, time and place and these
questions are usually directed to the puppet. By looking at
and reacting to the puppet at appropriate times, the thera-
pist can encourage the willing suspension of reality and can
encourage fantasy.

After the introduction, the therapist then becomes the

audience. Throughout the story, the therapist notes the child's verbal and non-verbal behaviors, flow of the story line and themes to be explored later.

Following the puppet play an interview takes place with questions directed to the puppeteer and the puppets in order to provide further information and associations. Then, the therapist and the child talk about the experience. The therapist observes the child's reality testing and determines whether the child can connect the events in the puppet play with real-life situations. This provides information about the child's ego strengths and potential for using this modality in treatment.

Irwin and Shapiro (1975) suggest that if the child is too disorganized and if the unconscious feelings are too close to the surface, and the child lacks ego controls to deal with them, then further puppet play should not be used because of its uncovering qualities. Such a child would need slow supportive therapy until the ego is more intact and adequate ego controls are developed.

In the same way that dream material is used, both the behavior and the story material from the puppet play is analyzed, in terms of form and content, revealing general and private symbols (Irwin and Shapiro, 1975). Analysis of the form of

the story reveals information about the child's ego system
and defense structure as well as his cognitive and creative
abilities.

"The length and complexity of the story, the images,
vocabulary and sentence construction, all combine to
give some idea of the child's ability to organize him-
self around this new task. The plot and subplots may be
coherent, sequential and logical with a satisfactory
ending; or they may be confused, chaotic, ending in play
disruption or magical solutions. Stories full of il-
logical sequences and confusion indicate that the child
is unable to disguise unconscious impulses. Likewise,
play disruption, emotional flooding or acting out, indi-
cate that the child is no longer able to tolerate the
anxiety which has been aroused by the story" (Irwin and
Shapiro, 1975).

Rubin and Irwin (1975) developed the following scale in
order to rate the form of art and drama material using pup-
petry:

1. Organized / Disorganized

2. Clear / Confused

3. Complete / Incomplete

4. Original / Stereotyped

5. Age-appropriate / Immature

6. Expansive / Constricted

7. Simple / Complex

8. Active / Static

9. Symmetrical / Asymmetrical

In examining the content of a story, the "hero" is determined with whom the child may identify.

"The hero may be one character, blends of many characters, all representing aspects of his personality, or the perception of the self that the child wishes or fears himself to be. The therapist determines whether the child is aware of any real-life prototypes. The therapist also notes any feelings attributed to significant others. Further ideas can be gathered from the setting, ending, themes, titles, sequences and variations in the story" (Irwin and Shapiro, 1975).

Rubin and Irwin (1975), in examining art and drama material including puppetry, found the following themes expressed:

1. Aggression
    a) oral
    b) anal
    c) phallic

2. Sexuality
    a) pregenital
    b) genital
    c) curiosity

3. Injury to self
    a) oral
    b) phallic

4. Abandonment

5. Nurturance

6. Competition

7. Identity
    a) sexual
    b) racial

8. Autonomy

Rubin and Irwin (1975) also found it useful to categorize themes as did Pitcher and Prelinger (1963), according to Erikson's (1963) model of development. Each stage in this model contains central issues and tasks. Those which apply to children are:

1. Trust vs. Mistrust

2. Autonomy vs. Shame and Doubt

3. Initiative vs. Guilt

4. Industry vs. Inferiority

5. Identity vs. Role Confusion

Rubin and Irwin (1975) also examined the nature and degree of disguise in terms of:

1. Realistic / Abstract or Fantasy

2. Time
   a) past
   b) present
   c) future

3. Space
   a) close to home
   b) far away
   c) fantasy lands

4. Self- Symbols
   a) people
   b) animals
   c) fantasy creatures
   d) inanimate objects

These factors are used to determine whether or not the child has any awareness of the connection between his creation and his reality. The use of these methods of disguising the presence of the self in artwork or in stories, follows developmental lines. This will be discussed in the section on storytelling.

Puppets in Play Therapy

Psychotherapy with children using play involves understanding the child in his family and social environment, dealing with emotional problems, and as a growing and maturing

individual. It also involves understanding the child as an integrated individual capable of creative expression in different media or play situations by a repetition of meaningful and revealing patterns, and capable of arriving at a new level of social adaptation, biological motivation and integrated behavior due to new experiences and insight which permit greater self-fulfillment (Bender and Woltmann, 1941).

"Through play, the child experiments with reality in the physical, social and emotional world" (Bender and Woltmann, 1941). Play is a catharsis which allows for the expression of "pent-up" emotions (Gross, 1901). Freud (1924), explains play in terms of gratification. The child repeats unpleasant experiences in order to gain mastery over them.

Waelder (1933) agrees with Freud and states that excessive experiences are divided into small parts, re-attempted and assimilated in play. He describes play as taking a leave of absence from reality and the super-ego. Searle (1933) states that play links psychic reality to external reality.

Bender and Schilder (1936) state that "all play in children is essentially a means of investigation and experimentation of the laws of nature and human relationships."

When libidinal drives are prominent in the child, he symbolically expresses fantasies, wishes and experiences through play (Klein, 1932). Klein (1929) points out that children in playing with puppets, dolls and other objects

used them as media for expressing inner feelings and had them personify significant figures in their lives.

The psychoanalytic use of play in therapy is based on Freud's idea that a child creates a world of his own in play to express himself and to adapt things to his own liking. Klein and Anna Freud have developed divergent techniques of play therapy. Klein (1932) emphasizes the use of transference to strengthen the child's ego ideal while Freud (1928) does not believe that children develop a transference and uses play as education.

Lowenfeld (1935) describes play as the child's way of relating to the whole of life. Play serves the child as a means to make contact with the environment, to bridge consciousness and emotional experiences, to externally express emotions and as relaxation, amusement and rest.

Winnicott (1968) states that the process of play is itself a psychotherapy. The child gathers objects or phenomena from external reality and uses them in the service of inner or personal reality in order to process and master earlier trauma and experiences.

Various techniques have been developed for use in play therapy. These include the use of graphic art, doll play, story telling, plastic art such as clay modelling, music, dance, play acting, sand and water play, toys and puppetry.

Grant (1950) found that using puppets in play therapy lessens the barrier between children and adults and allows them to express themselves better. Grant also used puppet

shows similar to Woltmann. He found that actual life ex-
periences could be re-enacted in a playful, humorous way and
in the end the child can master his own difficulties. Grant
used the puppets with the children as a way of revealing con-
flicts and affording a cathartic release.

Axline (1947) states that "play therapy is based upon
the fact that play is the child's natural medium of self-
expression. It is an opportunity which is given to the child
to "play out" his feelings and problems just as in certain
types of adult therapy, an individual "talks out" his dif-
ficulties." (p.9)

Axline (1947) uses a non-directive type of play therapy
where the child chooses play materials and situations and di-
rects the therapist's participation. Among other materials,
the child uses puppets to act out relationship problems and
to find solutions to problems.

Liss (1933) encourages therapists to use all forms of
creative activity and play techniques in play therapy in order
to offer more opportunity for sublimation and to disclose
more unconscious material. He explains the value of puppets
in play therapy during periods of poor association and scant
dream material. The puppets opened up more free association.

Ginott (1961) states that puppet play is popular in play
therapy because it provides the child with a safe channel of
communication. Puppets allow children to express ideas and
feelings freely because of their anonymity. The child does
not feel responsible for what the puppet says. This allows

children to reveal their hostile and tender feelings towards parents and siblings. In play therapy it is desirable to have family puppets as well as an aggressive figure such as an alligator or wolf and a fairy puppet to bring out wish fulfillment (Ginott, 1961).

Psychodrama and Puppetry

Based on observation of children playing in a park, Moreno came to the conclusion that children's dramatic play was really the re-enactment of problems in their daily lives. Moreno eventually developed what is known today as group psychotherapy and psychodrama. His goal was to develop a "theatrical cathedral" for the release of natural spontaneity and creativity. In 1910, Moreno began the Theatre of Spontaneity where people act out deepest dreams, frustrations, aspirations and moods of aggression and love (Yablonsky, 1976).

Psychodrama provides an opportunity to externalize the internal world onto a "theatrical stage of life" and with the help of a group present, emotional conflicts and problems can often be resolved. Therapy was originally seen only as a side effect of psychodrama. The central motivation was spiritual: to free the spontaneously creative self in a theatre of life that provided an unlimited opportunity for freedom of expression (Yablonsky, 1976).

In psychodrama, the patient (protagonist) encounters conflicts in a setting which is closest to real life. The resolution of conflicts often take place in the action of a

session and often do not need interpretation or discussion (Yablonsky, 1976).

A psychodrama session consists of three phases. The first is called the warm-up. During the warm-up, group members become tuned-in to the concerns of each other and then focus on a protagonist and a problem (Yablonsky, 1976).

The second phase is the action. The protagonist sets the scene for a particular problem. Group members are called upon as auxiliary egos to play other roles. This provides a greater sense of reality. The action includes role-playing and the use of various techniques necessary to reveal the problem and move toward its solution (Yablonsky, 1976).

The last phase is the post-discussion where the group shares their empathy and experiences with the protagonist. Analysis or interpretations from the therapist sometimes follows this part (Yablonsky, 1976).

The people watching a scene also benefit from witnessing aspects of their own life. In psychodrama, a person is not restricted to talking about problems, but can "live" it (Yablonsky, 1976).

Psychodrama with children takes on a different form than with adults. The adult conceives psychodrama as a conscious component of treatment, while the child sees it as play. The child must be approached in a more sensitive and individualistic way (Drabkova, 1966).

Psychodrama serves as a projective technique, a method of assessing the social traits in a child's behavior, a psy-

chotherapeutic method, and therapy by means of play as a member of a group (Drabkova, 1966).

The actual method of psychodrama with children consists of four parts. The first involves establishing contacts between group members and the therapist. In child psychodrama, "scenes" are portrayed. The children volunteer to direct and act in scenes from their own lives (Drabkova, 1966).

The second part is the actual play which includes setting the scene and designating characters. The child narrates the details of the scene. This has projective value and provides information about the child's perceptions of personal relationships. The roles are assigned and the play begins. During the play, the therapist takes notes on the content of the action, conflicts, motives of action and interpersonal relations. He also notes the child's way of portraying various characters and the social interaction between the children (Drabkova, 1966).

The next part is the discussion which centers on how the children liked the play and on common problems which appeared in the play. The children are encouraged to become aware of their own problems and conditions (Drabkova, 1966).

The last part of the session is an attempt to imprint on the child's mind the impression from the play. In order not to wear out the effect of the play, further discussion is not used. Instead, the children are free to choose a fairy-tale or well known story to enact. This part serves as

a closure and emphasis is on therapy-through-activity (Drabkova, 1966).

Psychodrama with children provides valuable diagnostic material as well as serving the child as a means of directive therapy through playing (Drabkova, 1966).

Puppets are sometimes used in psychodrama and are in this case termed intermediary objects. They were originally used as a means of gaining the attention of patients during sessions (Rojas-Bermudez, 1969).

Rojas-Bermudez (1969) found that puppets also serve as a valuable means of communication between the therapist and the patient especially when the patient is unable or unwilling to focus attention on the situation. He found that patients usually respond to questions from the puppet that they would not respond to when asked by the therapist (Rojas-Bermudez, 1969).

Resistance can be attributed to "the fear of being invaded or penetrated by the questioning source when this possessed all the human characteristics" (Rojas-Bermudez, 1969). The puppet becomes useful in therapy because it is innocuous and does not have all the human characteristics. Puppets can be objects that intermediate between people (Rojas-Bermudez, 1969).

A person can become uncomfortable when another person enters his "personal territory" especially when he lacks a complementary role with which to interact (ie. therapist- patient or mother-child). The puppets as "intermediary objects",

are able to enter the personal territory without releasing
alarm reactions. "This neutral quality enables it to be used
as a therapeutic tool in the role-intermediary object-role
relation...The puppet, as an intermediary object allows the
complementary roles to function" (Rojas-Bermudez, 1969).

Puppets can be used as a means for the patient to re-
spond indirectly to the therapist. They also are useful as
a stimulus for the expression of certain unconscious aspects
or conflicting behavior. The puppets take on these roles
for the patient (Rojas-Bermudez, 1969).

Story Telling

In 1963, Pitcher and Prelinger studied the stories told
by children ages two to five. Much of their findings can be
generalized to children of all ages.

Stories are products of fantasy. They can be analyzed
for projective information as well as for determining the ego's
organizing capacities. Stories can be considered in terms of
their formal aspects, their contents and from the psychosocial
point of view (Pitcher and Prelinger, 1963).

There are six formal aspects of stories to be studied.
The first is the use of physical and fantastic space. This
represents aspects of children's "map" of the world. Boys and
girls consistently tend to utilize wider spaces in their fan-
tasy products as age increases (from the body and its immedi-
ate surroundings, through physical space to a larger and less
restrictive space). An example of this would be from home to

foreign countries, sea, sky and forests. Utilization and mastery of space increases with age (Pitcher and Prelinger, 1963).

The second aspect is the clarity of differentiation between main characters. This reflects the boundaries of self and of animate objects. As the child gets older, the characters tend to become less clearly identifiable, possibly because older children use more characters (Pitcher and Prelinger, 1963).

The third aspect is the inner complexity of the characters. This represents another aspect of differentiation. As story characters show inner differentiation (an interplay of at least somewhat heterogeneous internal processes), it reflects the child's awareness of internal complexity within himself and others. It also indicates a process of differentiation within the ego. Internal complexity increases with age in general (Pitcher and Prelinger, 1963).

The fourth aspect is the range of activity or passivity of the characters. This reflects a subjective sense of mastery of the world and its inhabitants. Pitcher and Prelinger (1963), hypothesize that a dominating amount of activity in a story might imply less control over drives. A dominating amount of passivity might imply a wider awareness of what could happen in the world. A shift from activity to passivity could imply a shift from relative concreteness to a relatively greater expression of a more "abstract attitude". This implies more internalization and less immediate arousal of overt

action by a stimulus. Passivity in stories increases with age; more happens to the characters (Pitcher and Prelinger, 1963).

The fifth aspect is the degree of realism. For all children, the imaginative quality of stories increases. As the child becomes better related to reality, he has less need to reassure himself and he will feel free to use imagination. The increased use of fantasy and imagination imply that the child is learning to control drives. Ego defenses are more firmly established and drives are better channeled. The increase of fantasy reflects greater internal differentiation and greater internalization of processes. Pitcher and Prelinger (1963) state, "the increase use of fantasy in an ego which is better adapted to reality would then represent not so much a primitive phenomenon as a relatively more mature expression of the ego, one which reflects its flexibility of functioning in response to varying stimuli from within as well as without" (p.158).

The last aspect is the degree to which descriptions of thought and emotional processes appear in stories. This reflects in more detail, aspects of differentiation and elaborates the dimension concerned with inner complexity of characters. As age progresses, children attribute more detailed processes of thinking and feeling to characters (Pitcher and Prelinger, 1963).

The content analysis of stories reflects the content and range of experiences stored in the child and their emotional

connotations. The content can be analyzed in terms of char-
acters and themes (Pitcher and Prelinger, 1963).

The first and main source of experiences for the child.
is the interaction with parental figures and significant oth-
ers. Animistic thinking takes a broad place in the child's
mind. Characters represent symbolically, meanings and feel-
ings of the child. They take the form of people, animals
and objects.

Older children use more characters and in more variety,
indicating an increased knowledge of the world. Younger chil-
dren use characters closer to home and self. Characters and
their usage follow a range from fairytale to occupational to
historical to geographical to past to future, to fantastic,
and finally, to relationships between characters (Pitcher and
Prelinger, 1963).

Common themes in children's stories are aggression, hurt,
misfortune, death, love, birth and relationships. Themes re-
flect either the self or socialization and remain personal for
all children. Dynamic themes and defenses evolve on a devel-
opmental basis and can reflect the child's psychosexual level
of functioning (Pitcher and Prelinger, 1963).

Stories often reveal psychosocial levels of functioning.
Specific themes become apparent for each stage of development.
These themes evolve from an interplay of drives, of developing
skills and abilities and of environmentally derived experien-
ces (Pitcher and Prelinger, 1963).

As a means of assessment, Gardner (1971) developed the

mutual storytelling technique. The child is asked to par-
ticipate in a make-believe television program. He is asked
to make up a story and to tell it into a tape recorder. The
story must have a beginning, middle and end. The therapist
establishes which characters represent the child and which
represent significant others. The therapist then tells a
story using the same characters and story-line as the child's
except that the conflicts are resolved and an alternate ending
is provided. The child listens to both stories and a discus-
sion follows. The child's stories are used as projections of
unconscious processes (Gardner, 1971).

Group Therapy

Puppetry, including puppet making and puppet play, by
its nature tends to be a group process, although puppets can
be used on an individual basis as well. For the purpose of
this study, emphasis will be placed on groups.

