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Puppet Creation: A Lost Art in Treating Child Trauma

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Puppet Creation: A Lost Art in Treating Child Trauma

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

Trauma does not discriminate between age, culture, or socioeconomic class; trauma can happen to anyone. Although we would like to think that children are exempt from these difficult experiences, unfortunately, that is not the case. The current extensive research about the effects that trauma has on children both emotionally and psychologically and how these effects can have long term consequences will be examined in this capstone thesis. The arts-based qualitative research within this thesis will explore the benefits of puppet creation as a way for children to externalize their traumatic stories and as a means to provide children with the developmentally appropriate space to heal. Although the use of puppets with children in a therapeutic setting is well known as a beneficial tool for children to externalize their experiences, there has been minimal research about how the actual creation of puppets aids in children's healing. Through the use of individual case studies, it was found in this capstone thesis that the creation of puppets in child trauma therapy resulted in the externalization of stories, emotional education, the ability to stay focused in class, improving social understanding and engagement, and the ability to explore children's trauma at their own pace.

Puppet Creation: A Lost Art in Exploring Child Trauma

Introduction

Trauma does not discriminate against age, culture, or socioeconomic status; it happens to everyone. While we would like to think that children are exempt from these difficult experiences, unfortunately they are more often affected than one would think. “A recent national study revealed that approximately 34 million children in the United States had experienced at least one of nine adverse childhood experiences which have the potential to lead to traumatic stress and impact the child’s psychological wellbeing” (Diamanduros, Tysinger, & Tysinger, 2018, p. 23). As adults we often have to deal with traumatic experiences, but we often neglect to realize that adults and children require a different set of criteria to process trauma. When children are exposed to a traumatic event, unlike adults, they do not have the developed skills to understand what is happening, how to process it, or even that something awful is happening or has happened. “Trauma is defined as a painful or terrifying experience that disrupts an individual's physical and psychological capacity to cope and that results in pervasive disruption of intrapersonal and interpersonal development and a child’s sense of well-being” (Diamanduros et al., 2018, p.440). These physical and psychological disruptions can have long-lasting influences on a child's sense of autonomy as well as their academic performance, self-value, and behavioral and social development (Solomon & Heide, 2005). Because these effects can be so profound in the growth of a healthy child, processing traumatic events is vital. Another difference is that adults tend to expect children to identify and express emotions through words and language that are usually inaccessible to them. This can be especially stressful, unsuccessful, and painful for a child who has experienced trauma. “Although children may not verbally communicate their

feelings and thoughts about the event, they may communicate their experiences in another way-by playing them out. For children, play is their language, and toys are their words” (Ogawa, 2004, p. 22).

One of the most successful tools that people use to process trauma is through narrative development. By externalizing their stories, victims of trauma can begin to heal. Because children and adults typically use different forms of language for expression, it is important to recognize that there are unique ways that narrative development techniques can be successful. Art as therapy is commonly used in the field of mental health counseling to create narratives when words do not suffice, which is often the case with children. Art therapy has demonstrated a positive effect on how children process trauma nonverbally, through different materials, and helps them experience creative expression as an extension of their sense of self (Naff, 2014). Through the use of art, a child can create metaphors and access a larger freedom of movement and expression and have less need for concrete language. “Image, simply put, is the language of the unconscious. Images can yield information; create understanding; evoke expression; and transform thinking, feeling, and acting” (Tripp, 2009, p.176). Most children learn through the creative process, imagination, and play. Providing children the space to play affords them the freedom to create a rich description of their experiences in a way that is developmentally appropriate and can be quite profound in processing trauma (Desmond, Kindsvatter, & Smith, 2015). Because art therapy provides a play-like atmosphere, children are able to express emotions and experiences more comfortable and beneficially.

