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Lisa's baby: Dramaturgical aspects of therapeutic puppetry

ABSTRACT

This article discusses my work as a therapeutic puppeteer in youth welfare contexts. The value of the projective material and symbols of puppetry are well known; I focus on puppetry for its dramatic content. The therapist is like a dramatist: s/he responds to the setting, is proficient in understanding the impact of the work and is aware of empathy. I use a theatrical perspective and then return to the therapeutic effects, suggesting that to create and materialize a personal narrative has special therapeutic advantages.

KEYWORDS:

puppet
therapeutic puppetry
narrative
dramaturgy
agency
embodiment
trauma

INTRODUCTION

This article discusses a practical method of therapeutic puppetry based on deep psychological and humanistic approaches developed by Kathy Wüthrich, Klaus Harter and Gudrun Gauda in Switzerland and Germany. The method is shown through puppetry sessions with Lisa (name anonymized).

PRACTICAL CASE STUDY

Lisa was a six-year-old girl who had been living in a foster family for four years. Her first two years of life were marked by lack of bonding, violence and personal degradation. She had never spoken about her biological parents; there were no apparent memories of them. Her behaviour displayed a need to control: to open and close doors, to switch lights on and off, to hide or scream when frightened. She had difficulties integrating into groups. Her foster family did an excellent job giving her structure, safety and loving care.

She came to therapeutic puppetry when she was 4. She was shy and hypervigilant but did not show a high level of disturbance. She was fascinated by the glove puppets in the room and enjoyed the individual hour of play. She could choose props, puppets and scenery and define what happened in the story.

The therapeutic 'safe space' is framed by play. The therapist guarantees this safe space, creates the framework for it and acts as a companion in the play activities. In a play 'agreement' safety is guaranteed but anything is possible within the play. For therapeutic work, it is crucial that the participants completely trust and accept the relationship and that the playing and the reality levels are clear to enable switching between them.

Playing is the natural way through which children create their own understanding and images of the world. Learning by doing shifts the outer objective world into one's brain. Fantasy and images of reality have equal weight in brain coping processes (Hantke and Gorges 2012). Memories are images. Narration creates new images; playing materializes them. This is the healing agent of therapeutic puppetry.

The other main healing agent is the bonding offer: to be sensitive to the needs of the client and to fulfil them. To practice puppetry is to make things possible; attentive shared playing is therapeutically nourishing. Through my excitement in her playing, Lisa was persuaded of my genuine interest in her as a person, which freed her to approach her play positively.

The safe frame of therapeutic puppetry consists of the playing agreement and the bonding offer. The safe frame in puppet theatre consists of the art agreement and the receiving offer. Theatrical elements can become therapeutic tools: we choose puppetry instead of human acting because of the additional dimension of symbolism and potential to distance through using materials.

The therapist encourages to create scenery in order to get the ground under our feet: where are we? This orientation in time and place is one of the basic therapeutic needs, especially in trauma contexts. Concrete scenery sets physical facts: strong wall or missing door; deep eddy or lovely pool; resource-rich greenwood or tangled witch-forest; different seasons. The story deals with these settings: can I find a hiding place; whom will I meet there; what things do I need there? Mood, wishes, fears, actual experiences and unconscious themes materialize in this creative work, as understood by arts and Gestalt therapies. Scenery miniaturization allows us to grasp, to modify or to wipe away. Technical demands bring reason into image work. Meta-level discussions about construction techniques and the use of tools connect emotional, sensory and cognitive brain areas. Improvised solutions open fixed thinking patterns and new perspectives.

Lisa's first sceneries were roofed stables. In building this scenery, she created a pleasant place for herself: a cave to feel safe. When she had the old woman puppet feed the animals, Lisa was feeding herself.

Puppets are superior actors to humans in these sessions. They increase symbolic presentation and distancing; they can do, say and tolerate everything. They are substitutes and can be 'de-polluted' after use. The main character from the seventh session was a girl/princess. Lisa chose a blonde *and* a ruby-haired puppet to play this role. They acted as one character – what an artistic trick! The girl/princess was doubled in strength, played as two simultaneous roles as younger and older sisters or friends or twins by Lisa and the therapist. The puppet is material animated in a concrete role, imagining a figure that only arises in fantasy but is experienced like a new acquaintance. It allows for discovery within this new relationship and reframes one's previous encounters.

To observe and manage this is the task of a dramaturge – the therapist, who is master of the effects. The player-client acts as the director: free to decide who will take part, what shall take place, what it will look like, how it will end. To have complete control is necessary for healing trauma. To fulfil an idea through a puppetry scene is to have agency and to seed the belief that one can master one's life.