Group therapy with children has been found to be in
some ways more satisfactory than individual treatment. This
is true not only because it is more economical but because
groups tend to encourage more release of emotions and relief
from anxiety and guilt (Bender and Woltmann, 1936). The pres-
ence of the other children in group therapy seems to diminish
tension and stimulate activity and participation (Ginott, 1961).
The individual shares his feelings and experiences which be-
come part of the group. The group's reactions in turn influ-
ence the individual. This has a socializing effect upon the

child (Bender and Woltmann, 1936). During the puppet shows of Bender and Woltmann (1936), the child's free expressions are supported by other children expressing the same feelings and opinions.

Several types of group therapies for children have been developed, largely through the work of Slavson and Schiffer (1975). These types will be discussed as well as changes in the original models.

In 1934, Slavson introduced Activity Group Therapy (AGT) which was the forerunner of group psychotherapy. It was considered to be the treatment of choice for the largest number of emotional disorders of latency-age children. It is an activity oriented therapy based on the belief that verbalization is a minimal means of expression of feelings for children. Children need to communicate and discharge feelings, tensions, anxieties and fears through an active outlet such as play, fantasy and motor activity. This activity leads to "sloughing off" or working through emotional tentions which then leads to feelings of power and adequacy. This, along with cognitive elaboration leads to alterations of personality. In this model, activity has physical, intellectual and emotional components (Slavson and Schiffer, 1975).

The role of the therapist is neutral and similar to that of an ideal parent. He must avoid entering into the interactions of the children. The children should feel free to use the therapist according to their individual emotional needs. The therapist must remain alert to the feelings and

latent meanings of behavior and remarks as well as his own feelings. The therapist remains as passive and uninvolved as possible. He always engages himself in his own activity to set an example of constructive activity and to be less accessible, forcing children to do things on their own. The therapist must always maintain an unwavering positive attitude, emphasis on constructive behavior and equalitarian group status (Slavson and Schiffer, 1975).

Slavson and Schiffer (1975) believe that "activity which is designed, imposed or directed, robs the child of the opportunity to expand and realize potential capabilities." Corrective experiences are encouraged by allowing the children to freely interact with and actively explore, the environment. In AGT all activities must originate from the child free of adult control.

The materials, equipment and setting in AGT should be age appropriate and suitable for the discharge of fantasy. They should also stimulate aim-directed work, creativity and free movement. Materials are provided for simple art and craft work and for individual, pair or group games. The materials and environment are used in whatever way benefits the child (Slavson and Schiffer, 1975).

A typical session involves a period of activity followed by a period of refreshments which usually includes group discussion. This develops the capacities for relatedness, identification and socialization (Slavson and Schiffer, 1975).

Children in AGT are selected based on two criteria:

"a basic potential capacity to relate to others and the capa-
city or flexibility to alter attitudes and conduct through
corrective experiences" (Slavson and Schiffer, 1975). The
groups should be psychologically well-balanced and members
should be of the same sex (Slavson and Schiffer, 1975).

AGT stimulates re-education on the psychic and bodily
levels. Children learn to accomidate to the environment
through changes in conduct and feelings. In AGT, the thera-
peutic agent is the group itself as compared to analytic
groups where emphasis is on the individual (Slavson and
Schiffer, 1975).

Activity Interview Group Psychotherapy (AIGP) was devel-
oped for latency-age children who were not responsive to in-
dividual treatment but required socialization experiences.
These children were too disturbed for an ego type of treat-
ment such as AGT. AIGP attempts to correct intrapsychic
difficulties through the methods of play therapy along with
the exposure to the impact of a peer group. These groups con-
tain children who have internal tensions which are manifested
in deviant acts and symptomatic reactions Slavson and Schiffer,
1975).

AIGP is based on the basic components of analytic psycho-
therapy as it deals with internalized conflicts and fears.
Through transference, the therapist evokes unconscious feel-
ings. Catharsis or discharge of emotions takes place in
AIGP through activities and discussions. The therapist at-
tempts to help bring to consciousness, the meaning of the

child's conduct. The materials are used symbolically to represent elements of the child's inner life. In AIGP insight is limited and takes place as inner recognition of the relations between facts, ideas or experiences (Slavson and Schiffer, 1975).

The therapist serves as a role model. He directs questions and explorations of feelings with individuals and the group. The verbal and non-verbal interactions are geared towards the repression and sublimation of the unacceptable amounts of instinctual impulses. Only simple, direct and brief interpretations are made and often are derived from the children's own verbalizations (Slavson and Schiffer, 1975).

The process of AIGP allows for non-verbal release of anxiety and "sloughing off" of symptoms. The materials used are designed to evoke disturbing feelings so thet they can be worked through or "sloughed off". In addition to water, plasticene and graphic materials, play materials and toys are included for representing difficulties in family relationships (Slavson and Schiffer, 1975).

An AIGP session may last from one to two hours with a working part and a dission part. Groups can be of the same sex or mixed (Slavson and Schiffer, 1975).

Results in AIGP take place through the processes of acting-out, re-enactment and abreaction. The group provides a place for reality testing and personality integration as the child begins to adapt to the demands of the environment (Slavson and Schiffer, 1975).

Play Group Therapy (PGT) is an analytic group treatment for pre-school children ages four to six. It is similar to AIGP. in that behavior and play themes are explored for underlying meaning and feelings are integrated by the therapist. Expressive materials are used to reveal through play, problems, fears, tensions, confusions, anxieties, anger and other emotions. The procedure, interpretations and setting are modified for younger children (Slavson and Schiffer, 1975).

Since their origination, these group therapy models have been modified and changed but for the most part, retain the same theoretical structure. In 1976, Azima descibes an activity group where the therapist is active which promotes interaction between the child and the therapist. This group contains a mixture of children with firm ego strengths as well as a heterogeneous sampling of syndromes and personality structures. Azima (1976) finds it more realistic to mix boys and girls in a group.

In addition to traditional materials and activities, psychodrama, projective methods, story telling and puppetry are also used to externalize inner conflicts. Emphasis is on solving problems of the 'here and now' (Azima, 1976).

Kors (1964) recognized and described three stages which develop in the course of a puppet show group:

1. organization of activities around the play

2. organization of the play itself

3. analysis and use of the play as a therapeutic goal.

These stages will be discussed because of their importance

and relevance to the present study.

In the first stage, since one child plays while the others have to wait and observe, it is very difficult for the children to pay attention. All kinds of defenses become exposed during this time. Children can become restless, refuse to play or become involved in disturbing, acting-out behavior. Some children may be tempted to grab at objects in the room. Because of these difficulties, Kors (1964) found it necessary to carry on the puppet play in an empty room containing only the stage and the chairs. The stage consisted of a screen built in a corner with the puppets hanging behind it, out of sight. These measures are termed by Slavson and Schiffer (1975) as situational restraints, and serve to protect against frustrations or failure.

In organizing, it is necessary to set strong limits. The therapist must attempt to repress acting-out behavior as much as possible in order that energy be discharged in a symbolic manner through the puppet play. If a child begins to misbehave, the therapist attempts to settle him down. If after several warnings, the behavior continues, the child is sent back to the ward. These children usually beg to stay but are not allowed to because this would weaken the limit setting and the child would just continue to misbehave.

Kors (1964) explained that the acting-out behavior occurs not only because the child can not control himself, but also because of the anxiety related to the producing of the puppet skit which had to be acted out in one way or an-

other. "The acting-out then, proved to be a defense against the latent content of the skit the child was going to give" (Kors, 1964). Kors (1964) agreed that these problems can make the organizational efforts very frustrating for the therapist, but the therapist must deal with it in order to work towards successful results.

Resistance must be interpreted as much as possible in order to solve the defenses that appeared. Each of the children in Kors' group had also been seen individually by the therapist, previously, and it was felt that the transference ties were so strong that a child would rather give up his acting-out behavior than be excluded from the group (Kors, 1964).

In treatment, a shift was seen from negative acting-out behavior to more productive behavior. These changes occurred on an individual basis.

"Each gain was an opportunity to channel rivalry feelings in a more positive direction, by showing approval and giving praise for well played skits while interpreting and refusing to accept disturbing acting-out behavior. As a result, one can indeed see the children slowly progressing to the realization that playing, organizing and performing are the ways to get appreciation and attention. For this reason, they move away from their first defensive, disorganized and confused stage. Slowly but surely they learn to focus on the play, releasing their anxiety more and more in the skits rather than in random behavior" (Kors, 1964, p.64).

The second stage emphasizes organization of the play itself. Before taking a turn, each child is required to stand in front of the audience and tell what kind of skit he is going to give. The child is encouraged to stick to this plan. The child must constantly be reminded of his responsibility to let the audience know what is going on. This is of therapeutic value because the child is confronted with the reality of the situation, and this gradually makes him aware of social requirements (Kors, 1964).

Kors (1964) found it necessary to encourage verbalization rather than silent acting, which was also seen as another kind of defense.

Progress is noted when a child can play his skit and can solve or handle the anxiety and has given up many defenses. It is at this stage that, during and after the play, intense reactions take place. Some children begin to act-out in relation to their discharge of anxiety as if to demand punishment. The therapist must point out to the child what he is doing, without too much interpretation in order to calm the child. The child must be reassured that no punishment would follow a puppet skit. Eventually, the therapist can interpret to the child, the relation between the content of the play and the anxieties it produced (Kors, 1964).

The last stage is the analysis. After working through and resolving much of the acting-out, than the symbolic material can be dealt with. Kors (1964) found that children are often in touch with alot of their inner conflicts and that it

was not necessary to deal with them in detail but instead to touch upon them subtly. Even this was often not necessary because the children used the puppets to successfully solve their problems. This success is related to the reactions the child receives from the therapist and the group (Kors, 1964).

The most important role of the therapist according to Kors (1964) is the interpretation of the defenses which inhibit the child in revealing his inner conflict. Kors (1964) concludes that the puppet play itself provides the ability in most children to express freely without need for too much therapeutic intervention.

Group Art Therapy

Group art therapy has proven to be the treatment of choice for children who lack impulse control, are self-destructive in relationships, have difficulties in staying focused during verbal sessions and/or display withdrawn behavior (Landgarten, 1981).

Many latency and preadolescent children become more productive in the company of their peers (Kramer, 1979). The focus of group art therapy may be on the group interaction, but the goal is always on the treatment of each individual member (Wadeson, 1980). The ultimate goal of group art therapy is the enhancing of self-awareness and acceptance through art (Rubin, 1978).

Group art therapy takes advantage of the potency of both art and the group (Rubin,1978). The individuals benefit from the artwork as well as from the group process and inter-

action (Wadeson, 1980). Group art therapy allows for a simultaneous interaction of individuals. Members can explore their own ideas in relation to their own artwork as well as that of others (Rubin, 1978).

Art therapy groups may be unstructured and informal or highly structured depending on the setting and the intended goals (Wadeson, 1980). The most frequent and the most useful group art therapy approach is an open-ended type which allows unique and common concerns to emerge in a comfortable way (Rubin, 1978). Structure can be established by the materials used, the nature of the population, space, technique and time, if necessary (Wadeson, 1980).

Rubin (1978) often uses an unstructured approach. Activities can be chosen by the group members or the therapist can design specific activities to meet the needs of the group. The choice to participate is always left up to the individual (Rubin, 1978). The therapist can take on various roles such as leader, facilitator or participant (Wadeson, 1980).

Landgarten's (1981) art therapy groups are task-oriented which provides children with a method of expressing through art and through sharing its contents visually and verbally. Because of the personal communication inherent in the art, it serves as a means of maintaining group focus. Empathy and relatedness are facilitated by theme-oriented tasks, providing the children with a means of exploring common material (Landgarten, 1981).

The group art therapy sessions are structured so that each child has equal time. The art allows simultaneous expression of group members. During the open discussion, each child has an opportunity to be the center of attention (Landgarten, 1981).

The group tasks can enhance peer relations by allowing for work in dyads, triads, small groups and/or the total group (Landgarten, 1981).

The artwork can be viewed in terms of content, process and feelings involved in the act of creation (Landgarten, 1981).

Kramer (1979) uses a more unstructured approach. The children are free to choose a creative task and work towards the completion of an integrated product. Kramer (1979) prefers personal expression from the children rather than stereotyped repetition.

Structure, in these sessions, is provided only when necessary such as when a child is unable to handle the total freedom, when a situation becomes too chaotic, or when a particular task is difficult and requires some instruction (Kramer, 1979).

The therapist serves as an auxiliary ego who supports the children during risk taking (Kramer, 1979).

The art therapy group serves as a corrective emotional experience (Wadeson, 1980). The group provides not only mastery of skills, but also symbolic expression of conflict, feelings, fantasies, and fears (Rubin, 1978). The most im-

portant contribution of group art therapy is the sharing of images as expressed and communicated in artwork (Wadeson, 1980).

Puppetry in Art Therapy

In reviewing the literature, there are limiting examples of puppet making as part of a therapeutic process. The few cases described involve the making of puppets, usually as a group activity, without any real therapeutic intervention.

Even art therapy literature is limited in this area. The example given by Bender and Woltmann (1936) is the most similar to the use of puppetry in art therapy. They recognized the opportunity to direct the child to the creation of puppets, the witnessing or producing of puppet plays and the free discussions involved in this process, as a means of working through emotional problems.

In the art therapy literature only five examples of the use of puppetry were found. In 1971, Lyons used a puppetry project with a group of learning disabled boys, along with other art tasks as a stimulus and aid to ego functions. The puppet project was an example of a multi-sensory approach and it promoted an awareness of the body and its movements.

Each of the boys in the group decided what their puppet character was going to be. They constructed the puppets with papier mache heads and cloth bodies. The characters showed a correlation to the dynamics of each child. Usually they represented their fantasied ego ideal (Lyons, 1971).

The boys developed the storyline of their play by them-
selves and the therapist then wrote the script according to
their reading level. Speech and articulation were concentra-
ted on with the knowledge of performance. Staging and other
aspects of play production were taught such as waiting for
cues and behavior in front of an audience (Lyons, 1971).

Similar to Lyons, Sommers (1977), as an art teacher and
art therapist, used marionettes with learning disabled chil-
dren in an effort to encourage self-awareness.

The project involved a process of identifying body parts
and attachments. Then, puppet patterns were made, correlating
real body parts with puppet body parts. The marionettes were
then made in parts using papier mache and clay. These indi-
vidual parts were painted, dressed and finally assembled into
a complete marionette. The marionettes were then strung to a
cardboard crossbar by which they were controlled. The pup-
pets were given names and personalities and were used by the
children in dramatic play.

Sommers (1977) stated that the project demonstrated the
children's large range of imagination. It was felt that the
self-esteem of children who have learned to accept failure as
a part of their daily routine, were affected by the success
of this accomplishment. It was observed that the children
were able to express their feelings better through the pup-
pets than they could with real people (Sommers, 1977).

Sommers (1977) hypothesized that children who struggle
with keeping themselves together, would benefit from putting

together a marionette piece by piece. She observed that the children showed a positive change in that they seemed more grounded, less random and demonstrated a"new found sense of well-being" (Sommers, 1977).

Floyd (Robbins and Sibley, 1976) suggests the use of marionettes of clay parts, made to resemble the patient as a means of dealing with the issue of accepting physical reality. This technique was specifically used with adolescent amputees.

Bagel (Robbins and Sibley, 1976) suggests the technique of videotaping a hospitalized adolescents' group puppet show. The story line should focus on a recent group experience or an upsetting occurance. The show would provide valuable feed-back for the staff as well as serving as a means of sublima-tion and integration for the group.

In a pilot study, Hulej (1980) investigated the effect of puppetry in an art therapy group on the self-esteem of a population of latency-age juvenile delinquent boys.

The group worked specifically on puppet making tasks over a period of five months. The beginning sessions were chaotic and confused, but the structured puppet making tasks provided a series of successes necessary to build self-esteem. The tasks helped the group to become more organized.

The puppet making tasks ranged from simple to complex pro-jects and included paper bag hand puppets, cardboard rod pup-pets and three dimensional rod puppets.

A script was written by the therapist based on the char-

acters and story line created by the boys. Using Gardner's (1971) Mutual Story Telling Technique, the script was read to the group and included an appropriate ending. This also helped to provide structure for the group. The group taped the script but decided not to continue with a presentation and were more interested in a party at the end of the group (Hulej, 1980).

Results showed a trend towards self-esteem improvement compared to a control group, as seen in improved human figure drawings, and behavior changes. The group behavior shifted from egocentric thought to pairing with and helping others to complete tasks (Hulej, 1980).

Art and Drama Combined in Therapy

Puppetry in therapy naturally combines aspects of art therapy and drama therapy. This combination will be reviewed with emphasis on the work of Irwin, Rubin, and Shapiro (1972, 1975).

Drama therapy encompasses a wide range of dramatic forms including role play, puppetry, movement and spontaneous improvisation of individual and group fantasies (Irwin et al, 1972). It is a group activity that allows patients to express and play out their wishes, conflicts, and fantasies and it encourages the making of "emotional discriminations necessary for successful adaptation" to family, peers and academic environment (Irwin et el, 1972). The treatment goal is to help the children play out and then work through per-

sonal problems.