The art of play gives a child space to act out what is going on internally in a way that is developmentally correct. Cattanach (1995) states: “play for children is the place where they can

express their defiance and try to make sense of their own particular world and what it feels like to live there” (p.223). Art and play therapy offer a wide variety of materials which can be beneficial in accessing both cognitive and sensory aspects of the self. According to child psychologists, one of most successful materials used in art therapy, that creates a play-like atmosphere, has been the use of puppets. “Puppets have been used in counseling and psychotherapy for different purposes, such as assessment and diagnosis and addressing specific clinical problems” (Butler, Guterman, & Rudes, 2009. p. 226). Puppets are a way to externalize a problem, emotion, or experience and can help children identify and relate to a trauma because as they play, the puppets become an extension of themselves. Although there has been considerable research around the use of puppets in trauma counseling there is limited evidence around the value of the puppet creation process as a tool for more complete healing (Butler, Guterman, Rudes, 2009; Bromfield, 1995; Cattanach, 1995; Hartwig, 2014). By initiating the therapeutic process earlier, to include the construction of this imaginary persona, could traumatic experiences be healed on a deeper level? I would like to explore the act of puppet building as an accelerant to the externalization and narrative development for children healing from trauma.

Literature Review

Neglect and abuse are the primary forms of trauma that children experience in the United States. Often, these affected children will have multiple traumatic events happen over a period of time. Children who have experienced prolonged trauma, without interventions, are more prone to developmental delays and future challenges (Solomon & Heide, 2005). These effects can cause mental, emotional, and physical delays, and only after the traumatic memory is fully processed and integrated can the chance of homeostasis be restored (Solomon & Heide, 2005). There are a

growing number of studies that indicate a traumatic event can cause lasting issues in: “cognitive difficulties, abstract reasoning, executive functioning, attention, memory, concentration, verbal processing, and comprehension” (Diamanduros et al., 2018, p. 24). It is not uncommon to see these children lacking appropriate social skills, academic skills, self-care, and the ability to think both logically and emotionally. When a child is exposed to a traumatic experience, it is common that they emotionally respond in one of two ways, either hyperresponsive reactions and unregulated anxiety, or hyporesponsive reactions noted by emotional and social withdrawal (Diamanduros et al., 2018). Because of this uncertainty, it is important for the therapist, educator, or caregiver to be flexible in their expectations of that child's reaction: “response to a traumatic event depends on the child’s perception of the threat of the situation and their level of coping and resilience” (Diamanduros et al., 2018, p. 24). That level of resilience, along with functioning external and internal protective factors will guide their processing ability. Effective problem solving and a well-developed sense of self are good examples of healthy internal protective factors that may provide a child with relief during the presence of an adverse experience. Healthy external protective factors, including a supportive family environment and a well-established social support system, can have the same effect (Diamanduros et al., 2018).

Supportive protective factors also impact the ways in which children create external narratives around events and store memories of those events: “traumatic memories are stored as events from our lives rather than as a story with a beginning, middle, and end” (Perryman, Blisard, & Moss, 2019, p.82). Therefore if trauma is not processed, a child may have an over exaggerated response to a stimulus that does not warrant such a reaction (Perryman, Blisard, & Moss, 2019). Event memories are harder to process, and they tend to replay over in the child’s

mind with no resolution (Solomon & Heide, 2005). This lack of resolution can give rise to images, feelings, sensations, and beliefs that may persist throughout their life:

Trauma can affect a child emotionally, behaviorally, and socially. Emotionally, some traumatized children may struggle to regulate their feelings and exhibit anger, rage, and irritability, while other traumatized children may appear sad, anxious, and overwhelmed. Behaviorally, traumatic responses may be manifested in aggressive, disruptive, and self-destructive behaviors, some of which may be expressed in the reenactment of the trauma in the child's play. Socially, traumatized children may not trust others, or may feel betrayed by adults who did not protect them, which can negatively affect their interpersonal relationships and ability to make friends (Diamanduros et al., 2018, p. 24).

The result of trauma without treatment can have profound lasting effects.

After a traumatic experience a child may have feelings of guilt, shame, hopelessness, and sadness about not being able to control what has happened to them or to a loved one. This lack of control can in some cases cause a child to use words less frequently, incorrectly, and/or inappropriately. Due to this regression in verbal skills, a child may develop poor self-perception, resulting in various self-segregating behaviors ranging from insecurity or isolation to physical harm and outward aggression (Diamanduros et al., 2018). A child does not have an emotional index stored from which to pull; they often lack the ability to describe the feeling behind an experience. The complicated mechanisms of traditional talk therapy tend to be challenging for children due to their abstract nature and higher-order thinking. Using talk therapy can result in children not being able to find words to describe themselves thus leaving them silent to the

outside world. A child's voice can become lost amongst adults, leaving them soundless (Desmond, Kindsvater, Stahl, & Smith, 2015).