Lisa's sessions, over one year, dealt with fear and devouring. Her spontaneous self-defensive impulses were reassuring; her characters resisted. Over many sessions, this reflective impulse turned into active strategies. Helpers, weapons, prisons were created. Each victory, each healing procedure convinced Lisa she was not at risk. She created multiple strong images that could compensate for her negative early experiences. Her defence forces were growing. Her defences against antagonistic aggressions turned into offensive conquests by her protagonists: the pirate girls began to capture their own treasures. The narrative motifs changed bit by bit over time.

To decide what shall happen next is to bring structure to diffuse feelings. The therapist-dramaturge provokes the client's decision-making through asking questions, allowing the story's structure to grow. At one point, Lisa created a motif of travelling to foreign countries. The characters flew or sailed to new lands. 'London' or 'Russia' was scraps of Lisa's heard environment that became the names of her fantasies. The narration was developing along concrete ideas as well as the unconscious wishes of the client. Old experiences were transformed with control; new aspects of these experiences were tested, and visions were created.

According to the therapeutic process, the client's stories use the dramaturgical structures of fairy tales: only if the hero sets him or herself in motion will something happen leading to a happy ending. The way is difficult and full of tests but also offers moments of enlightenment and joy. Helpers appear in desperate situations, and the goal is eventually reached. This is an approach to learning valuable lessons about life. Using realistic topics and images is not always possible in healing contexts; it is usually safer to turn to symbols. The arts provide inspiration and answers, enabling one to withstand real life.

Rehearsing the story allows for emotional coherence; it puts puzzle pieces in a rational order. The story makes sense – firstly to Lisa herself. She identifies with her own perceptions and feelings; she integrates the experiences of her young life. If her own story makes sense, she cannot be wrong!

Performing helped Lisa embody new social models such as a mother caring for her baby, and basic needs such as having enough food. Lisa as director delegated unknown or scary elements to the therapist. She, as her own audience, watched the scene. Through alternating role play, she was encouraged



Figure 1: New Coasts, 2018. Photography by Antje Wegener.

to resume the self-defence role and thereby resume responsibility for her own interests.

While performing, sometimes scenes became so big that we left the stage, while still holding the playing frame. Creating violent weather by shaking the iron-board stage, flourishing drapes, creating noise with rattles, switching the light on and off – this is directing, acting and witnessing all together. The whole catastrophe is under complete control by Lisa!

Narration develops verbal and rational coping strategies. Lisa's behaviour in her foster family and kindergarten swung from extremely controlling to well-adapted behaviours. During her first years, she could not develop self-perception because of her volatile environment and relationships; she aligned herself with conventional observed behaviour. This was reflected in



Figure 2: *Birthing Cave of the Unicorn, 2019*. Photography by Antje Wegener.

her story settings: feeding animals, celebrating birthdays, going to sleep at night. Nevertheless, her inner self was changing, even if the outer mask was not. But she never drew human figures; she could not fill in her own corporal silhouette; she did not try to model her own puppet. After a long phase during which *Sleeping Beauty* could not wake up, Lisa was finally ready to mould her own puppet: a baby unicorn with a golden horn.

Later Lisa crawled under the upper stage and demanded a cave. We built it under three iron boards covered with large drapes and fitted it up with pads, food props and jewels. The previously essential puppets (mother with baby, the blond and ruby-haired girls, cat and dog) were present – plus Lisa and the therapist within the cave. Lisa performed the horse bearing the unicorn. Under obstetric assistance of the therapist Lisa gave birth to herself.

The following series of stories integrated ambivalences. The sisters went their own ways. The ruby-haired puppet played different roles: loud, battered, isolated characters – all performed by the therapist under Lisa's direction. Lisa performed the blonde girl as beloved, caring and distinguished, living in smart houses. Alternating with this story-performing, Lisa made puppets from putty: a 'grim mother', a 'fearful baby' and a 'big sister'. She left 'grim mother' and 'fearful baby' and took 'big sister' home with her.

In the final session, Lisa took the baby out of the mother's arms and looked for another puppet. She could not find the 'right child', so she started to make a new puppet – The Child.

CONCLUSION

Puppetry is a safe laboratory that contains real experiences. Findings from modern neurobiology and psycho-traumatology resonate with the dramatic elements of therapeutic puppetry: live image work combined with physical action, deep emotional handling, holistic sensory experiences and the creation of individual meaning. Its specific transforming process of animation and manipulation of material includes psychotherapeutic elements. To frame the play requires dramaturgic and therapeutic talent. In contrast to classic psychodrama, puppetry cultivates the distancing quality of a symbolic object. Developing the processes of art therapy, it animates the symbols. There is much to explore within therapeutic puppetry. Meanwhile we play.

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