Drama therapy is an educational and therapeutic inter-
vention.

"It is designed to help children whose central diffi-
culty is the inadequate and inappropriate expression of
emotion to learn a progressive sequence of communication
skills through dramatic play" (Irwin et al, 1972).

In an effort to explore the multiple uses of art and drama
in work with individuals, groups and families, Irwin and Rubin
(1975) combined art forms and co-led an art-drama group. They
intended to examine the interrelationships between the two
art forms.

A group of six boys, ages nine to eleven were first seen
individually for an art and drama diagnostic interview. The
interview was unstructured. From a range of art materials
and puppets, the child was asked to create a product or story.
This was followed by a discussion with the therapist. The
material from these interviews, both symbolic and behavioral
were considered in order to be certain that each child "had
sufficient ego strength to tolerate regression and who could
use one or both of the art modalities as well as group ther-
apy as a means for growth and change" (Irwin and Rubin, 1975).
The interview also served as a chance for the child to become
familiar with art and drama "tools" before using them in the
group (Irwin and Rubin, 1975).

During the group sessions, the children were encour-

aged to express themselves freely in both modalities. In the first few sessions, planned art and drama techniques were suggested in order to help the children use both modalities effectively for expressing fantasy. These techniques included the telling of a story about a picture, doing art work based on a drama, the use of puppets, masks, costumes and props to encourage dramatization of fantasies, and creative play (Irwin and Rubin, 1975).

After the boys became independent of the leaders and were able to create their own combinations, they often used unstructured art materials which led into spontaneous deama.

A "T.V. interview" technique was used after a drama or some intense moment "to help the child achieve ego distance from the play and to help build bridges and strengthen boundaries between reality and fantasy" (Irwin and Rubin, 1975).

The group structure enabled individual members to work on their own areas of conflict and it also allowed the group to work together on common conflicts.

"The arts are powerful tools which stimulate regression (the rate of which sometimes must be controlled by the therapist) and aid in the uncovering and expressing of conflict. The entire group process enabled the children to gain mastery over their impulses as they gained mastery over the media... at times art was used in the service of drama, and drama in the service of art, while both art and drama were used in the service of the ego" (Irwin and Rubin, 1975, p. 115).

Puppet Types and Limitations

Puppets can be divided into four major categories:
shadow puppets, hand puppets, marionettes and rod puppets.
Each of these types will be described in terms of construc-
tion, manipulation, advantages and limitations. Further in-
formation on construction and materials used can be found in
the discussion section or in any basic book on puppetry.

Shadow puppets are used mostly in the Orient. They are
made of translucent material such as parchment or thin leather
mounted on a stick. The puppet usually has jointed arms and
legs which are operated by additional sticks. The puppeteer
sits behind a translucent screen and manipulates the puppets
over his head and against the screen. Light behind the pup-
pet throws its shadow onto the screen. The audience sees on-
ly the shadows (Woltmann, 1951).

This type of puppet is limited to only side to side move-
ments and can not move backwards or turn around without losing
or distorting its shadow. Shadow puppets also have a limited
action radius. They can not put on a good convincing fight
(Woltmann, 1951).

Marionettes are the most artistic type of puppets.
They consist of a jointed doll or figure with moveable head,
arms and legs as well as elbow and knee joints which allow
for human-like movements. The body parts are attached to
strings which are gathered above the puppet on a wooden con-
trol. The puppeteer stands slightly behind and above the
puppet, with his body hidden from view by the back wall of

a stage. The puppeteer creates life-like motions by manipulating the strings (Woltmann, 1951).

Marionettes can be made from a variety of materials, but are usually made of papier mache, cloth and wood.

Woltmann (1951) states that since marionettes appear in full view, they can portray a large variety of human actions and emotions. Kline (1949) explains the advantage of the more realistic, full-body appearance in that they can remain lifelike while hanging, even if not being manipulated. Sommers (1977) demonstrated that marionettes can encourage body-part awareness.

Since the marionette's feet are heavily weighted, quick and hasty string movements can cause the puppet to swing. Another limitation is that manipulation often requires skill and fine motor control. When more than one marionette appears on stage, they can easily become tangled. Marionettes are limited in close, aggressive actions such as fighting and are also limited in expressions of love and affection through kissing, stroking the face and dancing (Woltmann, 1951).

The most popular type of puppet used in therapy is the hand or glove puppet. The hand puppet consists of a three dimensional head attached to a cloth costume. The arms and hands form part of the costume. Hand puppets are operated by placing a hand inside of the puppet. The index finger operates the head while the thumb and middle finger move the arms (Woltmann, 1951).

Hand puppets can be made from a variety of materials

including: papier mache, cloth, paper bags, wood, rubber or
styrofoam balls, boxes and socks.

The simple anatomy of a hand puppet creates a close con-
nection between the puppeteer and the puppet which allows for
direct and quick actions. Hand puppets are more capable of
aggressiveness than marionettes and shadow puppets. Hand pup-
pets are easily manipulated and a puppeteer can easily manip-
ulate two puppets at the same time, one on each hand. This
allows for close coordination of action between characters.
The radius of action is determined by the reach of the pup-
peteer's arm. Movement is easily controlled and can be fast
or slow (Woltmann, 1951).

The major limitation of hand puppets is their lack of
the lower half of the body although this can often be added.

Rod puppets consist of a head and full body attached to
a rod, operated by one hand, while moveable arms and/or legs
are operated by additional rods. This puppet is operated in
the same manner as hand puppets, above the puppeteer's head.
Rod puppets can be constructed from the same materials as
hand puppets and marionettes.

Rod puppets afford more movement than hand puppets or
shadow puppets and are more easily controlled than marion-
ettes. They also allow for more complex animation and por-
trayal of characterization (Batchelder, 1956).

Two other puppet types have been previously mentioned
and worth describing here. They are the finger puppets used
by Jenkins and Beckh (1942) and the headless puppets used by

Howells and Townsend (1973).

The finger puppets involve a rubber ball, with a hole in it, placed on the index finger. The face is created by gluing scrap materials to the ball. The body, arms and legs are formed by the rest of the bare hand. This puppet type requires alot of imagination and is useful mainly with very young children.

The headless puppets described by Howells and Townsend (1973) consist of the typical hand puppet costume with a neck into which a flat cardboard head can be inserted. This cardboard head can be colored by the child. This allows for a greater range of possible characters. The characters also tend to be more personal (Howells and Townsend, 1973).

This author emphasizes the fact that puppets created by the children contain more personal and symbolic value.

Psychological Rationale

The fact that puppetry has survived from man's early beginnings to the present day, gives proof of its inherent strength and general appeal (Woltmann, 1951). This section serves as a summary of the many aspects previously mentioned concerning the psychodynamics and psychological rationale of puppetry.

Puppets can represent the complete psychic structure, in analytic terms, or particular parts of it such as the id, ego, superego, ego ideal and oral aggression. Puppets can represent, directly or indirectly, characters that are present in

the child's real or fantasy life (Woltmann, 1951).

Puppets often represent real people. The child derives pleasure from being able to control these people. The complete control a child has over a puppet, expands his ego by giving him a sense of mastery (Lyle and Holly, 1941).

Children often identify themselves with puppet characters. The puppets can demonstrate how problems can be solved (Woltmann, 1951).

Puppets can express the wishes and desires of children (Woltmann, 1951). They allow for free expression of aggression without the resulting guilt (Lyle and Holly, 1941). "The symbolic characters can give a free expression of aggression without causing anxiety or fear in the child, and also can give a free expression of love" (Bender and Woltmann, 1936). The child's hands change from being part of the child to being the bodies of the hand puppet. This gives the child freedom to express tabooed actions as if they were actions of the puppet. The puppet is punished, not the child (Jenkins and Beckh, 1942).

Puppets have projective value. They stimulate the expression of important unconscious or conscious material such as fears, anxieties, conflicts and attitudes (Woltmann, 1951).

Puppetry is a make-believe affair (Woltmann, 1951). Puppets have a pseudo-life and do not feel real pain. They allow the play to go beyond the limits of biological life.

"A good puppet show combines realistic and fantasy char-

acters which makes it easier for a child to enter into the spirit of the problem presented and aids in identification" (Woltmann, 1951).

Children usually enter quickly into the make-believe nature of a puppet show. Very disturbed and psychotic children usually object to a puppet show because it is a threat to their attempts to hang on to reality (Woltmann, 1951).

Children use rhythmic repetitions with sleight variations in order to reach a solution (Bender and Woltmann, 1936). These solutions have to be repeated again and again in order to achieve complete mastery. This is possible with puppetry (Woltmann, 1951). Green (1978) observed that abused children demonstrate a greater tendency to re-create and re-enact traumatic events than children who were not abused. This represents a fixation to the trauma and a defensive formation through which the child attempts to master the anxiety or affect related to the trauma (Green, 1978). Puppetry can be useful in this case.

According to Lyle and Holly,(1941) creating a puppet can satisfy a deep creative urge. The creation of a puppet produces a sense of achievement, similar to that of a person who participates in the creation of a real child (Lyle and Holly, 1941).

Puppets are "more vivid, more alive, more unusual and more intriguing than dolls" and can be manipulated effectively without too much practice (Jenkins and Beckh, 1942). Girls readily accept puppets as play material. Boys accept puppets

without feeling childish or girlish (Hawkey, 1951; Cassell, 1965). Puppets can be effective with older children because "art is a later form of play; it can provide symbolic, creative opportunities for older children in a form consistent with their developmental level" (Irwin, Rubin, Shapiro, 1975).

Puppetry is a three dimensional art medium. In favor of its use, Woltmann (1960) states that the three dimensional quality gives it a more realistic effect.

The puppet show serves as a close interaction between the audience and the puppets (Woltmann, 1951). The puppet serves as an intermediary object between the people involved (Rojas-Bermudez, 1969). The following is a list of criterion which qualify a puppet or other object as an intermediary object:

1. Real, having concret existence.
2. Malleability, so that it can be used at will in any kind of play between complementary roles.
3. Innocuity, it should not release reactions of alarm "per se".
4. Transmitter, allowing the communication to pass through it and replacing the role tie as well as keeping the necessary distance.
5. Adaptability, to be adequate for the subject's needs.
6. Assimilability, to allow a relationship sufficiently close so the subject can identify himself with it.
7. Instrumentability, so it can be used as as extension of the subject.

8. Identifyability, so as to make it immediately recognizable.

<div align="right">(Rojas-Bermudez, 1969).</div>

This author believes that all of these factors would be increased if the subject actually creates the puppet or object.

Puppetry is a group activity (Woltmann, 1951). The group offers protection to the individual. The child is not alone, but goes through emotional and social experiences as a member of a group. The child is reassured that others have the same problems and interests.

Children seem to be stimulated by the appearance of puppets (Hawkey, 1951). Puppetry is a multi-sensory activity, it stimulates all of the senses (Lyons, 1971). Puppetry encourages self-esteem through audience approval (Lyle and Holly, 1941). Puppetry encourages spontaneity and creativity (Woltmann, 1951). Puppets, especially marionettes, encourage body part awareness (Sommers, 1977).

Methods and Procedures

Subjects

Six emotionally disturbed children (five male, one fe-
male) ranging in age from nine to thirteen years old were
selected by the therapist and the director of activities
and creative art therapies. The selection was based on their
potential for group therapy. This was determined from past
performance in groups and in one case from a screening inter-
view.

It was felt that a group of six children would be too
large for this type of treatment. Two groups were formed
(Group A. and Group B.) with three children in each. The
children in Group B. were younger and more disturbed than
the children in Group A. The three members of each group
also attended the same class.

All of these children were attending a partial hospit-
alization program located in the childen's unit of a psychi-
atric institute. All of these children were black and of
low socio-economic status. These children were all receiving
individual psychotherapy at the time of the study. Also at
the time of the study, all of the children except W., were
attending group movement/music therapy sessions.

The children were informed that they would be partici-
pating in an art therapy group using puppetry, which would
meet once weekly for about ten weeks. They were told that
they would be involved in puppet making and puppet play.

The following case information is provided as a reference, to better understand the behavior and dynamics of each individual when examining the group process material and the artwork and puppet play. The information was obtained from each child's records including reports from screening interviews and case history summaries. An attempt was made to provide as much background information as possible.

Group A.

A.

A. is a thirteen-year-old black male. He was referred to the partial hospitalization program because of learning and behavioral problems in school. A. was exhibiting withdrawn behavior as well as outbursts of fighting. He has difficulty dealing with his strong aggressive drives.

A. is of age appropriate size, well built and attractive. In the three years that he had been in the program, his affect continued to be predominantly flat with occassion-outbursts of laughter. His intelligence is in the borderline range. Psychological tests and his artwork show evidence of organicity. A. often exhibits negativism and expresses feelings of being defective.

A. lives with his mother and two younger brothers, ages ten and six. He has no contact with his father. His mother has low intelligence. She also has brain damage which resulted from an accident.

A. exhibits poor body image, low self-esteem, strong

masculine strivings and a strong fear of his own aggression
and strength. His interpersonal relationships are weak.
His relationship with his mother has been described as odd
and distant.

A.'s initial diagnosis was: undersocialized conduct
disorder - aggressive; academic underachievement disorder.
At the start of the puppet group, his diagnosis was: adjust-
ment reaction with mixed disturbance of emotions and conduct.
A. was in the program for three years before the start of the
puppet group.

R.

R. is a twelve-year-old black male. He was referred to
the partial hospitalization program after an incident in
school in which he stabbed another student. The student re-
quired hospitalization. R. is a learning disabled child with
a history of violent behavior. He has been placed in several
socially/emotionally disturbed classes in school. He is of-
ten teased by other children and his violent outbursts are
usually provoked by classmates. His Individual Educational
Plan indicated a need for a restrictive school setting and
therapeutic intervention.

R. is of age appropriate size and build. He is attrac-
tive, pleasant, polite and compliant. He has good object
relations and has been described as a "charmer". He often
looks towards adults for protection.

His speech and motor behavior are age appropriate. He

has low normal intelligence and a diagnosed reading disability. His insight and motivation are fair. His affect is usually warm and pleasant.

R. lives with his mother, an older brother age thirteen and a younger brother age nine. His parents are divorced and the family has no contact with his father. R. would like his parents to be together but he knows it is impossible. R. has a dependent relationship with his mother.

R. has poor impulse control, low frustration tolerance, and low self-esteem. He exhibits some anxiety. His diagnosis is: mixed disturbance of conduct and emotions. He was in the program for five months before the start of the puppet group.

L.

L. is an eleven-year-old black male. He was referred to the program because of disruptive and destructive behavior in school and an inability to listen to teachers. His mother requested support in coping with him. L. has a long history of hyperactivity and is presently on Ritalin. His school recommended that he be placed in a restrictive setting to help with socialization and controls and to improve his self-image.

L. is short, slightly built, pleasant and well mannered. He usually appears serious and anxious, but has a good capacity for humor and creative expression. He manifests egocentricity and an omnipotent attitude. He has no motor prob-

lems. He has average intelligence, low frustration tolerance and difficulty learning. He is delayed in social skills and has poor impulse control.

L. lives with his mother, her boyfriend and two younger brothers. L. does not have the same father as his brothers and he does not have the same last name as the rest of the family. L. has no contact with his natural father and has never accepted the presence of his "stepfather".

L.'s mother claims that he is not difficult at home and it appears that he is allowed to do as he pleases without an argument. His problems apparently began when his mother and natural father separated. His difficulties were increased with a move and transfer to a new school.

L. exhibits dependency needs and sexual identity concerns. His interpersonal relationships are good. He has good insight and motivation. He is often industrious in class and in group sessions.

L.'s diagnosis is: disturbance of emotions specific to childhood and adolescence with relationship problems. L. was in the program for three months before the start of the puppet group.

Group B.

W.

W. is an eleven-year-old black male. He was referred to the partial program because of poor peer relations, short attention span and constant wandering off.

W. is of age appropriate size and is slightly built. He is coordinated and has no unusual mannerisms. His affect is usually flat. He has mild-moderate mental retardation. His thought processes are concrete. Clinically he appears brighter than his I.Q. scores. He verbalizes well, logically organizes thoughts and remembers many things.

W. presently lives with foster parents. He was placed there one month before he started the progam, when his family was having difficulties. He has a background of abuse and neglect. His foster mother seems strong, firm and concerned.

W. is academically slow, has a learning deficit and there is evidence of organicity. W.'s potential is possibly diminished due to past traumatic experiences.

W. exhibits self-destructive behavior, poor self-esteem and poor frustration tolerance. He has difficulty conforming to rules and handling aggression. He has a lack of inhibtion in relating to adults and he often displays infantile and regressed functioning. His diagnosis is: mixed developmental disorder; mild-moderate mental retardation(possibly due to psychosocial deprivation). W. was in the program for two weeks before the start of the puppet group.