In order to cope with a traumatic experience, children will often dissociate or create other worlds within their imagination. Finding common language confusing, children might create a language of their own as way to process emotions (Ogawa, 2004). Children respond to and process trauma differently than adults:

Developmentally, some children may not be able to talk about a traumatic event directly, but adults may interpret this inability as avoidance although children may not verbally communicate their feelings and thoughts about the event, they may communicate their experiences in another way-by playing them out (Ogawa, 2004, p.22).

Because of this difference in processing, children are often not afforded the opportunity to process the traumatic experience. It is therefore mandatory that caregivers, educators, and therapists make an effort to communicate with them in a way that they can understand.

In early development children are constantly learning, observing, and repeating everything around them. They gather information through the use of the five primary senses and their constant need for movement and repetition. It is recognized that children will process their world, including a traumatic experience, throughout their whole body: "trauma is far more than a cognitive issue. The traumatic experience is largely affective and somatic, and effective treatment must also address the body" (Solomon & Heide, 2005, p. 52). When given the space to engage in their fundamental need for movement, a child will be better able to externalize their experiences in their work, play, and social interactions.

“Young children may reenact the trauma in their play, which sometimes may result in repetitive compulsive reenactments. Some children may retell the traumatic event and what happened without any display of emotion” (Diamanduros et al., 2018, p.25). In order to create a secure and productive relationship with a traumatized child, a therapist needs to be able to engage that child’s sense of play.

Piaget asserted that the function of play is to bridge the gap between the sensorimotor activity prior to representation, and the operational forms of thought. Piaget furthered this assertion by noting that the symbolic function of play ‘provides the child with the live, dynamic, individual language indispensable for the expression of his subjective feelings, for which collective language alone is inadequate’ (Hartwig, 2014, p.205).

Play therapy provides the ability to externalize inner narratives so children can then process trauma through their own language. Ogawa (2004) noted that: “children who initially refused to talk about their experiences when they are directly questioned started narrating their painful stories once they started playing as if toys and the therapeutic environment defrosted frozen feelings” (p. 21).

The way in which children use play to express themselves can be combined with interventions related to art therapy. Art therapy consists of using the creative processes as an alternative tool to spoken language. Through the use of art materials children can begin to express themselves, process experiences, and externalize their stories in a style that is developmentally appropriate.

Malchiodi (2003) explained that creative arts therapies tap into several senses simultaneously, helping to connect with parts of self not readily available in traditional

talk therapy, such as inner feelings and unconscious thoughts. She further posited that the use of creative arts helps the client reconnect implicit (sensory) and explicit (declarative) memories of trauma, as these therapies provide a less threatening way for clients to tell their stories (Solomon & Heide, 2005, p. 83).

Encouraging children to create art as therapy gives them a way to use their imagination to depict stories about themselves in a nonverbal form: “according to Naumburg (1950), the healing mechanism of art therapy was that it offered ‘a specialized additional nonverbal technique for releasing, through symbolic imagery, the unconscious, repressed emotions’ (p. vii)” (Gantt, 2009, p. 14). In addition to nonverbal communication, the use of art can also provide a feeling of safety for a child. When children feel safe, respected, and listened to, their bodies can resume homeostasis and they are able to explore, externalize, and, process their feelings.

Malchiodi (2003) suggested that through art, a traumatized individual can think and feel at the same time. She further stated that art therapy can provide alternative ways to respond to events, to encourage experimentation, and to facilitate access to positive emotional and behavioral change (Tripp, 2007, p.176).

Not only does the use of art therapy provide an outlet for children to express themselves non verbally and through metaphor, but research has shown that it can provide changes in brain development: “art therapy, which utilizes both hemispheres of the brain, is uniquely suited to make use of neural pathways to process memory, visual, and kinesthetic information” (Tripp, 2007, p.176). There is a valuable connection between the importance of play and the creative elements of art therapy in a child's development and how puppets can help to develop skills which language cannot.