S.

S. is a ten-year-old black male. He was hospitalized twice in an in-patient unit and then referred to the partial program. He was referred because of multiple emotional and behavioral problems at home, in school and in the neighbor-

hood. Both of his in-patient hospitalizations were in the year before he was referred to the program. His admitting diagnosis was: adjustment reaction to childhood.

S.'s initial presenting problems included: cutting classes, fighting with classmates and teachers, disobedience, lying, stealing and fire setting.

S.'s mother reported multiple sexual concerns related to S. including: wearing girls underwear, constantly touching other people's faces and bodies, and feminine behavior.

S. was encopretic prior to his hospitalization, for six months, using after shave lotion to cover up the smell, changing his clothes several times a day and hiding his underwear.

S. often acts like a baby, collects money and worries about everybody.

S. lives with his mother, stepfather, and an eleven year old brother. All of his family members have a history of multiple behavioral and emotional difficulties. His natural father had been in jail several times. A thirteen-year-old brother, who lives with his grandmother, is a shoplifter and a drug addict. A twenty-three-year-old half-brother is a drug addict and suffers from depression. His eleven-year-old brother has almost the same problems as S.

S. was the seventh pregnancy, but fourth child of his mother who was married three times. His mother drank heavily during S.'s pregnancy. S.'s mother had hoped for a girl and treated S. as a girl by babying him, allowing his hair to

grow long and dressing him in girls clothes.

S. is a likeable, affectionate, chubby, boy. He has lonely, angry and unhappy feelings and usually looks disheveled. His intelligence is dull normal. Tests suggest that he may be suffering from a non-progressive, stable, organic brain dysfunction with a possiblity of epilepsy.

E.

E. is a nine-year-old black female. She was hospitalized in an in-patient unit for two months and then was referred to the partial program. Her presenting problems were uncontrollable behavior at home and school, fire setting, stealing money at home, wandering around the house at night, poor academic performance and fighting with other children. She experiences no guilt or remorse. Her admitting diagnosis was: undersocialized conduct disorder, aggressive type; impulse control disorder, unspecified; pyromania.

E. is of age appropriate size, a little stocky and is usually dressed in dirty clothes. Her predominant affect is sad. She is needy and constantly seeks attention. E. often seems highly anxious and she talks about her problems easily. She has some insight in that she understands that her behavior is problematic. E. has borderline intelligence. Her play and speech appear to be that of a younger child.

E. is the second of four children. Her mother gave birth to her first child at age sixteen and put the child up for placement. E. presently lives with her mother, a

maternal aunt, and two younger brothers, ages eight and eight months.

E.'s birth was unplanned and her mother was hostile during the pregnancy. Her father was not involved and has no contact with E. E. was a hyperactive child. Her speech was not understandable until age four. She often wanted to sleep with her mother and was allowed to do so.

E. has had behavior problems since kindergarten. She attended three different schools for first, second and third grades. She has had numerous moves and no consistent care-taker. She lived without her mother for two years, during which she burned down her house. E. is not close to her mo-ther. She is close to her youngest brother and she enjoys caring for him.

E. is severely emotionally deprived. She feels worth-less and enraged because of her neediness. She views her mother as unable and unwilling to care for her. E. has low frustration tolerance and reacts with rage to provoke her mother. She projects and denies her rage to protect her from viewing adults as cruel and herself as unloved. At the start of the puppet group her diagnosis was: adjust-ment disorder of childhood with disturbance of emotions and conduct; mixed specific developmental disorder. She had been in the program for one month at the start of the puppet group.

Materials

A wide variety of art and craft materials were used. Necessary materials were presented according to the needs of the task and the children's ability to handle the media. A more specific list of materials is provided with each task in the procedures.

Setting

The group art therapy sessions took place in the children's unit of a psychiatric institute. The unit consists of an in-patient ward, a therapeutic pre-school and a partial hospitalization school program.

The children in the partial program attend classes, receive individual psychotherapy, and usually participate in activities therapies. Many of the children receive art, music or movement therapy, either individually or in a group.

Approximately 25 children attend the partial program.

The group art therapy sessions using puppetry took place in the same room each week. The room was a large group art therapy room with appropriate tables, chairs and storage space.

Procedures

At each session, a puppetry task or project was assigned. Each child was given an opportunity to use the materials provided in order to complete the task. After completion, the children were asked to introduce their puppet to the group, giving it a name and a voice. The children were then encouraged to have their puppet tell a story or enact a scene.

After each child introduced his or her puppet, the children were encouraged to create spontaneous dialogues between puppets. The therapist occasionally encouraged the addition of more details such as time and place, in order to promote an integrated scene. The children were also sometimes encouraged to complete the scene by adding any necessary props or scenery.

At the end of each session, the puppets were placed in a box designated for the group which was stored in the room until termination of the group. Cleanup of materials was required before leaving the room.

The puppet tasks ranged from simple to more complex types of puppets. If a project was not finished in one session it was continued in the next. The group progressed to the next project only after successfully completing the previous one.

A simple puppet stage was used, constructed by placing one table on its side on top of another table. The children were encouraged to decorate the stage appropriately.

At the last session, the children were given the opportunity to take their puppets with them.

Group A

Session 1

Task: Paper bag puppets.

Materials: Lunch size, brown, paper bags; construction
             paper, foil and cellophane scraps, glue,
             tape, stapler, scissors, crayons, markers.

An arrangement was made that would allow the therapist
to meet the children in their classroom, and escort them to
the art therapy room. All three children were in the same
class. A. and R. were being tested and arrived at the room
on their own, later. L. was waiting in the classroom and
was escorted to the room.

After introductions, the task was described. Provided
on the table were all necessary materials. L. immediately
selected materials and began to create his first puppet which
he said was a boy (fig. L1).

A. arrived and after introductions, the task was ex-
plained. He sat quietly for several minutes, thinking. A.
noticed how far ahead L. was. He quickly created a baseball
player (fig. A1). After this attempt, the puppet was placed
aside and A. selected new materials for a second puppet.

At this time, R. arrived and was given the same intro-
duction and task instructions. He quickly selected materials
and began to work.

While working on his project L. placed a lot of em-
phasis on making eyes and hair. He was also quite verbal.
He finished his first puppet and noticed A. making a second
puppet. Deciding to make another puppet L. said that it would
be a girl and again, he placed a lot of emphasis on eyes and

hair (fig. L2).

A. was working on a magician (fig. A2). He stapled on a cape and then with much effort constructed a hat. He had a lot of difficulty manipulating the material, but was successful after accepting help offered by the therapist. He attached the hat and finally added the face.

Throughout this process, both L. and R. were discussing each other's puppets. L. suggested that R.'s puppet looked like a dunce. R. liked the name and asked L. to spell the word while R. wrote it on his puppet's hat. He then re-wrote it using a marker.

L. stated that his puppets looked like "Punch" and his sidekick on the "Hawaiin Punch" commercial. The group agreed.

The boys were then offered the opportunity to introduce their puppets to each other. They were allowed to use the improvised puppet stage.

A. requested to go first. He introduced the baseball player as "Joe" and the magician as "Jack" and then acted out a fight between them consisting mostly of aggressive action. The plot involved each character wanting to do their own thing. The magician made the baseball player and himself disappear.

L. watched the scene and responded appropriately. R. watched while also adding final touches to his puppet (fig. R1).

L. introduced his puppets and immediately engaged them

in a physical fight which was mostly non-verbal. He ended
the scene by saying, "we'll finish this someplace else" and
then pulled his puppets out of sight.

R. finished his puppet but he chose not to introduce
it.

The materials on the table were organized by the group.
The puppets were placed in a box which was stored on top of
the supply cabinet. The session ended and the boys were es-
corted to the lunchroom.

Session 2

Task: Create props, scenery or other puppets to be used
in puppet play with the paper bag puppets.

Materials: Cardboard scraps and tubes, pop-sticks, pa-
per plates and cups, construction paper, fab-
ric scraps, plastic forks and spoons, egg
cartons, crayons, markers, glue, scissors,
stapler, miscellaneous scrap materials.

A. was again being tested and arrived late. L. and R.
were escorted to the room, both being very friendly and verbal
along the way.

The task was explained and materials were provided on the
table. Both L. and R. required additional suggestions and
encouragement. After some discussion, both boys decided
what they wanted to make and from then on, were self-motiva-
ted and well invested in their projects.

R. selected foam, yarn, cardboard and pop-sticks and be-
gan to create "Hermie", the floor sweeper (fig. R2). He pla-
ced emphasis on the attachment of the arms.

L. selected paper plates and cups and an egg carton and

began to create a girl wearing a hat with food on top (fig. L3). He spent most of his time adding hair in the back of the cup.

A. arrived and sat down. His affect was flat and he was silent. After being give an explanation of the task, he remained silent and appeared contemplative. He then began to show an interest in the other boys' work. He also began to interact with them through playful but aggressive gestures of smacking them. The other boys ignored him.

After some redirection, he selected materials and began to work. A. cut the bottoms out of two paper cups and glued foam pieces to them, calling them hamburgers. He then began to repetitively manipulate the two bottomless cups and a piece of cotton in an attempt to devise a magic trick for his magician puppet.

L. began to work on a spaceship made out of paper plates (fig. L4). He attached pop-sticks to its bottom, as handles.

The group discussed several topics while working. One topic was helping other people in emergencies. R. mentioned that he had once saved someone from drowning. After this, the therapist announced that the next session would be rescheduled due to a holiday. The group responded negatively.

A. began to demonstrate his magic trick and had to be encouraged to include his puppet in the presentation. He was then confronted with a problem. His puppet had no arms or hands and could not hold the props. A. solved the problem by allowing his own hand to serve as the puppet's hand.

During this performance, L. criticized A. for allowing his head to show from behind the stage. A. was intimidated and wanted to give up. A group discussion then followed on the difference between constructive and destructive criticism. L. was reminded that he should be careful about what and how he says things in order to avoid misinterpretations and hurt feelings. A. was able to continue and finish his skit.

R. requested to join in a scene with A. A. used "Joe" and R. used "Hermie". They engaged in minimal dialogue and then began a physical fight between the puppets. L. picked up "Punch" which he used as a referee to stop the fight. The therapist commented how this was similar to the previous discussion of helping out in emergencies.

The puppets were then put away, the materials were organized and the session ended.

Session 3

Task: Sock puppets.

Materials: Socks, cardboard scraps, felt and foam scraps, yarn, buttons, fur, cotton, glue, stapler.

The boys were met at their classroom and escorted to the room. The task was explained and a sample puppet was exhibited (fig. T1). All three boys seemed interested and were easily motivated. Each of the boys selected materials and began to work.

R. was organized and able to work without difficulty. He was concerned with copying the sample puppet even though

he was encouraged to use his own ideas (fig. R3).

L. required some help but showed good frustration toler-
ance. He again placed emphasis on making hair (fig. L5).

A. followed his regular pattern of starting slow and
then working fast which was reflected in his results (fig. A3).
He was able to master the technical aspects of the task and
offered to help L. with a related problem.

The group interacted well with each other. Their verbal-
izations were mostly task-oriented rather than personal asso-
ciations.

Limited puppet play time was left at the end of the ses-
sion. The boys were motivated to do some puppet play, so each
child had his puppet say a quick "hello" and then put his pup-
pet away. R. made his puppet kiss the therapist. The mater-
ials were organized and the session ended.

Session 4

Task (intended): Puppet play using previously made pup-
pets.

Task (spontaneous): Mask making.

Materials: Construction paper, paper plates, string,
crayons, markers, glue, scissors, stapler.

On the way to the room, the group was extremely hyper-
active and excited about a Halloween party that was planned
for that afternoon.

Upon entering the room, the planned task was explained.
Instead of this task, the group requested to make masks, to
wear at the party.

The therapist decided to approve the project and comment-
ed that masks were similar to puppets and that wearing a mask
was like becoming a puppet. Materials were gathered and the
therapist demonstrated a simple paper mask that could be dec-
orated as any character.

The boys followed the instructions step by step and suc-
cessfully completed basic masks. Each boy then decorated or
modified the original design.

A. cut his mask in half and added paper plates as ears
and a hat. He cut small slits for eyes and a mouth. A. call-
ed his mask "evil person". He put it on and began to act out
"evil" scenes using limited verbalization. He used sounds and
gestures and represented criminals and a vampire. He was able
to use his entire body for expression.

L. cut out large eyes and a mouth. He also added a piece
of a paper plate as a hat.

R. created a mask with evenly proportioned features ex-
cept for a long chin. As usual, he attempted to copy the sam-
ple. He added a paper cigar in the mouth.

The group was allowed to keep their masks, but it was
noted later that none of the boys actually wore their massks
to the party.

Session 5

    Task: Papier mache hand puppet heads.

    Materials: Newspaper, cardboard tubes, wheatpaste, glue,
              water, newspaper mash, masking tape, and im-
              provised modelling stands using weighted cans.

The group was given instructions on how to construct
the form of a head from newspaper, tape and a cardboard tube.
Each of the boys completed this successfully.

A. shook his form like a rattle and made African, tri-
bal sounds. All of the boys made sexual comments about the
phallic shape of the form.

The next step involved mixing, by hand, wheatpaste, glue,
and water with newspaper mash(pulp), in a large bowl. The
boys took turns pouring and mixing. A. was hesitant at first
to touch the mash, but after trying it, he wanted to do most
of the mixing.

Each of the boys covered their form with mash and add-
itional scraps of newspaper and glue until a head was com-
pleted.

A. was very successful with this task although he created
only a simple shape (fig. a4). He constantly commented that
his "head" was the best. He also offered to help the other
boys.

R. had some difficulty with the material at first, but
with encouragement, he was able to complete the task success-
fully and showed good frustration tolerance. He stated that
his puppet head looked like "E.T." (fig. R4).

L. also had some difficulty shaping the face. He per-
sisted and successfully completed the basic shape.

This process used up the entire time. The completed
heads were left on a shelf to dry. Cleanup was complicated
due to the lack of a sink in the room. The boys used a sink

across the hall appropriately.

Session 6

Task: Paint puppet heads.

Materials: Gesso(sealer), tempera paints.

A. was absent. L. and R. were eager to begin painting.
They carefully painted the heads with gesso and completed
them with tempera paints.

L. called his puppet a "creature" (fig. L6). He seem-
ed to enjoy mixing colors in a muffin pan while painting.

R. stated that his puppet looked too ugly to be "E.T.".
He also stated that he thought his brother was ugly.

L. and R. interacted well together. They had no diff-
iculty sharing the paints and showed good socialization skills.
They carried on a pleasant conversation throughout the sess-
ion. They mentioned that the session was quiet without A.
They agreed thet A. was not bad, just noisy at times. The
boys also shared stories about movies they had seen.

Towards the end of the session, R. sat back in his chair
and stated,"I like coming to art therapy. It's fun. Painting
is relaxing."

L. agreed and said that he thought that art therapy was
"the most fun place to be."

The boys finished painting and the session ended.

Session 7

Task: Cut out and sew cloth bodies.

Materials: Assorted fabric scraps, patterns, sewing
            supplies.

A. continued to paint his puppet head and was concern-
ed about catching up with the other boys. He worked quietly
and with good concentration. At one point, he stopped work-
ing and offered to help L. who was cutting fabric. A. had to
be encouraged to return to his own project which he was be-
ginning to neglect.

L. and R. selected a piece of leopard print fabric.
While carefully tracing the patterns, they made an attempt to
save a piece of the fabric for A. to use. They both had some
difficulty tracing and cutting, but were satisfied with their
results.

This part took up the entire time. The boys agreed to
begin sewing the in the following session.

The group's discussion was mostly task-oriented. Dur-
ing the session, the therapist explained that the group would
meet three more times as a puppetry group and that after the
Christmas vacation, the boys would continue in an art therapy
group. The boys seemed pleased to hear that they would con-
tinue to work together.

Session 8

Task: Continue progress on hand puppets.

Materials: Fabric scraps, sewing supplies.

R. and L. got themselves organized and after only minimal
instruction, such as which sides to sew, they began to work.
R. was fairly capable and worked slowly, with good results.

L. had some difficulty sewing and became frustrated.
With some encouragement, he recovered and continued to work.

A. sat quietly for awhile before starting his task. He

seemed to be affected by the fact that he was one step behind the other boys. The therapist interpreted his behavior but A. could not verbalize a response. He eventually started to trace and then cut out the pattern from a piece of fabric he selected rarher than using the piece that was saved for him.

A. made several nasty remarks to R. and L. including degradation of their artwork. R. began to say something back to A. but he stopped himself and stated that his remark might hurt the therapist's feelings.

The boys continued to work until the end of the session. The therapist announced that his supervisor would be observing the next session. The boys made no verbal comments. The session ended appropriately.

Session 9

Task: Continue progress on hand puppets.

Materials: Sewing supplies.

R. was absent. The therapist's supervisor joined the group shortly after the session began.

L. and A. behaved appropriately in spite of her presence. They both concentrated on their tasks and interacted well with each other.

L. was quite verbal as both boys talked about past summer vacations. L. talked about his fear of being engulfed by ocean waves.

By the end of the session, L. completed sewing and attached the puppet head to its body. He seemed extremely proud

of his accomplishment.

Although A. could not verbalize it, he seemed to be pleased by L.'s results as well.

Session 10

Task: Complete hand puppets, select puppets to take home, termination.

Materials: Sewing supplies.

Before the start of the session, the therapist placed all of the finished puppets on a table. The group was excited and energetic as they entered the room.

A. was unusually verbal. He continued to sew his puppet body, but never finished. He spoke about his plans for Christmas vacation.

L. was very active. He added a fur tail to his completed hand puppet. He spent the rest of the time packing all of his puppets into a bag.

R. also added a fur tail to his puppet and completed it (fig. R4). He was able to remain in control while L. and A. played aggressively. This interaction was initiated by L. teasing A.

R. decided to take home all of his puppets except for his paper bag "Dunce". A. selected only his sock puppet to take home. The group discussed separation minimally. The session ended appropriately.

Group B

Session 1

Task: Paper bag puppets.

Materials: Lunch size, brown paper bags, construction
paper, foil and cellophane scraps, cotton,
glue, tape, stapler, scissors, crayons, mar-
kers.

E. was absent. S. and W. left their classroom energet-
ically and were excited about starting the group. After ex-
planation of the group and the task, both boys seemed inter-
ested and eager to begin.

S. selected materials and created "Little P." (fig. S1).
He said that the "P" stood for puppet. He cooperated during
most of the session, but at times, he was mischievous. He
would physically bother W. or carelessly toss materials around
the table. He usually responded well to limit setting.

W. selected materials and created "Charlie" (fig. w1).
He had difficulty concentrating on the task. He became rest-
less easily anded needed to be redirected several times when
he stood up and wandered around the room. He stated that he
was aware that sometimes he needs to move around before he can
concentrate again.

After the puppets were finished, S. and W. introduced
them with short and simple monologues. Both boys had their
puppets ask the audience questions such as "Who are you?",
or "How are you doing?"

The boys then began a spontaneous interaction between the
puppets which consisted of smacking them together in a fight.

During this, an arm was ripped off of "Charlie". W. did not want to repair it.

The boys cleaned up and put their puppets away without difficulty. The session ended and the boys were escorted back to their classroom.

Session 2

Task: Cardboard tube puppets.

Materials: Cardboard tubes, construction paper, fabric scraps, cotton, yarn, tape, glue, stapler, crayons, markers.

Upon entering the room, E. immediately sat down but S. and W. needed some encouragement to do so.

The task was explained. S. began to grab large amounts of materials which he hoarded in front of himself. The other children complained and he was able to put some of the materials back. Between a lot of aggressive hitting and poking at the others, he managed to complete his puppet which he called "Cool Cat" (fig. S2).

S. also tested the therapist by using inappropriate language. The therapist responded by reminding S. that his language was inappropriate.

W. had difficulty staying focused on his task. He seemed depressed, tired and unorganized. He worked at a very slow and lethargic pace. Several times, W. stopped working and looked around the room and at the other children. He sat still while S. insulted him and poked at him. W. was able to continue working when limits were set for S.

W. attempted to attach four pop-sticks to his puppet as legs. He had difficulty doing this and became frustrated. He would not take suggestions or help from the therapist. He did manage to attach two sticks and was satisfied with his results (fig. W2).

E. seemed to enjoy the task, but not the interaction between the two boys. She commented several times that S. was acting "simple". E. politely asked which materials she was allowed to use. She seemed to have several ideas for puppet clothes but had some difficulty achieving her expected results (fig. E1).

During the puppet making process, the therapist commented on the group behavior. The boys denied the fact that E.'s presence might have had some effect on their behavior.

When the puppets were finished, the children took turns introducing them. They all had difficulty attending to someone else's performance.

S. introduced his puppet as "Cool Cat, a mean mother fucker who can pick pockets, even President Reagan's." He continued in a "rap" style monologue using inappropriate language and had difficulty stopping. He was extremely hyperactive when he did stop.

E. introduced her puppet as "Dae-Anne". Her puppet reprimanded the boys saying that they should behave themselves.

W. copied S. both verbally and in behavior. He also

called his puppet "Cool Cat" and attempted to repeat S.'
monologue.

At the end of this, S. became destructive and wanted to
destroy all of the puppets.

E. began to clean up and helped to put the puppets a-
way. She attempted to get the boys to help but they would
only chase each other around the room.

When it was time to leave, the group was informed that
their next session would be rescheduled to another day due to
a holiday. When the door was opened, the children ran out
and down to their classroom.

Session 3

Task: Sock puppets.

Materials: Socks, cardboard scraps, felt and foam scraps,
yarn, buttons, construction paper, fur, glue,
cotton, stapler.

Due to the fact that this session was rescheduled from
the regular time, it interfered with the group's break time.

W. did not want to come to the session but did so after
some encouragement. For the first ten minutes of the session
he would not sit down. He finally joined the group and made
an effort to catch up with the others who were already work-
ing well on their puppets. W. successfully completed his
puppet which he called "Pizza" (fig. W4). He was concerned
that his puppet did not look just like the sample.

S. was able to stay in control for most of the session.
At one point, he became anxious from W.'s behavior and he
felt compelled to hit him. S. was also concerned that his

puppet should look like the sample. He finished his puppet and called it "Little Munchkin" as he made it "eat" the therapist's face (fig. S3).

E. was well behaved. She again attempted to make clothes for her puppet and had some difficulty attaching them (fig.E2). She requested sewing supplies for the next session.

S. enjoyed doing puppet play. He engaged his puppet in a dialogue with the audience. He had difficulty ending but responded well to a suggestion to let his puppet "take a nap" until the next session.

E. called her puppet by her real name and then quickly changed it to "Lisa". Her puppet explained to W. that he must behave himself and that his missed break time was only for one day.

The group was unable to create a story invilving all of the characters. The session ended without difficulty.

Session 4

    Task: Props and scenery for puppet play.

    Materials: Construction paper, cardboard, markers, glue, crayons, scissors, tape, stapler, miscellaneous scrap materials.

The therapist explained that props could be made for the puppets to use and that scenery could be taped to the front of the stage or held from behind. The children began to think of things to make. They also asked if they could present a puppet show to the school. The therapist told them that their puppet play would be only for the group.

S. offered to make a sun. He made three of them before he was satisfied with his results.

E. offered to make curtains for the stage. She attempted unsuccessfully to use a piece of oaktag as a cover for the scenery on the front of the stage. S. offered to help her and for awhile the two of them interacted well. E. also experimented with scrap materials such as blue fur for sky, paper doilies as clouds, and flowers cut from wrapping paper as a flower garden.

W. drew a picture of a house to be held from behind the stage (fig. W3). The therapist helped him to attach a piece of cardboard to the back of the drawing, as a handle.

S. added his sun to the front of the stage. W. added a face on the sun.

While S. and E. were working together, W. lost interest and began to test the therapist by doing sel-destructive gestures such as jumping off of a table while on his knees. The therapist reassured him that he was not going to allow people to hurt themselves. W. began to throw his puppets around the room. The therapist commented that W. seemed angry and he attempted to redirect W. to the task.

Bt this time, S. and E. had barricaded themselves behind the puppet stage and were ready to begin a puppet play. They had also set up their props on a table behind the stage. The therapist asked them if they intended to let W. join them and they agreed to do so.

S. titled the scene "Marriage" and using the therapist's puppet, he played the husband. E. played the wife. W. played the son and was asked by S. to perform the marriage ceremony. At the end of this, S. presented a blue fur coat to E. and after kisses said, "let's go home." Most of this improvisation was determined by S. and E.

The next scene was played by S. and E. and was titled by E. as "At Home". The scene involved S. and E. fighting because S. wanted to wear the new fur coat.

W. watched the scene which he seemed to enjoy. He then became restless and asked to join the skit. He again took the role of the son and called himself "Cool Jeff". S. and E. then both changed their puppet's names to "Cool Cat" and all three began to fight and curse.

The therapist reminded the group that it was almost time to stop and that they should think of some sort of ending. The scene ended haphazardly.

E. collected the puppets and S. pushed the stage back to its place. As the therapist gave some cleanup instructions, S. and W. began to run around the room, stand on tables and throw materials on the floor.

E. became anxious and suggested that the crisis man be called for. S. told her that he was not in school that day and then E. also jumped up on top of a table.

The therapist stated that he knew it was difficult for them to leave, but that they had to gain control of them-

selves before returning to their classroom. The children got off of the tables and waited by the door. The therapist opened the door and all three children ran out into the hallway and then down to their classroom.

Session 5

Task: Papier mache hand puppets.

Materials: Lunch trays labeled with each child's name, newspaper, masking tape, cardboard tubes, scissors, glue, wheatpaste, prepared news paper mash, water.

Upon entering the room, each child sat down at the place which was identified for them with their lunch trays. The session began with a short discussion about how each child was feeling. The group was informed that they would be meeting three more times. S. objected to this and expressed feelings of rejection and anger. After more discussion, the task was explained.

Cardboard tubes and newspaper were passed out to each child. Instructions were given on how to construct a head from the materials using tape.

S. and E. completed this part. W. had some difficulty and S. offered to help him. A discussion then followed on how W. always allows other people to do things for him and why S. could help him but should not complete the task for him. W. seemed to understand this with some insight.

After this, all three began to play with their forms and offered associations such as a flashlight and a rocket.

The group was then instructed to place their form on

their tray and to stand around one end of the table where a
bowl of mash was placed. Wheatpaste, glue and water were add-
ed to the mash as each child took turns mixing and kneeding
the mixture. This required a lot of limit setting.

The children sat down and were each given a handful of
mash on their tray. The children individually shaped a head,
added a nose and indented eyes. The therapist then announced
that it was time to clean up and that the session would end
in fifteen minutes.

S. and W. washed their hands in a bowl of water. This
stimulated some water play. Then, the boys exchanged non-ver-
bal cues to throw bits of mash at each other. Before the
therapist could say anything, the boys began an uncontrollable
fight of throwing mash. They smashed their own projects and
threw mash around the room, at E. and at the therapist.

The therapist made an attempt to phisically restrain S.
In anger, E. smashed her project and yelled at the boys to
stop. The therapist opened the door and E. was sent for the
crisis man, Mr. C.

The boys immediately stopped and ran out of the room.
The therapist asked them where they intended to go. S. then
pushed W. back into the room and they began to clean up.

E. returned with Mr. C. and the boys became angry at
his presence. E. began to help cleaning. Mr. C. stayed for
only a few minutes since the boys had gained some control.

After Mr. C. left, the boys again attempted to throw

things. The therapist told them that they would have to leave and return after lunch when they were in better control of themselves. E. was excluded from this since she was not involved with throwing the mash.

S. denied that he had done anything wrong. E. blamed the boys for her ruined project. W. apologized to E. but S. kicked her and accused her of blaming him for something he had not done. The children were escorted back to their classroom and their teacher was informed of the incident.

After lunch, the boys returned and were given paper towels and a sponge mop for cleaning. Water was purposely not provided. The boys made some attempts to clean. They began to role play slaves and called the therapist a "Honkey slave master". They continued to be verbally abusive and were mostly unsuccessful at cleaning up. The boys appeared to be ready to act-out again, so the cleanup was ended.

Session 6

Task: Styrofoam and felt hand puppets.

Materials: Styrofoam balls, felt scraps, cardboard, construction paper, crayons, markers, glue, scissors.

On the way up to the room, S. and W. gave compliments to the therapist about his hair and clothes. W. commented that it was a shame that the group was ending soon.

In the room, S. stated that they were going to be good. All three of the children had difficulty getting settled and seated at their places. The table was empty except for the

lunch trays.

A short discussion followed on the topic of staying in control. E. revealed that their teacher had threatened that if they were not well behaved, they would lose their recess time.

The task was described and the styrofoam balls were handed out. Each ball had a hole already cut in it. After some play with the balls, the children were instructed to try the ball on their index finger and to imagine it as a puppet head.

The therapist then explained that a face could be added by using paper, fabric or by coloring with crayons or markers. Instead of this suggestion, all three children attepted to indent a face with the scissors.

The group was redirected to the instructions and were encouraged to pay attention. The therapist explained that there was no need to puncture the ball. He then attempted to focus the children by pushing all of the materials out of the way except for the construction paper, glue and scissors. He then asked what color each child wanted for their puppet's eyes. The children began to pick colors and were able to begin to concentrate on the task and the instructions.

W. began to trace, cut out and glue on facial features. He became frustrated stating that he "messed up" and needed a new ball. After being reminded that there were no more balls he continued to work successfully (fig. W5).

S. also became frustrated when he realized that he had cut unnecessary holes into the ball. He threw the ball and

the therapist handed it back to him. He was then encouraged to add a face on the good side of the ball on which the therapist marked the positions for facial features. S. cut out and glued paper features over these marks.

E. cut out and glued on a face without difficulty. She then began to experiment with fabric scraps for a hat and a body.

S. asked if his puppet could be a Santa. He asked the therapist to help him make a red felt hat. W. requested the same thing.

The therapist helped the boys with their hats. S. had some difficulty waiting for the glue to dry. The therapist suggested that the boys pick out fabric for the body while they were waiting. The boys did this and cut out arm holes in the cloth.

E. moved to the other table where she made an unsuccessful attempt to sew. She lost interest and began to rummage through a box of fabric scraps. She found a piece of cloth which she placed on the small table as a tablecloth. She also placed several chairs around the table.

After cleaning up, the boys and the therapist joined E. around the other table. The group began to discuss how the table could be used for a party at the last session. The therapist reviewed his plans for the last session and explained that the children would be allowed to take their puppets home with them.

E. then insisted that the therapist tell their teacher that they were well behaved. The boys agreed. The therapist suggested that E. could tell their teacher herself.

The session ended, the children returned to their classroom, and E. gave her report to the teacher.

Session 7

Task: Finish styrofoam and felt hand puppets.

Materials: Cardboard, felt, scissors, glue.

All three children ran to the room and were hyperactive. S. entered the room and layed on the floor. W. sat down and remarked that everyone should notice that he was the first to do so. E. went straight to the box of fabric scraps. She began to select cloth to decorate the room for the last session. All three children were then redircted to the table.

The group was given cardboard to be rolled and used as a neck for their puppets. This was completed. W. and S. began to continue work on the bodies.

E. lost interest and went back to rearranging and decorating the room. W. joined her and the two of them taped strips of cloth to the walls as streamers.

S. wanted to finish his puppet and showed good concentration. He stapled the sides of the felt body. He then decided that it was too wide, so he cut the body thinner several times.

W. stated that he wanted to make "Rudolph" which he then drew on paper and cut out with some help. He taped it

to the door.

By now, all of the children were interested in moving furniture and decorating the room. The therapist allowed them to continue and then gathered them around the small table.

The group discussed the kind of party they thought they should have. The therapist encouraged them to discuss their reasons for wanting to have a party. Separation was minimally mentioned.

Using W.'s paper "Rudolph", the therapist then attempted to engage the group in storytelling with their puppets at the table. He used the figure to begin the story saying,"once upon a time there were two Santas."

W. continued the story by saying that when his father Santa) died, he grew up to be Santa. S. contributed only inappropriate dialogue and then lost interest. E. was unable to follow the story at all.

When the story ended, the therapist announced that it was time for cleanup. All three children had difficulty with this.

S. found a marker and began to write on the front of his puppet. Then both S. and W. attempted to steal the markers by stuffing them down their pants. They returned them and then all three children began to push each other, the furniture and the materials around the room. The group was told that they would have to return later to finish cleanup

and they were sent back to their classroom.

The group returned later with some resistance. S. and
E. began to cleanup the room, but W. denied his need to help.
This angered both S. and E. who had to be asked to leave the
room because they began to fight with W. At the same time,
W. became destructive to the room and had to be physically
calmed down by the therapist. He was then able to return to
class.

Session 8

Task: Selection of puppets and termination.

Materials: All finished puppets, candy.

Both W. and S. was absent. E. was disappointed that
they were not present, but she also seemed to enjoy the in-
dividual attention.

The therapist had set up a table with the tablecloth
that E. had used in the previous session. On the table were
four paper plates containing candy. Another small table was
covered with a piece of cloth on which were displayed the
group's puppets.

The therapist engaged E. in a discussion about the pup-
pets. She picked "Cool Cat" as her favorite puppet. She
then picked up her own puppets which she used in a sponta-
neous skit in which each puppet said "goodbye".

E. used her sock puppet to say that she had enjoyed the
group sessions and that she was sad that they were ending.
She reviewed the sessions and admitted that sometimes the

group members showed good behavior and that sometimes they did not. .

        E. joined the therapist at the small table. Together they decided what to do with the candy and the boys' puppets. E. decided to take all of her puppets home and to give them to family members as Christmas gifts. She placed them carefully into a bag.