Puppets, in a variety of forms, have been a part of children's play for centuries. The first reported use of puppets with children in a therapeutic setting was done by Bender and Woltmann in 1936 dealing with behavior issues in a psychiatric hospital (Hartwig, 2014). Puppets offer children a way of relating to their world through metaphor by externalizing challenging, confusing, and unknown experiences through another fashion (Butler et al., 2009). Puppets have been used across many healing environments such as hospitals, schools, home play, and during psychotherapy. They provide an alternative perspective to aid in the healing process:

Puppets are an effective tool for externalizing the problem for two reasons: First, using puppets objectifies the problem. Second, the application begins to create distance between the problem and the client, which is a first step in the process of externalizing the problem (Butler, et al., 2009, p. 226).

The use of puppets can provide children with a variety of helpful skills in their development including externalization of their world and engagement with others. For children that have experienced the negative effects of trauma, puppets can offer a way to rebuild and restore positive relationships with adults and peers, expression of emotions, exploration of real-life experiences, pushing limits as a way to understand where their boundaries began and ended, learning self-control, helping to establish a positive self-image, and to begin to learn about who they are as a person (Hartwig, 2014). This information is beneficial in understanding how the use of puppets can provide children with the ability to use a more natural form of communication to process, learn, and develop. Bromfield (1995) expressed the value in how puppets can act as a way for children to explore and process relationships with people and situations. "By standing in for real people, puppets allow a child to displace feelings from their

relationships with significant persons. In doing so, puppets offer physical and psychological safety that, in turn, invites greater self-expression” (Bromfield, 1995, p. 435).

The presence of puppets provides children with a tangible object that helps them expand beyond their event memories to externalize their feelings. This is particularly helpful in healing because children process and express through the use of metaphor and have a tendency to operate from their imagination: “puppets can be hugged, assaulted, abandoned (and retrieved), used as pillows, and folded up like a pair of socks to become a ball, to name a few possibilities” (Bromfield, 1995, p. 438). Puppets can become anything a child needs them to be and can offer a physical feeling of invisibility: “the fact that the child's hand actually sits inside the puppet also has meaning. No differently than a facial mask, the hand costume can serve to create a sense of disguise, somewhat disinhibiting the child” (Bromfield, 1995, p.438). The incognito quality that puppets provide enables a sense of safety for the traumatized child and in addition, because the child is able to tell his/her story using his/her own language, can generate a feeling of autonomy that is often necessary for the healing process. While there is plenty of research which supports the benefits of using puppets with children, surprisingly there has been little research done around the inclusion of puppet creation into the therapy process. Having the child first create the puppet out of art materials and then using it in the art therapy session has the potential to develop a dynamic space for the child to fully explore their experiences.

There is a growing body of research on the benefits of art and play therapy as ways to help young children process traumatic experience. The value of puppets in play therapy and educational environments has been evaluated in a variety of ways for decades (Hartwig, 2014). However, there are still limited studies about the effects of clients’ participation in not only their

therapeutic use but in the creation of the puppets themselves. Because of this I am interested in how I can connect the benefits behind the creative process with the value of play in the treatment of traumatized children. It was from the desire to explore the process of art therapy with the narrative nature of play therapy that this intervention manifested. My intention is to incorporate puppet construction into traditional puppet therapy with three young clients who have had exposure to traumatic experiences. This intervention would not only be beneficial in helping the children to externalize the problem, but may create additional therapeutic benefit, as the “personalized” puppet would likely help develop a “personalized” strategy and safe space to process traumatic experiences.

Methods

The intervention explored the creation and use of puppets as a means for children to process traumatic experiences. The children had varied backgrounds including socioeconomic statuses, life styles, and cultures. The clients that participated in the intervention were a part of my caseload as a school-based intern at a primary and elementary school. Having access to the children's biosocial information was beneficial for making the decision about which children to use for my intervention. It was important for me to choose clients who had some type of trauma history and the need to process it. With this information, I was able to choose the three clients who appeared to have the most significant need and who I felt might gain the greatest benefits from the creation and use of puppets. It was beneficial to conduct this intervention within the school system because I had access to each client's assessments, diagnosis, treatment plans, and history. The school setting also provided me with a quiet, consistent, and contained space to carry out the intervention. The participants consisted of three six-year-old children who each