        Then, E. decided that the candy intended for the boys should be wrapped up and brought to her teacher to save for them. She wrapped the candy in paper, stapled the packages closed and wrote the boys' names on them. The rest of the candy was shared by E. and the therapist.

        During this process, the therapist encouraged E. to discuss her feelings about separation and the group ending. E. expressed her dislike of having to leave a group or people leaving her.

        E. and the therapist agreed that the boys should be allowed to come to a special session on another day in order to get their puppets and complete termination.

        At the end of the session, E. was escorted back to her classroom where she gave her teacher the boys' candy.

Session 9

        Task: Select puppets, termination.

        Materials: Finished puppets.

        This session was set up specifically for the purpose of allowing the boys to complete termination of the group.

The boys were unusually well behaved and both boys appeared sad.

The boys discussed what they liked and disliked about the group as they reviewed the displayed puppets. They agreed that at times their behavior was inappropriate and that when they were well behaved, they were also able to be more constructive. Both boys expressed feelings of rejection and the issue of separation was discussed. The boys were also reminded that the group was planned as a short-term project.

At first, both boys chose to keep all of their puppets. The therapist asked the boys what they intended to do with their puppets. He also told them that they could be left in the room if the boys did not really want them. S. interpreted this comment as a request for a gift. He offered to give his "Santa" to the therapist. The therapist was surprized and commented that he thought it was S.'s favorite puppet. S. thought about this and then decided to give "Cool Cat" to the therapist instead. S. reprimanded W. for not wanting to leave a puppet, but the therapist reassured both boys that it was not necessary. The boys said "goodbye" and the session ended.

Results

The following results were derived from the group art therapy sessions using puppetry with emotionally disturbed children. Evaluations of the artwork, puppet play and stories are included in this section.

Originally, the two puppet groups were not formed for the purpose of comparison, but instead, for the purpose of providing enough case examples of the puppetry technique. It became apparent that the two groups were distinctly different in their behavior, level of functioning, use of the media, and in their puppet play. For this reason, some comparisons between the groups are made.

1. Group A. proved to be the higher functioning of the two groups. The group members demonstrated an ability to interact appropriately during the puppet making process and in their puppet play. The boys showed a trend towards improvement of appropriate self-expression as evidenced by an increase in more integrated artwork.

2. The children in Group B. were more disturbed and functioning on a lower level than the children in Group A. They demonstrated less capacity to interact and behave appropriately. Their personality dynamics were more easily observed in their artwork and puppet play. Their unconscious material seemed to be closer to the surface.

3. The older and higher functioning children actively par-
ticipated in the puppet making and were less interested
and more inhibited in their puppet play.

4. The higher functioning children tended to be very verbal
during the puppet making process. The process offered
a lot of opportunity to deal with important issues both
verbally and through the artwork.

5. The lower functioning children responded to structure
with more organized behavior, puppets and puppet play.

6. Structured tasks resulted in more success and less frus-
tration.

7. The lower functioning children were more invested and
less inhibited in their puppet play than the higher func-
tioning children.

8. The lower functioning children showed better focus and
concentration on structured tasks than on unstructured
tasks.

9. Attention span, investment, frustration tolerance and im-
pulse control seem to be directly related to the amount
of structure provided through various types of tasks and
limitations of materials.

10. The room size and furniture seemed to be adequate, but
the room was not always safeguarded by reducing all un-
necessary or tempting materials, supplies, equipment, etc.

11. The improvised table stage seemed adequate and function-
al.

12. The 45 minute time allotment was often insufficient for both puppet making and puppet play in each session. It appeared that these children may not have been able to handle a longer session.

13. Puppet making appeared to have been an adequate means of expression by itself for the higher functioning children.

14. Spontaneous puppet play seems to have had more meaning for the child than directed play.

15. A group size of three children seemed adequate for the higher functioning group. The process difficulties in the lower functioning group do not appear to be solely related to the amount of children, but instead on type of children that were selected and grouped together.

16. The type of materials provided seemed to be suitable for this population.

17. Oversupply of materials caused overstimulation, frustration and unproductivity rather than increased spontaneity and creativity.

18. Wet materials such as papier mache encouraged regression, acting-out and destructive behavior.

19. Inappropriate materials caused frustration and anxiety.

20. The additional structure provided by the use of lunch trays, was successful in increasing focus, concentration and impulse control.

21. The therapist's sample puppet was frequently copied.

22. Starting with a simple type of puppet and working towards more difficult and complex types was a successful

procedure.

23. The therapist found it necessary to follow the group's pace and capabilities.

24. All of these children used limited props or scenery in their puppet play. The specific task of creating props and scenery was not appropriate.

25. Providing alternate methods to achieve the same results helped to avoid frustration. (ex. sewing, gluing or stapling).

26. Puppet making provided a lot of opportunity for problem solving, sequencing, impulse control and organization.

27. The puppet making process often elicited free associations which were useful in therapy.

28. Puppet making and puppet play seemed to provide a safe freedom of expression of both aggressive and sexual material.

29. The early puppet play was often aggressive and more non-verbal than verbal.

30. Puppet play involving conflict material usually resulted in anxiety and acting-out behavior, which required strong limit setting and reassurance that puppet play was not deserving of punishment.

31. The children seemed to respond well to the opportunity to introduce their puppet the their group.

32. These children often had difficulty with dyadic or group puppet play.

33. Personality dynamics were clearly manifested in the puppets and puppet play.

34. Sharing was difficult for all of these children. The sessions provided a lot of opportunity to practice sharing.

35. Socialization skills and interpersonal relationships tended to improve.

36. These children all demonstrated a potential for creative expression and spontaneity.

37. Identifications with the therapist occurred frequently and were manifested in the puppets and puppet play.

38. Flexibility on the part of the therapist allowed for increased creativity and spontaneity.

39. Poor body image and low self-esteem were reflected in the puppets as well as in the handling of the puppets.

40. Slow and directed closure at the end of each session helped to avoid anxiety and acting-out.

41. All of these children were somewhat inhibited in directed puppet play.

42. Puppets and puppet play seemed to be appealing to all of these children.

Artwork

Group A.

A.

A1

Type: Paper bag puppet.

Character: Baseball player.

Name: Joe

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. immature	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: lack of investment, understimulation.

Content: orality, poor body-image, denial of sexuality, flat affect, no attachments (can not relate to others or experience environment).

A2

Type: Paper bag puppet.

Character: Magician.

Name: Jack

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. immature	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: displaced phallus, sexual differentiation.

Content: sexual concerns, poor body-image, poor attachments, some awreness of environment, concerns about power and control.

A3

    Type: Sock puppet.

    Character: Man.

    Name: none

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. age-approp.	8. active
3. complete	6. constricted	9. symmetrical

Manifests: better self-awareness, sighted eyes.

Content: beter potential for receiving stimulation.

A4

    Type: Papier mache and cloth hand puppet.

    Character: none

    Name: none

Evaluation

Form:

1. organized	4. original	7.simple
2. clear	5. age-approp.	8.static
3. complete	6. constricted	9. symmetrical

Manifests: lack of body detail, depressed quality, immature
facial detail, possible learning disability.

Content: flat affect, appropriate sexual identification,
poor body-image.

R.

R1

Type: Paper bag puppet

Character: Clown.

Name: Dunce

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. immature	8. static
3. complete	6. expansive	9. symmetrical

Manifests: concerns with head, immature attachments, exagger-
ated eyes, lack of hands and feet.

Content: dependency, concerns with control, sensory awareness,
impulse control (hands), concerns about intelligence.

R2

Type: Mixed media puppet.

Character: Floor sweeper.

Name: Hermie

Evaluation

Form:

1. organized	4. original	7. complex
2. clear	5. immature	8. static
3. incomplete	6. expansive	9. asymmetrical

Manifests: displaced phallus, lack of facial and body detail.

Content: sexual concerns, use of denial and avoidance.

R3

Type: Sock puppet.

Character: none

Name: none

Evaluation

Form:
1. organized	4. stereotyped	7. simple
2. clear	5. age- approp.	8. active
3. complete	6. constricted	9. symmetrical

Manifests: good ability to copy a form, sighted eyes, good facial detail.

Content: identification with the therapist.

R5

Type: Papier mache and cloth hand puppet.

Character: Creature.

Name: E.T.

Evaluation

Form:
1. organized	4. stereotyped	7. simple
2. clear	5. age-approp.	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: use of fantasy, fairly successful manipulation of materials, good control.

Content: lost child (E.T.).

L.

L1

    Type: Paper bag puppet.

    Character: Boy.

    Name: Punch

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. immature	8. active
3. complete	6. expansive	9. symmetrical

Manifests: emphasis on hair and eyes, lack of hands and feet, lack of body detail.

Content: sexual identity concerns, use of denial and humor.

L2

    Type: Paper bag puppet.

    Character: Girl.

    Name: none

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. immature	8. active
3. complete	6. expansive	9. symmetrical

Manifests: emphasis on hair and eyes, lack of hands and feet, teeth, unsighted eyes.

Content: sexual identity concerns, oral aggression, dependency, poor sexual differentiation.

L3

Type: Paper sculpture puppet.

Character: Girl.

Name: none

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. age-approp.	8. static
3. incomplete	6. expansive	9. symmetrical

Manifests: minimal facial detail, emphasis on hat and hair, lack of body, food on hat, use of round forms.

Content: sexual identity concerns, denial of sexuality, orality.

L4

Type: Scrap material puppet.

Character: Spaceship.

Name: none

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. immature	8. active
3. complete	6. expansive	9. symmetrical

Manifests: circular forms, good mixture of materials.

Content: orality, fantasy, flight, use of incorporation.

L5

Type: Sock puppet.

Character: none

Name: none

Evaluation

Form:
1. organized	4. original	7. simple
2. clear	5. age-approp.	8.active
3. complete	6. expansive	9. symmetrical

Manifests: emphasis on hair and mouth, sighted eyes.

Content: sexual identity concerns, orality, identification with the therapist.

L6

Type: Papier mache and cloth hand puppet.

Character: Creature.

Name: none

Evaluation

Form:
1. organized	4. original	7. complex
2. clear	5. age-approp.	8. static
3. complete	6. expansive	9. symmetrical

Manifests: emphasis on hair and eyes, displaced phallus, use of fantasy, integrated.

Content: sexual concerns, possible feelings of being defective.

S.

S1

Type: Paper bag puppet.

Character: Man.

Name: Little P.

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. immature	8. active
3. incomplete	6. expansive	9. symmetrical

Manifests: emphasis on beard, teeth, letter P. for identification.

Content: sexual identity concerns, oral aggression, use of intellectualization.

S2

Type: Cardboard tube puppet.

Character: Man/Cat

Name: Cool Cat

Evaluation

Form:

1. organized	4. original	7. simple
2. clear	5. immature	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: lack of body, unsighted eyes, lack of investment.

Content: denial of sexuality, lack of body awareness.

S3

Type: Sock puppet.

Character: Person.

Name: Little Munchkin

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. age-approp.	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: good ability to copy a form, sighted eyes, lack of a nose, no origiginal additions.

Content: identification with the therapist, lack of sensory awareness.

S4

Type: Styrofoam and felt puppet.

Character: Santa Claus.

Name: Santa Claus

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. age-approp.	8. static
3. incomplete	6. expansive	9. symmetrical

Manifests: use of letters for identification, lack of arms, displaced phallus.

Content: sexual identity concerns, use of reaction formation (cut body thinner), use of undoing (cut body thinner).

E.

E1

Type: Cardboard tube puppet.

Character: Girl.

Name: DeeAnne

Evaluation

Form:
1. unorganized	4. original	7. complex
2. unclear	5. immature	8. static
3. incomplete	6. constricted	9. asymmetrical

Manifests: good attempt at creating clothes, non-distinct features, perceptual difficulty, lack of arms.

Content: emphasis on having "nice" clothes, good sexual identity, impusive.

E2

Type: Sock puppet

Character: Wife.

Name: Lisa

Evaluation

Form:
1. organized	4. original	7. complex
2. clear	5. age-approp.	8. active
3. incomplete	6. constricted	9. symmetrical

Manifests: perceptual/motor difficulties, good attempt at creating clothes, unsighted eyes.

Content: good sexual identity, lack of sensory awareness.

W.

W1

Type: Paper bag puppet.

Character: Man.

Name: Charlie

Evaluation

Form:

1. organized	4. original	7. complex
2. clear	5. immature	8. static
3. incomplete	6. expansive	9. asymmetrical

Manifests: exaggerated nose and mouth, lack of hands, cross-eyed, distorted and defective appearance.

Content: oral aggression, impulse control concerns, dependency.

W2

Type: Cardboard tube puppet.

Character: none

Name: none

Evaluation

Form:

1. unorganized	4. original	7. simple
2. clear	5. immature	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: phallic shape, lack of a nose, unsighted eyes.

Content: poor body-image, lack of sensory awareness, inability to relate to others, possible organicity.

W3

Type: Drawing (scenery).

Title: House.

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. immature	8. static
3. complete	6. expansive	9. asymmetrical

Manifests: floating and distorted hous, blue clouds, distorted figure, schematic drawing level.

Content: evidence of organicity, poor body-image, depressed quality, ungrounded.

W4

Type: Sock puppet.

Character: Son.

Name: Cool Jeff

Evaluation

Form:

1. organized	4. stereotyped	7. simple
2. clear	5. age-approp.	8. static
3. incomplete	6. constricted	9. symmetrical

Manifests: good ability to copy a form, unsighted eyes.

Content: identification with the therapist, lack of sensory awareness.

W5

    <u>Type</u>: Styrofoam and felt puppet.

    <u>Character</u>: Santa's son.

    <u>Name</u>: Santa

<div align="center"><u>Evaluation</u></div>

<u>Form</u>:

1. organized	4. stereotyped	7. simple
2. clear	5. immature	8. static
3. incomplete	6. expansive	9. asymmetrical

<u>Manifests</u>: misplaced features, lack of body detail and dif-
ferentiation.

Puppet Play / Stories

Group A: Individual

A.

1.   Title: none

Setting: none

Characters: Baseball player, Magician

Script

Baseball player: Hi, I'm Joe.

Magician: Hi, I'm Jack.

B. P.: I want to play baseball.

Mag.: I want to do some tricks. (They fight; puppets are
smacked together.)

I'll make you disappear(He does), and me too,
goodbye.(He disappears.)

Evaluation

Form:
Organized, clear complete, stereotyped, immature,
constricted, simple active, symmetrical.

A. used stereotyped high pitched voices. The form

was simplistic, concrete and mostly primitive, non-verbal,

action.

Content:
Themes: phallic aggression, competition, autonomy.

Disguise: 1.   realistic characters and scene.
2.   present time
3.   space - close to home
4.   self-symbols - people
a) baseball player - masculinity,
aggression.
b) magician - power.

A. designated the magician as the hero possibly

indicating his concern or identifications with power and

omnipotence. The simplicity and concreteness of the scene

reflect A.'s low intelligence. His use of the puppets
for aggressive hitting reflect an immaturity as well as
his strong aggressive drives and lack of control.
Egocentricity was manifested in the "I want" quality of
the characters.

2. Title: none

Setting: none

Characters: Magician

Script

Magician: performs magic trick using cups; no verbalizations.

Evaluation

Form:
   Unorganized, confused, incomplete, stereotyped,
   immature, constricted, active, simple.

The form consisted of non-verbal action and manipulation
of props.

Content:
   Themes: power, control, magical thinking.

   Disguise:
           1. realistic
           2. present time
           3. space - close to home
           4. self-sumbols - people(quasi-realistic)
              a) magician - power, control.

A. used this scene mostly as a problem solving
experience. He experimented with the use of his own hand
as the puppet's for manipulating props. The simplicity and
lack of material reflect A.'s under-stimulation, lack of
awareness and poor communication skills.

L.

1. Title: none

    Setting: none

    Characters: Boy, Girl

Script

Boy: Hi, I'm Punch.

Girl: Hi, I'm a girl. (They engage in a physical fight.)

Boy: Let's finish this someplace else. (Puppets are pulled
down, out of sight.)

Evaluation

Form:
      Organized, partly unclear, complete, stereotyped,
      immature, constricted, simple, active.

The form is sketchy and lacking in material, possibly

due to a conscious awareness of not wanting to expose self.

Content:
      Themes: Relationships, aggression.

      Disguise:
             1. realistic
             2. present time
             3. space - close to home
             4. self-symbols - people
                     a) Boy
                     b) Girl

L.'s use of the boy and girl reflects his ambivalence

and concerns about sexual identity as well as his concerns

about relationships, in particular, his parents'. The

scene reflects his poor socialization and his aggression.

The ending has a secretive or manipulative quality, he

keeps us guessing.

Group A: Group

A., R. and L.

1. <u>Title:</u> none

   <u>Setting:</u> none

   <u>Characters:</u> A. - Baseball player, R. - Hermie, the floor
                 sweeper, L. - Punch

<u>Script</u>

Hermie: Hi, I'm Hermie. I'll sweep the floor.