participated in individual therapy. For the purpose of confidentiality I have provided each child with a letter. The young girl will be represented by T. She presented as having reactive attachment disorder due to severe neglect before age two. T was forced to scavenge for food in the trash to feed herself and her brother because her mother was absent due to methadone addiction. The first young boy will be represented by C. He struggled with feelings of acceptance, self-confidence, and value due to lack of appropriate attachment from his parents. C's household was stressful because his parents were constantly fighting and abusive to each other. The last boy will be represented using E. He experienced severe developmental delays when younger which have influenced his current development. The delay was most noticeable in his challenges with social interactions with others. He struggled with understanding how to engage appropriately with his peers. The intervention was done during the children's therapy sessions as way for each of them to work on processing their trauma. I conducted the study over the course of four weeks seeing each client forty-five minutes once a week.

The instructions for the intervention where the same for each child: they were asked to create puppets (with my help) relating to their trauma history, each child was informed that this could consist of people, emotions, places, animals, things, etc. The three children were each given similar materials including cardboard, colored and white socks, paint, googly eyes, buttons, balloons, stones, beads, feathers, colored pipe cleaners, popsicle sticks, glitter, colored paper, and clay. With these materials each child was asked to construct a variety of puppets focusing on the theme they had chosen. There was no limitation or minimum put on the number of puppets created; this decision was left entirely up to the child. The last part of this intervention focused on the child using the puppets to create a personal narrative. This narrative could include

anything the children felt the puppets they had created needed to say. In the creation of these narratives, each child was invited to tell whatever story they wanted and were reminded that there was not a specific story they must be telling. This was included as a way for the children to engage in play-like interactions with the puppets they had created along with processing their trauma in a language they understood.

To track the information, observations, and data that was noted during the intervention I kept a detailed journal of each session that took place with each child. This journal contained drawings, observations, notes, connections, details about process, what was said, heard, and how I felt about the interactions that took place. During each session I noted the salient behaviors, interactions, and language that occurred during the creation of the puppets. Along with keeping a journal, I also created my own set of puppets, in response to each child's puppet creation (images of the puppets are shown below). I found that this was a helpful way to directly connect to the child's experience of puppet creation. It provided me a time in which to do my own processing, analyzing, and formulating about each child's session and see if I could for a moment step into their worlds.

Results

It was informative and interesting to observe that out of these similar materials each child created radically different puppets and their paths all followed different trajectories. C created his puppets using a variety of objects. A lot of his trauma stemmed from neglect, absent parents, and living in an environment with high levels of fighting. He was asked to think of the people who he believed made up his family and create a puppet for each member. C decided that his family consisted of his mom, dad, brother, and himself, and he chose to begin working on the

puppet of his mother first. Creating these puppets was an integrated process between client and therapist and the client often times asked for help or suggestions. The foundation of the puppets consisted of different colored paper that he painted and glued together. With my help, the colored paper constructions were then hot glued onto popsicle sticks to create the body of each puppet. The puppets were decorated with a variety of art supplies such as googly eyes, stones, feathers, buttons, and other random objects the boy felt the puppets needed. It was observed that each puppet looked different depending on which member of his family he was creating. Throughout the creation of the puppets, C was adamant about the importance of making his puppets a home. The puppets' home was created by painting and decorating a cardboard box as a place for his puppets to live. Each puppet was carefully labeled and put inside the box before the next puppet was created (Figure 1).



Figure 1

T created her puppets out of socks. It was observed and noted through working with T that the depiction of emotions through the creation of puppets was an important process for her as a way to understand her trauma. The five different emotions that she chose to illustrate consisted of mad, sad, happy, worried, and tired. Each puppet started out as a plain white sock that was painted a different color depending on the emotion. The creation of these puppets was a collaboration between T and myself. Because T experienced symptoms related to reactive attachment disorder (RAD) due to severe abuse and neglect at a very young age, the collaboration was intentional on my part. It provided her with the opportunity to develop skills

in communication and appropriate connection with a caring adult. I put the white sock on my hand as a platform, so that T could paint the sock using acrylic paint and different sized brushes. Each sock was painted a different color depending on the emotion: blue for sad, red for mad, yellow for worried, green for happy, and purple for tired. Each puppet was finished completely before moving on to the next: she started with the puppet which represented sad. During the first session she painted the entire sock blue and let it dry. The next time we met she proceeded to use a variety of the materials mentioned above to decorate the blue sock. With my help using the hot glue gun, she decided which objects should be added to sad puppet. It was interesting to note that she added a balloon to the puppet with the word sad on it as a way to label which emotion she had created. However, ultimately only the sad and mad puppets had balloons attached to them: tired, happy, and worried did not. T proceeded to make puppets for all five feelings. Once she was finished with the puppets, she insisted on creating a safe place in which they could live and interact. T painted a shoe box with a variety of colors both inside and outside and expressed that this was where they slept (Figure 2).



Figure 2.

E also used socks to create his puppets. With my guidance, E created puppets as a way to process issues regarding appropriate social engagement. He created one puppet who would represent himself and another puppet who represented a fictional friend. Similarly to T, I also put the white sock on my hand as a platform for the boy to paint on. He chose to use a variety of different colors when painting his puppets. E decided to create himself first as a puppet using a variety of colors to paint the sock. He then followed a similar procedure with the sock that represented his fictional friend. Once each of the puppets had been painted and dried, the boy

chose very different objects to decorate himself and his friend. He expressed that he put wings on the puppet representing himself so that he could fly away from anything that was scary and hard. On the puppet that represented his peer he attached pipe cleaners as legs and antennas, though did not vocalize why he added these.

It was observed that all three children wanted me to be part of the stories that they were creating with their puppets. In their own ways, each child wanted me to also wear or use a puppet and to be part of the narrative that was created. During these interactions I left it up to each child to decide how the narratives should go, asking questions of each child about how his/her puppet should interact or what they should be saying or doing.

C, who created his puppets about his family out of random pieces of cardboard glued together, was observed to demonstrate little interest in creating a narrative with the puppets, noted by his lack of engagement. When asked what sort of story the puppets needed or wanted to tell he shut down: this was observed by hanging his head, slouching in his chair, folding in on himself, and expressing that he can not play with puppets because his mother told him they were too scary. I tried to engage him by beginning my own story through the puppets, but this was met with little interest or engagement. Over the last few sessions, it was observed that at the beginning of his session he wanted to take all the puppets out of their house and line them up. However, C continued to be uninterested in playing or creating an external narrative about what the puppets represented for him.

T, who had created her puppets out of socks representing the five different emotions, displayed a much different reaction to creating a narrative. She was observed to be excited and engaged about how the five different emotions interacted with each other. T was able to explore

her own feelings of worry, happy, mad, tired, and sad with the puppets. For example, during one session, T used the puppets as a way to create a narrative about how it made her really worried and mad to have to interact with or talk to people she did not know. This was a moment where she and I were able to use the puppets to have a conversation about why interactions with adults were hard and what about it made her scared and mad. During one session she expressed feeling mad about something that had happened at home with her family and it was helpful for her to notice that she could be both mad and sad at the same time. This proceeded to us having a conversation about how multiple emotions can be experienced at once.

Lastly, E, who created puppets about himself and an imaginary peer out of socks, was able to use his puppets to create a narrative about how creating positive social interactions has been challenging. E spends a lot of his time in his imagination and can have a hard time knowing when it is appropriate to imagine and when he needs to be in the real world. Physical delays experienced as a young child have contributed to difficulty paying attention, focusing, knowing where his body is in space, and being able to interact with peers appropriately. He has a tendency to exaggerate stories and situations that happen at school usually making them worse than they are. Through creating a narrative with the two puppets, he was able to externalize how he was actually feeling about his peers. Through the puppets, E was able to talk about how he was not actually being bullied at school currently, like he was telling his parents, but rather his stories stemmed from a fear that he would be bullied in the future. E used the puppets as a way to create a social story about how he would like his interactions to go with his classmates at school. He was able to come up with positive solutions of how he could work on making friends. These solutions included introducing himself, asking a peer to play with him, asking a peer a question,

and knowing how to include peers into his imaginary play. Together he and I used the puppets to role-play about learning to stand up for himself. E and I role-played different scenarios, such as going to tell the teacher when someone was mean to him, what he could say to a peer when they hurt his feelings, and talking to his parents. By acting out these different scenarios in a safe environment, E was able to begin to use these skills in the classroom. It was interesting to observe that through using the puppets to understand his experience, he was able to realize that the stories he was creating in his mind came from a fear rather than from reality.