Baseball player: I want to play baseball. (They fight.)

Punch: Stop fighting. (Attempts to pull them apart.)

<u>Evaluation</u>

<u>Form:</u>
     Partly organized, partly clear, incomplete,
     stereotyped, immature, constricted, simple, active.

The conflict and reasons for the fight are unclear.

The middle of the scene is unorganized and the scene lacks

an ending or resolution.

<u>Content:</u>
     <u>Themes:</u> Aggression, competition, rescue.

     <u>Disguise:</u>
          1. realistic
          2. present time.
          3. space - close to home
          4. self-symbols - people
              a) baseball player - masculinity,
                            aggression.
              b) floor sweeper - menial, low
                            self-esteem.
              c) Punch - mediator, anxious.

This scene reflects each of the group member's

immaturity, egocentricity and poor socialization. L.'s

use of his puppet as a mediator or referee demonstrates

the anxiety producing potential of puppet play and L.'s

need to avoid or reduce it. Although the interaction

was weak, the group demonstrated that they can interact

and relate in some way.

A. and L.

2. <u>Title</u>: none

   <u>Setting</u>: Outer-space

   <u>Characters</u>: A. - Magician
   L. - Girl, spaceship

Script

This scene involved no real dialogue or interaction between characters. Each child used his own puppet for personal puppet play, simultaneously.

Evaluation

<u>Form</u>:
Unorganized, confused, incomplete, original, immature, constricted, simple, active,

This scene manifested a lack of form. The personal puppet play was egocentric and unorganized.

<u>Content</u>:
<u>Themes</u>: Power, sexual identity, flight.

<u>Disguise</u>:
1. Mostly fantasy
2. present time
3. space - far away
4. self-symbols - realistic and fantasy, people and inanimate objects.
   a) Magician - exhibited power
   b) Girl (with a hat with food on top) - orality, sexual identification.
   c) Space-ship - flight, escape.

The content of this scene is difficult to evaluate due to the unorganization and lack of associative material. The scene does reflect the participants' egocentricity, inhibition and poor interaction and socialization skills.

Group B: Individual

S.

1. Title: none

   Setting: none

   Characters: Little P.

Script

Little P.: Hi, I;m Little P.. Who are you?

Audience: responds

Little P.: How are you doing?

Audience: responds

Evaluation

Form:
> Organized, clear, incomplete, stereotyped, immature,
> constricted, simple, static, symmetrical.

The form shows the beginning of an organized scene.
The lack of material and an ending reflects S.'s immaturity
and dull intelligence. The inability to produce or express
caused him to become frustrated and anxious, resulting in
a disintegrated scene. S. relied on the use of a stereo-
typed, high-pitched voice which reflects his lack of
awareness of environment.

Contnent:
> Themes: Autonomy, identity.

> Disouise:
> 1. realistic
> 2. present time
> 3. space - close to home
> 4. self-symbol - people
>   a) Little P. - small, insignificant,
>   a puppet.

The content suggests S.'s feelings of loneliness, emptiness
and insignificance due to the lack of substance and his
choice of Little P. The scene reflects his need to know

who he is and his need to relate to others.

2. Title: none

    Setting: none

    Characters: Cool Cat

Script

Cool Cat: Hi, I'm Cool Cat and I'm a mean mother fucker.
I can pick pocket's even President Reagan's...
(continued in an unintelligible, rap style,
monologue with a lot of inappropriate language
and laughter.)

Evaluation

Form:
Unorganized, unclear, simple, incomplete, stereotyped,
immature, constricted, static.

The form reflects S.'s inability to express himself

in a clear and organized manner. The content caused the

form to disintegrate.

Content:
Themes: Autonomy, identity, aggression, deviance.

Disguise:
1. realistic
2. present time
3. space - close to home
4. self-symbol - person/animal
a)Cool Cat - Personified animal,
cool, mean, nasty,
deviant.

S. again demonstrates his need to hold on to an

identity. He identifies with someone who is aggressive

and deviant. The content and character reflect his low

self-esteem and poor impulse control. This scene also

ended in anxiety caused by the content.

3. <u>Title</u>: none

    <u>Setting</u>: none

    <u>Character</u>: Munchkin

Script

Munchkin: Hi. I'm Munchkin, (pause), goodbye!

Evaluation

This scene reflects the same form and content as
scene 1. Added to his dynamics is oral aggression which
was seen in the name and handling of the puppet. S. spoke
slowly and did make an attempt to say something. His
expressive inhibition was previously noted.

W.

1. <u>Title</u>: none

    <u>Setting</u>: none

    <u>Characters</u>: Charlie

Script

Charlie: Hi, I'm Charlie. How are you?

        (The therapist encourages Charlie to tell a story)

        (no response)

Evaluation

<u>Form</u>:
        Unorganized, unclear, incomplete, stereotyped,
        immature, simple, constricted, static.

The form reflects W.'s simplicity and concreteness
as well as his inability to express himself.

<u>Content</u>:
        Themes: Identity

Disguise:
1. realistic
2. present time
3. space - close to home
4. self-symbol - person

The content reflects W.'s retardation, short attention

span and lack of stimulation.

2. W. copied S.'s Cool Cat monologue.

3. Repeat of number 1, replacing Charlie with a new
puppet, Pizza. The character reflects orality and
poor body image.

E.

1. Title: none

Setting: none

Characters: Dee-Anne

Script

Dee-Anne: Hi, I'm Dee-Anne. How are you? Hi Mr. Bernier.
S., you better be good. Goodbye!

Evaluation

Form:
Organized, clear, incomplete, stereotyped, immature,
constricted, simple, static.

The simplicity of the form reflects E.'s low

intelligence and deprivation.

Content:
Themes: Identity, authority, reprimand

Disguise:
1. realistic
2. present time
3. space - close to home
4. self-symbol - people
a) Dee-Anne - nice lady with
nice clothes, mother
or authority figure.

The content reflects E.'s identification with
the therapist and also reveals an ego ideal. This
scene also reflects her use of projection.

2. Title: none

Setting: none

Character: Lisa

Script

Lisa: Hi, I;m E., I mean Lisa. Everyone be good today
and behave!

Evaluation

This scene manifests the same form and content as scene 1.

3. Title: none

Setting: none

Characters: Lisa

Script

Lisa: We had fun in the puppet group. We made puppets
and did puppet shows. We were bad sometimes. It
was fun. Goodbye.

Evaluation

Form:
Organized, clear, complete, original, age-appropriate,
constructed, simple, static.

The form demonstrated E.'s ability to organize her

thoughts and to express herself clearly.

Content:
Themes: Review, separation, pleasure.

Disguise:
1. realistic
2. present time
3. space - close to home
4. self-symbol - person

The content reveals E.'s awareness of the past events in the group. She expressed some affect although it was mostly flat.

<u>Group B:</u> <u>Group</u>

<u>S. and W.</u>

1. <u>Title:</u> none

   <u>Setting:</u> none

   <u>Characters:</u> S. - Little P.
   W. - Charlie

Script

(Both puppets fight, Little P. wins, Charlie
is injured.)

Evaluation

<u>Form:</u>
Unorganized, unclear, incomplete, stereotyped,
immature, constricted, simple, active.

The form is unorganized and simple which is typical

of S. and W.

<u>Content:</u>
   <u>Themes:</u> Aggression, injury

   <u>Disguise:</u>
   1. realistic
   2. present time
   3. space - close to home
   4. self-symbols - people
      a) Little P. - aggressive, victor
      b) Charlie - aggressive, loset

The content reflects both boys aggression, anger

and lack of impulse control. W.'s character reflects his

abuse and low self-esteem.

S., E. and W.

2. Title: Marriage

   Setting: In Church

   Characters: S. - Husband
              E. - Wife
              W. - Preacher

Script

W.: You are now married.

S.: Here's a fur coat for you. (He puts it on her).

E.: Oh, Thank you. (They kiss.)

S.: I want to wear it. (He pulls the coat off of wife
   and he puts it on.)

E.: Let's go home.

Evaluation

Form:
     Organized, clear, complete, original, immature,
     expansive, simple, active.

The group showed their ability to organize and

appropriately complete a scene.

Content:
       Themes: Marriage, relationships,

       Disguise:
                1. realistic
                2. present time
                3. space - close to home
                4. self-symbols - people

The content reflects the group's improvement in

their ability to relate. The relationships reveal

concerns about parents, marriage and sex. S.'s wanting

to wear the fur coat reflects his sexual identity difficulty.

<u>S., E. and W.</u>

3.   <u>Title:</u> At Home

Setting: Home

<u>Characters:</u>   S. - husband
E. - wife
W. - son

Script

E.:   I want my coat back.

S.:   I want to wear it.   (They fight)

W.:   I'm the son.   I'm Cool Jeff.

S.:   I'm Cool Cat the mean...

(All three characters continue verbalizing inappropriate language; no real ending.)

Evaluation

<u>Form:</u>
Partly organized, partly clear, incomplete,
original, immature, expansive, simple, active.

The group continued the same form as scene number 1

but their anxiety caused a loss of control and a disintegration

of the scene.

<u>Content:</u>
<u>Themes:</u>   Relationships, aggression, egocentricity

<u>Disguise:</u>
1.   realistic
2.   present time
3.   space - close to home
4.   self-symbols - people

The content reveals the group members' images of

life at home including aggression and acting out behavior.

The anxiety caused by this expression inhibited further

content.

S., W. and Therapist

4. Title: none

    Setting: North Pole

    Characters: Therapist - Rudolph
                 S. - Santa
                 W. - Santa's son

Script

T.: Once upon a time there were two Santas. This was
     a big problem.

S.: I'm the real fuckin' Santa.

W.: When my father died, I grew up to be Santa Claus.

Evaluation

Form:
    Unorganized, unclear, incomplete, original,
    immature, constricted, simple, static.

.The therapist attempted to present a conflict which

the boys were to solve. S. expressed anger and disinterest.

W.'s thoughts were mostly unorganized.

Content:
        Themes: Identity, competition, aggression, death.

        Disguise:
                1. fantasy
                2. time - past
                3. space - far away
                4. self-symbols - fantasy

    The content revealed S.'s anger and inability to

contribute appropriately to the interaction. W. expressed

concerns about father death and growing up.

Discussion

The results indicate that puppetry as an art therapy technique is a valuable therapeutic tool for use with emotionally disturbed children. Due to the limited number of cases in this study, the results can not be generalized. However, this author believes that these examples are typical of this population of children and that they can serve as a guideline for further application and research.

Puppetry can be used as an art therapy technique in individual therapy, as a planned or spontaneous task or project in group art therapy, as a series of tasks extending over several sessions, or as a special, planned, workshop, group art therapy experience similar to the example in this study.

Using puppetry in individual art therapy or as a specific task in group art therapy, the therapist would have to adapt the usual procedures by substituting puppet making in place of some other art task and by allowing for puppet play time.

When using puppetry in a series of sessions or in a workshop experience, proper planning is required. Specific guidelines and precautions should be followed in order to avoid failure and frustration and to ensure a successful therapeutic experience.

The following is a discussion of the practical implications of the results of this study, based on the positive and

negative results as well as on the theories discussed in the literature. This discussion will focus on the use of puppetry in group art therapy with latency and preadolescent emotionally/behaviorally disturbed children.

Selection of patients

The ideal group size is between three to five children. The use of puppetry can elicit anxiety and rapid changes in behavior. The children will often react to the anxiety and behavior of each other. It becomes difficult to attend to the needs of each child if the group is too large. Therefore, it is necessary to keep uncontrollable and negative interactions to a minimum by limiting the group size.

The group can be of the same sex or mixed. The children need not all have the same diagnosis. Instead, the children should be grouped according to their level of functioning, and ability to relate with others.

As recommended by Irwin and Rubin (1975), each child should be given an art therapy assessment including some puppet play before being selected as a group member. The assessment should include a free drawing, a human figure drawing, projective drawings such as a scribble or dot-to-dot, and puppet play using either a ready-made puppet or a simple puppet which the patient makes.

The assessment will serve to introduce the child to the idea of puppet play and creative self-expression and will

and will serve as an indicator of the child's ego strengths
and personality dynamics. Since puppetry has uncovering qual-
ities, a group member can not be too disorganized, with un-
conscious feelings too close to the surface, or lack ego
strengths to deal with them (Irwin and Shapiro, 1975). The
assessment should indicate whether or not the child has enough
ego strength to handle the regression and anxiety expected from
the use of puppetry. The child's artwork and puppet play must
contain appropriate disguise and distance before accepting
the child as a group member (Irwin and Rubin, 1975).

Psychotic children would not be appropriate candidates
for this type of treatment.

Setting

The room should be large enough to contain an adequate
size work table, an extra table for supplies or to be used as
an isolation table when a child must be separated from the
group when setting limits, adequate storage space, and a play
area.

The room should not contain any unnecessary furniture,
equipment, materials or artwork belonging to other children.
This precaution will safeguard against excess stimulation
and will help to avoid complications should aggressive act-
ing-out occur. These precautions are termed situational re-
straints by Slavson and Schiffer (1975).

Seating should be arranged around the table in a manner
that provides as much work space as possible. The therapist

has the option of including himself at the table or not. This author prefers to join the group at the table with the option of standing or moving around the room when necessary.

Place settings such as lunch trays or large sheets of construction paper (contrasting color of the table) taped to the table, are especially useful to children with learning disabilities or poor impulse control. Place settings serve as boundaries within in which to work and they help to limit outside stimulation.

If a sink is not available, some sort of water supply must be brought in when using wet materials and for cleanup. Cleaning supplies, paper towels and smocks are also useful to have on hand.

The play area is best located in a corner rather than in the center of the room or along a wall. The corner helps to establish and maintain the child's focus.

It is best not to use a formal or fancy puppet stage. This can be threatening and intimidating as it suggests a "professional" type of performance. Instead, some sort of improvised puppet stage can be set up using a table on its side on the floor or on top of another table, a large cardboard box with a proscenium or play area cut out, or a curtain hung on a pole or rope. The children can be encouraged to "dress" the stage which encourages creativity and spontaneity.

The amount of time allowed for a session can range from

45 to 90 minutes depending on the number of group members and their level of functioning. The time should be kept consistent for each session.

Materials

The materials used depend on the type of project and on the capabilities of the children. A list of materials commonly used in puppetry projects can be found in the appendix (see appendix A). Many of these materials are household items.

In order to safeguard against frustration and failure, only those materials which can possibly be used for a particular task should be provided. Materials which the therapist has not personally attempted to use should be avoided. A one of a kind material should never be offered.

Lower functioning children can easily become overstimulated from an excess of materials and frustrated from materials which are difficult to use. This was demonstrated by Group B. Higher functioning children can benefit from a larger array of supplies, some of which can be challenging or which can be used spontaneously. The limitation of materials calls for good judgement on the part of the therapist.

The therapist should prepare for an "inability to share" by providing enough scissors, glue bottles, etc. until the children demonstrate their ability to share appropriately. This may be indicated by improved dyadic puppet play or by

spontaneous pairing during the puppet making process.

Wet materials such as papier mache, clay and paint can cause regression and anxiety, as demonstrated by Group B. These materials should not be used until the therapist is absolutely sure that the group can handle them. Again, the puppet play can be an indicator of readiness. If the children still become disorganized easily from puppet play anxiety, then they probably are not ready to use regressive materials.

A tape recorder and a record player can also be useful equipment in puppetry. The children may want to record their puppet play. Nothing should be recorded without the permission of the children. The group may also want to add music to their production.

Tasks

Tasks can include puppet making, the creation of props and scenery and scriptwriting. The tasks should be presented in order from simple to more complex unless a specific task is being used for a specific goal. Tasks can be repeated for mastery.

Some projects will be finished in one session. Other projects will be held over for another or several other sessions. Complicated tasks should only be presented when the group is able to delay the gratification of a finished product in one sitting. Also, simple tasks should be used if more time for puppet play is desired.

A task analysis should be completed for each task in

order to determine all of the necessary procedures and to anticipate all of the possible problems. The therapist should personally try each task before presenting it to the group.

The making of props and scenery can be encouraged, however, interest in their use usually occurs spontaneously and only after successful puppet play.

The group may request to perform a play for their peers or the staff. This should be approved only if the group is capable of producing an integrated performance which is relatively free of too much unresolved conflict material. The therapist should keep in mind the goals for the group before undertaking such a project.

The project must be well planned. After spontaneous puppet improvisations, the therapist can then write a script in the children's language, on their reading level, and using their original ideas. The script should include the children's own characters, themes and plot. Following Gardner's (1971) technique, the ending should offer some sort of therapeutic resolution.

A list of various puppet tasks can be found in the appendix (see appendix B). The tasks are arranged from simple to more complex types of puppets.

Puppet Making

Each task should begin with an explanation of the task and materials. Depending on the group's level of functioning, the materials can either be offered for spontaneous use

or limited amounts can be given to each child. The children are then allowed to work at their own pace unless the task requires a step-by-step process, in which case, the group usually progresses as fast as its slowest member.

If samples are required, at least three distinctly different samples should be provided. This offers the child more choices, encourages originality, and avoids the attempt to copy a sample which might be too difficult for the child. If a sample is copied, the therapist can note the child's choice which provides information about the child's identifications.

Early sessions should focus on working towards success, gaining confidence and building trust. The first tasks should be chosen because they are not threatening or difficult. In later sessions some anxiety or frustration caused by a task can be therapeutic as the child learns coping and problem solving skills.

The children should be allowed as much time as needed to complete the task. The therapist can remind the group of the amount of time left before puppet play or cleanup begins. It is important to allow enough time for appropriate cleanup and closure at the end of a session.

During the puppet making process, verbalizations are usually either task-oriented or personal associations, centering on a specific theme or topic. The therapist should encourage this verbalization and can make comments or simple interpretations during the process.

The therapist can also take advantage of the opportunity to encourage the group to deal with issues of problem solving, socialization, control, frustration tolerance, etc.

The puppet making process often requires firm limit setting. These limits must be fair and consistent. Some suggestions will be offered in another section.

While the children are working, the therapist should not work on his own project, but instead, should observe the process and be available for therapeutic intervention. The therapist should not add to or work on a child's project. When help is requested, verbal suggestions and instructions are usually adequate.

The puppet making process can begin in a structured manner, working towards unstructured and spontaneous production as the group improves.

Puppet Play

As described in the literature, puppet play can be structured or unstructured (Kors, 1964). For maximum therapeutic value, spontaneous, unstructured puppet play should be encouraged (Woltmann, 1940). Structured puppet play may become necessary when spontaneity is lost or when limit setting or intervention is required.

Stimulation for spontaneous puppet play can come from sources such as pictures, poems, music, stories, the weather, moods, feelings, words, etc. T.V. shows should be avoided because they often encourage stereotyped puppet play.

Puppet play can begin at the table and then move to the puppet stage. The group can first be allowed to the idea of making their puppets speak before they are encouraged to engage in more organized puppet play.

The children may need some warm-up exercises. These can include: making the puppet describe the room or another person, laugh, cry, whisper into someone's ear, eat from a hand, etc.

The introduction technique seems to be of great value as the first puppet skit. The child is encouraged to introduce his puppet to the group by telling the puppet's name and other character information.

Puppet play usually begins on an individual basis with children taking turns. The group can then work towards dyadic and group play.

The therapist should encourage the child to communicate and express as much material as possible. The children should be reminded to use different voices, moods and affects, to include dialogue between characters, to include setting and titles, and to use other characters in interactions.

During the puppet play, the therapist can note verbalizations, parapraxes, movements, pauses, puppets used, pairing, anxiety, voices, setting, titles, sequences, organization, length, complexity, images, plot, endings,themes, variations in stories, characterizations and names. All of these provide valuable diagnostic information (Irwin and Shapiro, 1975).

Puppet play usually requires a lot of limit setting. The play may have to be ended if too much anxiety or aggressive acting-out occurs. The children must be reassured that they will not be punished regardless of the themes expressed in the puppet play.

Lower functioning children are usually less inhibited in their puppet play and often experience anxiety when personal conflict material is expressed. The therapist should reassure the child that such expression is acceptable as long as no one gets hurt. Interpretation of the anxiety and its relation to behavior can only occur when the child is capable of some insight. Premature interpretations can be devastating to a child (Burch, 1980; Kors, 1964).

As a part of the puppet play, a discussion or sharing time should be included especially after intense moments. This can also facilitate closure (Irwin and Rubin, 1975).

Cleanup and Closure

Most of the cleanup should be done before the puppet play begins. After the puppet play some cleanup may be necessary. The procedure should be as structured as possible. A routine procedure can be set up with each child being assigned a specific task.

The cleanup allows the children to organize themselves before leaving the room. This is also a good time to encourage the group to make plans for the next session.

Role of the Therapist

The therapist functions in the role of leader, instructor, facilitator, participant, role model, limit setter and interpreter. The therapist must be flexible, observant and always prepared for the unexpected.

In the role of interpreter, the therapist must be aware of behavior, affect, transference and countertransference.

Limit setting is extremely important when using puppetry because of the regression and anxiety that is often involved. A child who is unable to control his behavior should be requested to leave and allowed to return for the following session when he is in better control.

Rather than attempting to stop or interpret aggressive acting-out, the participants should be made aware that their behavior is inappropriate and that they need to gain control or leave the room. If necessary, the session can be ended. If the acting-out was destructive, the children can return at another time to complete cleanup.

When the child begins to develop insight, interpretations can be made relating the behavior to the anxiety that was caused by the puppet play. It must be kept in mind that some degree of acting-out is a natural part of puppet play before organized process begins (Kors, 1964).

A co-therapist or assistant can be helpful when using puppetry. It is important that both leaders be in total agreement as to the goals and procedures for the group.

Goals

The major goals of any therapy and which can be aided by the use of puppetry, are to express conflict in a way which moves it from unconscious to conscious awareness; to externalize anxiety, to improve awareness and insight and to resolve the conflict.

Group art therapy using puppetry can also work towards improvement of: socialization, impulse control, creativity, spontaneity, frustration tolerance, verbal and non-verbal expression, trust, coping and problem solving skills, sequencing, organization, compensation for perceptual/motor difficulties, sublimation, self-esteem, self-awareness, sensory stimulation, and environmental awareness.

Termination

Termination should be brought into the discussion or puppet play of the last several sessions of a group. It is important to encourage the children to deal with issues of separation and loss. The children can develop puppet scenes dealing with these issues.

The group may not spontaneously begin to talk about plans for the last session. If necessary, the therapist should introduce this topic for discussion.

As part of the termination process, the children can either be allowed to take all of their puppets home or to select their favorite puppet to take with them. The selection can often provide information about the success of the exper-

ience. When a child chooses to keep a puppet that has been related to a conflict, it is likely that the conflict is still unresolved. By leaving this puppet behind one might suspect that the conflict is resolved and the child is choosing to be rid of it. Sometimes, the child will leave his favorite puppet or the puppet related to his best behavior thereby leaving the therapist with good thoughts about the child rather than leaving the negative thoughts and feelings.

The final puppet play can involve a review of the sessions and a "goodbye" scene. The therapist might also want to complete closure by presenting his own puppet play.

Suggestions for the non-puppeteer art therapist

Although this author strongly believes in puppetry as an art form as well as a therapeutic tool, other art therapists may not feel confident in using this technique. Most of this apprehension is probably due to a lack of knowledge of basic puppet construction or of puppet play production techniques. This lack of knowledge can be overcome through the same methods which most puppeteers and therapists who use puppetry have followed: consulting library books, observation of puppets and puppet shows, attending workshops, national and regional puppetry festivals and local puppetry guild events, personal experience and trial and error.

Puppets range in construction from simple to complex. For the purpose of art therapy, the simple puppet types are usually sufficient. Puppet construction information can be

found in numerous books on puppetry. Most libraries have a
collection of these books. The bibliography in this thesis
includes some of the most useful books, many of which contain
construction techniques as well as puppet production ideas.

A major source of information is the Puppeteers of America (P.O.A.) which is a national, non-profit organization
for anyone interested in puppetry. Membership ranges from
hobbyists to professionals and includes those who use puppetry
in some form of therapy.

The P.O.A. publishes The Puppetry Journal which contains
information on all aspects of puppetry. The P.O.A. offer a
consultant service including a consultant for puppetry in
therapy. The P.O.A. also offers a mail-order service for
puppetry books and supplies.

Almost every state has at least one local puppetry guild
affiliated with the P.O.A. A guild usually holds monthly
meetings and workshops.

Information about membership in the P.O.A. or a local
guild can be obtained by writing to the address found in the
appendix (see appendix D).

Implications for further research

Due to the lack of previous research on using puppetry
in art therapy, more study in this area should be conducted.
The following are suggestions for further research:

The present study used a limited number of subjects.
Therefore, other studies should be conducted with emotionally

disturbed children in order to explore the range of emotional and behavioral problems amenable to this type of therapy.

Group art therapy using puppetry should be attempted with other populations and age groups. Specific guidelines for the use of puppetry with these groups could be developed.

Using present rating scales or after developing new ones, a comparison coud be made of the associations and stories elicited using store-bought puppets vs. patient-made puppets vs. dolls.

The various methods of using puppetry in individual psychotherapy have been outlined in the literature especially by Hawkey (1951). Specific techniques, methods, or procedures for using puppetry in individual art therapy should also be developed.

Children communicate verbally and non-verbally through the puppet as well as through their own body. Valuable information could be obtained by comparing the non-verbal movement communication with the artwork and the puppet play.

Puppetry has been shown to be useful in developing communication skills (Schuman et al, 1973). Research should be done using puppetry with communication disordered children or with children with speech disorders.

Irwin and Shapiro (1975) used puppets as an assessment tool. Using their rating scales, children could be assessed using their own puppets. This may help to test the validity of using patient made puppets in assessment.

Kors (1964) outlined the stages of group process of puppet show groups. His focus was on the puppet play. Art therapists could benefit from an outline of the stages of puppet making in group art therapy.

Puppetry as an art therapy technique could be tested with learning disabled children with the goal of improving problem solving, organizational and perceptual skills.

In order to better understand the form and content of puppets made by disturbed children, comparisons should be made to puppets made by normal children of the same ages.

Certain puppet types seem to be most helpful in encouraging puppet play and verbal expression of unconscious material. While comparing the use of various puppet types in therapy, one hypothesis might be that puppets with moveable mouths elicit more verbalization than puppets with non-moveable mouths.

As a long term study, the puppet play and puppets of children who continue in therapy could be studied. One might hypothesize that as a child improves emotionally, the puppets and puppet play will become more organized and integrated.

Conclusion

Puppetry can be used as a group art therapy technique with emotionally disturbed children to promote the resolution of unconscious conflicts and as a means of improving socialization and self-expression. The puppets made by these children are a form of personal and symbolic expression of unconscious and conscious material. This thesis presented the process and results of two art therapy groups using puppetry as a therapeutic tool with emotionally disturbed children. An outline of specific methods and procedures has been developed for using puppetry in group art therapy with emotionally disturbed children. Methods for examining puppetry material for the purpose of assessment were reviewed. This author concludes that puppetry is a valuable art therapy technique, and that more research in this area is necessary. Implications for further research in this area have been included.
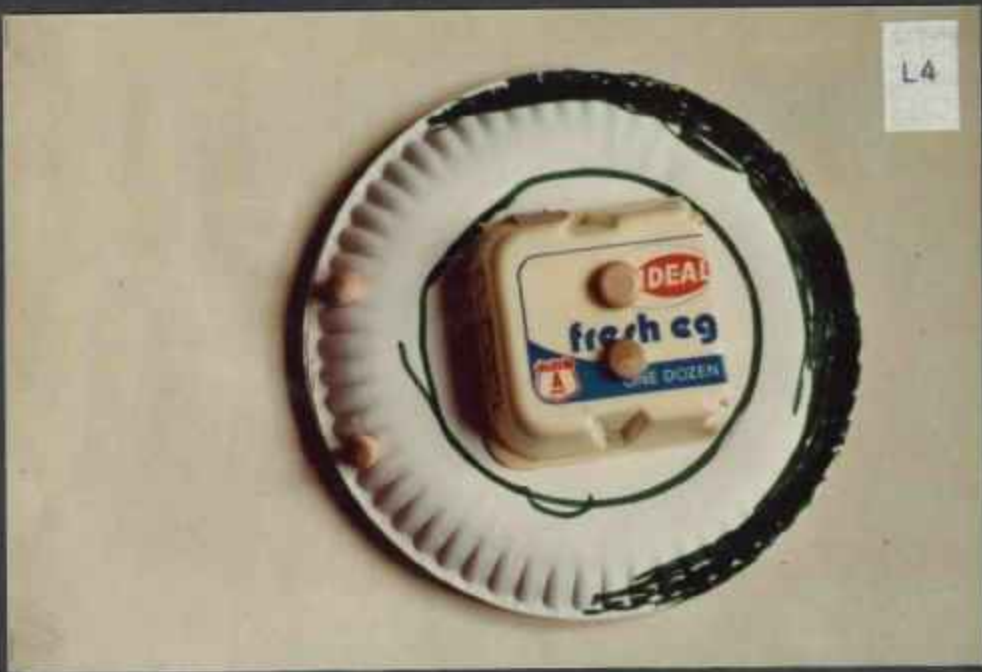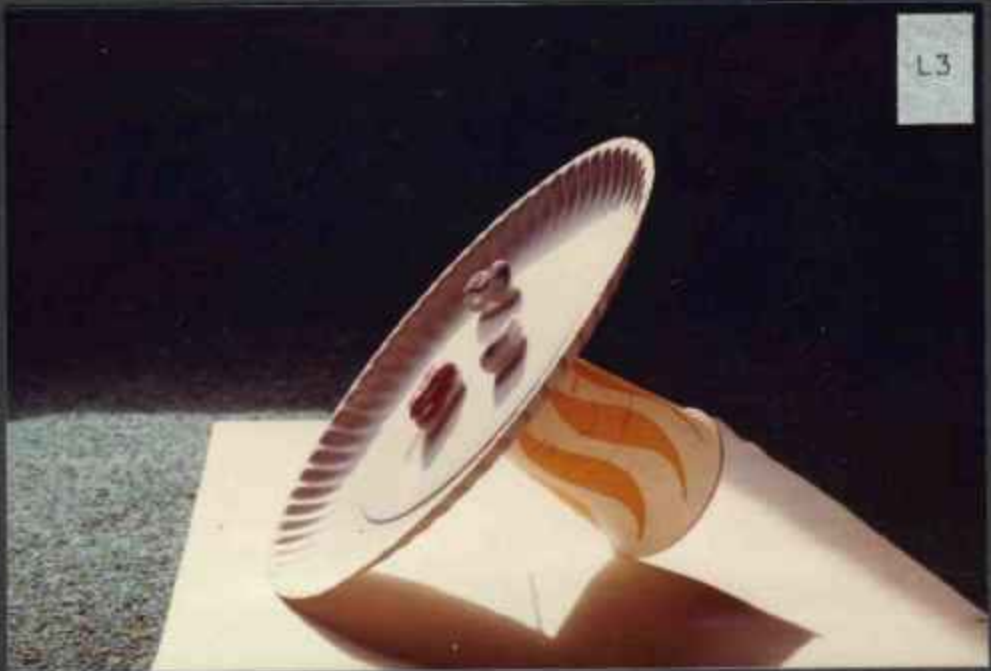
T1

A1

A2

A3

A4

Dunce

R1

R2

R3

R4

164

L1

L2

L3

L4

L5

L6

S1

S2

S3

S4

W1

W2

W3

W4

W5

E1

E2

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Appendix A

Materials

Beads
Bells
Buttons
Cardboard
Construction paper
Cotton
Egg cartons
Envelopes
Fabric, felt
Feathers
Fur
Jewelry
Gloves
Glue
Greeting cards
Leather scraps
Magazines
Masking tape
Needles
Newspaper

Paints
Paper bags
Paper cups
Paper plates
Paper tubes
Paper fasteners
Pins
Pipe cleaners
Plastic containers
Popsicle sticks
Ribbon
Rubber balls
Scarves, hankies
Socks
String
Styrofoam balls
Thread
Tin plates
Tongue depressors
Wood scraps, dowels
Yarn

Appendix B

Puppet Tasks

Paper bag puppets

Finger puppets

Stick puppets
(paper figure on a stick)

Paper sculpture puppets

Cardboard tube puppets

Styrofoam ball on stick

Mouth / Hand puppets
    -paper plate
    -box
    -paper bag
    -envelope
    -sock

Hand puppets
    -styrofoam,cloth
    -papier mache, cloth

Rod puppets
    -styrofoam, cloth
    -papier mache,cloth
    -junk sculpture
    -free form fabric

Muppet
(mouth puppet with human hand)

Marionettes
    -yarn doll
    -papier mache
    -papier mache, cloth
    -free form fabric
    -paper sculpture
    -carved wood head, cloth
     body
    -carved wood head and
     body

Appendix C

Sample Release Form

I, the undersigned, understand and give my consent that: My child_____, has been meeting with the undersigned art therapy intern in group art therapy sessions using puppetry, at E.P.P.I. as part of his/her treatment plan. As part of a thesis project, for partial fulfillment of a Master's degree from Hahnemann University, information from these sessions may be used. Photographs may be taken of my child's artwork. Information from my child's records may be used in this study and at no time will my child's name ever be used in any verbal or written report regarding this study.

_____
Date

_____
Matthew C. Bernier
Art Therapy Student
Hahnemann University
Art Therapy Intern
E.P.P.I.

I have carefully read, understand, and give consent to the above contents.

_____
Date

_____
Parent/Guardian Signature

Appendix D

Puppeteers of America

Puppeteers of America

6216 North Morgan St.

Alexandria, Virginia

22312