My hypothesis with this intervention was that the connection between creation and play with puppets would be beneficial in the processing of traumatic experiences for young children. However, it was important to note that this was not the case with all of the children who participated in this intervention. It was observed that C, who created the puppets out of paper, much preferred the construction of the actual puppets over using them in play. I noticed that he was deeply engaged in the process of creating each puppet: he displayed focused attention to details, excitement about adding a variety of materials to his puppets, and enjoyment in seeing the finished product. It was interesting that when the puppets were finally completed he had little interest or desire to engage with them and expressed that using puppets made him nervous. He refused to interact with the puppets or create any sort of narrative with them, and even when I initiated interacting and playing with the puppets, he was reluctant to engage with me at all. This lack of engagement was noticeably different than the other two children's interaction with the puppets. It was interesting because although C can engage in imaginary play without the use of the puppets, much of his imagination stems around concrete things such as video games and TV shows. C has less of an ability to engage in imaginary play without any kind of reference point.

This is one possible interpretation of why using puppets to create stories was uncomfortable and challenging for him. Also, this could demonstrate that while the puppet play is more engaging to some children, the actual construction of the puppets was more engaging and useful to another. In other words, the intervention had room for individual preferences and learning styles.

As noted earlier, it was interesting to observe how all three of the children needed to create a living space for their puppets. Once each child had created their groups of puppets, all three were adamant about the need to create a place in which they could rest or live. Their houses were created out of different cardboard boxes, paint, and a variety of decorative materials. E, who created his puppets around social interaction, insisted on painting bricks on the outside of his box as a way for his puppets to feel safe and secure. It was valuable to observe that the act of the creation of the puppets provided the children with the ability to think creatively, emotionally, and logically about ideas around safety.

Discussion

The creation of puppets is a lost art in the world of therapy. The intervention I completed focused on the value of the actual creation of the puppets with children as a way for them to heal from traumatic experiences. The puppets became natural vessels for the children to create a story or a role play as a way to externalize their trauma. The exploration of the creation of the puppets themselves has been illuminating as to how creation, language, and narrative can be used to integrate healing. Bromfield (1997) reminds us that, “being concrete, puppets permit for physical action and nonverbal expression that speech does not” (p.437). Because concrete language can be difficult for children in processing their trauma, it is important for child therapists to provide a form of expression that children can utilize effectively. The value of puppet creation can be seen

in the ability for a child to connect with a variety of materials, have the autonomy to make decisions, and engage all five senses in the creation process. Each of these had an observable influence in this study on each of the three children's ability to process their traumatic experiences.

Over the course of the four-week intervention, I observed that there was a notable benefit for each child from the beginning creation process of the puppets to the narrative stories that were told through play. Puppets provide children the space to engage in a language they understand: "play allows children, with relative safety, to tell their story replete with wishfulness, muted responsibility and exaggerated heroism—often developmental precursors to looking at themselves more realistically" (Bromfield, 1997, p.438). It can be easy to demand that a child use language to process their trauma because as adults that is what we understand; however, for a child to fully heal they need to be able to embody, play out, and engage all their senses in the exploration of their trauma. Because young children are in the critical stages of their development, there can be long lasting consequences if they are not provided the space in which to process and heal from their trauma. The negative and long lasting effects of trauma on a child can be observed in a variety of ways (Tripp, 2007). For example, T had extreme difficulties with adult relationships; she would become over attached, clingy, and struggle with using her words or saying hello to adults in the hall. Whereas C who created cardboard puppets, was observed to have low affect, difficulty working through any kind of problem, low self-esteem, and issues around feeling wanted or valued by adults. Both of these children, if asked to talk about their early childhood trauma, would be unable to even understand that something traumatic had happened or be able to untangle the web of feelings. Because of the inability to concretely

remember past events or use the spoken word, art has proven to be a beneficial medium for healing: “art therapy in trauma treatment has been described as providing a means for resolving memory fragmentation and integrating traumatic material” (Tripp, 2007, p.176).

The creation of puppets provided each child with long-term skills which they could take out of the safety of the therapeutic space and into the rest of their lives. For example, E, who used puppets as a way to understand socially appropriate interactions with his peers, began to voice that although he had been bullied in the past, he was no longer being bullied, rather he was holding onto a residual fear that he may be called names in the future. This shows that through his externalization with the puppets about what had happened, he was able to learn how to interact with his peers, teachers, and family so that it would be less likely to happen again. Although puppets have been used with children for centuries with a variety of positive effects, I observed that when I gave each of these three children the power to construct the puppet from scratch, they were much more attached to the created puppets. By giving each child the autonomy to decide completely what each of their puppets needed to look like it gave them a sense of power and control over what had happened to them. They were able to take a painful experience and externalize it in a way that made sense to them. In doing so, a sense of belonging, self-confidence, self-awareness, value, and the ability to be heard began to be established.

One of the key observations that I made was that while the puppet play is more engaging to some children, the actual construction of the puppets was more engaging and useful to another. In other words, the intervention had room for individual preferences and learning styles. The realization that puppets offered children a diverse platform of engagement was one of the most beneficial findings that came out of this intervention and research. As previously noted, C

benefited much more from the puppet creation process rather than engaging with the finished product; whereas, T benefited highly from the interaction that took place between the puppets. This was important because it showed that not only was the current research about the positive qualities of puppet use valuable, but additionally that the actual creation of the puppet could in fact lend healing qualities to processing trauma.

As previously discussed, there has been considerable research done about the use of puppets with children across various settings. However, there has been limited research and evidence about the actual puppet creation as a potential benefit to children's healing. As depicted in the research and observations from the current intervention, the use and creation of puppets has been shown to provide healing qualities to children processing trauma. It was noticed that each child benefited from a different part or combination of parts of the puppet process. This is a salient result within this intervention because it illustrates that puppets provide a diverse ability to heal regardless of the child's learning style. This illustrated the flexibility that the puppet creation can offer children from the ability to create puppets from a variety of materials to the externalization of narratives that may occur.

Additional studies are needed which look at how the process of puppet creation from a variety of materials, in connection with the telling of a child's personal narrative, can help fully process traumatic experiences in a manner that is emotionally, physically, and psychologically developmentally appropriate. The further exploration of puppet creation as a vessel for processing child trauma would offer children a place to express themselves in a language they understand, a tool they can relate to, and a tangible object that is their own creation.

Although this intervention engaged children's innate sense of creativity, play and offered them an alternative, more developmentally appropriate way to process their trauma, there are variables that should have more closely been taken into consideration. This intervention was done within a school setting and it would be interesting to see if similar results would have been found when done in a more therapeutic setting. It would be beneficial to complete this intervention again with a wider age range, different environment, greater variety in traumatic experiences, and a wider range of materials. Time is another variable to take into consideration; this intervention was conducted over a period of four weeks. However, it would be interesting to observe what would happen if the puppet creation and narration happened over a period of months. Would one see processing that went deeper? Could children transfer what the puppets teach them in therapy into their lives? How could the creation of puppets be used in family therapy? These are just some of questions that remain unanswered at the end of this exploration and research about puppet creation. Additionally, the concept behind not only the creation of the puppets themselves, but the need to create a safe place for them, could be an important topic for trauma therapy with children which could be researched further in the future. Finally, the idea about extending the process of puppet creation into narrative may be an area or direction which future therapists could find beneficial.

Even though this intervention begs for further exploration there were noticeable healing benefits that puppet creation in connection to externalization of stories offered these children. The literature in this paper highlights the lasting effects that unprocessed trauma can have on children both emotionally and physically (Solomon & Heide, 2005) and how art and play therapy have been shown to have healing effects (Hartwig, 2014). This intervention illustrated how

puppet creation can provide children with an outlet that meets them developmentally where they are. Puppets afford children with a way to process trauma nonverbally because most often verbal language is not their innate form of expression. However, there remain many unanswered questions, and further research is required to continue uncovering the vast benefits and guidance in the therapeutic use of the lost art of puppet creation in children's processing of their traumatic experiences.

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