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# Using Paper Theatres as an Expressive Arts Therapy Method: Activating Imaginal Worlds in Community Arts Practice

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## Abstract

Paper theatres are an artistic form that became widely popular in 19th century Europe. Also known as toy theatre and model theatre, a paper theatre has a small build-your-own proscenium and pre-cut paper characters that can be manipulated. Different styles of paper theatre can be found in several cultures.

In contemporary art, the use of paper theatres in several modalities led to an exploration of whether such theatres also could be used as an art therapy method. Research was conducted into expressive art therapy principles, Jungian perspectives, and recent studies in neurosciences. The studies included in the literature review confirmed that the 2020-21 covid-19 pandemic was having a major impact on the mental health of the adult population. That led to two arts-based group research projects online, and one arts-based heuristic exploration. The initial therapies were implemented online due to the COVID-19 crisis. The outcome of this research and investigation found that art therapies involving paper theatre—implemented with a therapeutic structure and rationale—can be an expressive art therapy method suitable for community-based and individual interventions.

Future research on paper theatres as a therapeutic method could focus on different populations, in-person (not online) methods, and a longer therapeutic plan of some eight weeks.

*Keywords:* Expressive Arts Therapy, Paper Theatre, COVID-19, Community Arts Practice, Imaginal Psychology, Jungian Psychology, heuristic exploration, expressive arts continuum

**Using Paper Theatres as an Expressive Arts Therapy Method**

**Activating Imaginal Worlds in Community Arts Practice**

"Indeed," Stevenson said, "out of this cut-and-dry, dull, swaggering, obtrusive and infantile art, I seem to have learned the very spirit of my life's enjoyment; met there the shadows of the characters I was to read about and love in a late future . . . acquired a gallery of scenes and characters with which, in the silent theatre of the brain, I might enact all novels and romances; and took from these rude cuts an enduring and transforming pleasure."

—R. L. Stevenson, "A Penny Plain Twopence Coloured"

A paper theatre is an art form also known as a toy theatre, a model theatre, or juvenile drama. It has a small build-your-own proscenium and pre-cut paper characters that can be manipulated. Different styles of paper theatre can be found in several cultures, including France, Italy, Germany, Spain, and Japan (where it is known as Kamishibai Theatre), each with its own unique features and narrative styles. Paper theatre was widely popular in 19th century Europe.

Today, paper theatre combines visual arts, theatre, puppetry, music, storytelling, and film. The choice of art modalities depends on the author's intent; for that reason, the potential for intermodal transfers offers fertile ground for creativity and imagination. Paper theatres can be made easily by modifying any small box. A collage or free shapes outlined on

ordinary paper will work as a background for the stage. A straw or a pencil can hold a cut-out paper puppet.

Since they are created with simple materials, paper theatres invite everyone to cross the borders of an art discipline and create. According to Levine & Levine (1988), "low skill, high sensitivity" (p. 57) is the main element of an immersive experience, and paper theatres align well with that concept. Imagination and creativity are intrinsically associated with art making. When humanity experiences chaos, expressive arts therapy can deepen the understanding of the human experience and inspire change.

**Historical Background**

In England, toy theatre sets were first published in 1811 by J. H. Jameson (Stone, 2015). Originally conceived as a souvenir given to those attending famous theatre plays, these small stages required qualified artisans and artists for the manufacturing process. To capture featured elements of famous *mise en scene*, publishers hired artists to sketch and replicate actors, costumes, and scenes in miniature. The drawings were rendered on sheets of paper and reproduced for selling.

Paper theatres were small (approximately 50 centimeters) and sets could be assembled at home. The entire set typically included paints, tinsel, cardboard, and a booklet with the play's script. Considered an affordable entertainment, they were sold for a penny if they were plain, or two pence for one that was hand painted. Paper theatres became domestic entertainment for the emerging bourgeoisie, and some lasted several generations (Toy theatre [juvenile drama], 2000).

Paper theatres were not intended for professionals; on the contrary, they were performed by amateurs and related only indirectly to puppetry (Lecucq, 2010 and Cohen,

2014). Several engravings from the nineteenth century illustrated that paper theatre was primarily played in private events and enjoyed by the whole family.

Unlike classical paper theatre that tended to recreate famous theatre plots, contemporary expressions more often present original narratives. Sometimes scripts are performed by the author alone, others in a group. Through the unique stories that emerge from the process that the inner-personal, and outer-interpersonal worlds connect, the interchangeable dialectic dynamic of seeing and being seen reinforces a sense of togetherness.

Contemporary paper theatres offer a constellation of options for working in therapeutic settings. Considering that imagination, artmaking, intermodal transfer, and creativity might be present in paper theatre experiences, questions may arise: Can the creation and performance of a paper theatre production have therapeutic value in expressive arts therapies? If formulated in an appropriate frame and rationale, could paper theatre experiences be considered an expressive arts method that could engage the art-based community? If so, what is the therapeutic potential at individual and collective levels?

This research paper addressed those questions using an arts-based heuristic exploration rooted in Moustakas's (1990) tradition to track the researcher's inner/individual level experience. The researcher developed expressive paper theatre sets, documented the process pictorially (Appendix B), and produced a short digital film (Appendix C) which captured in motion the imaginal world activated during the entire investigation process. At the community/collective level, an arts-based research method was utilized to explore group experiences and outcomes. Two experiences via online platform were implemented for the adult population.

**The Healing Function of Imagination**

The whole process of building a paper theatre involves the use of imagination, creativity, and artmaking (McNiff, 2004, 2012). These three qualities have a healing potential that may be beneficial in therapeutic settings. The healing function of imagination has a long tradition in the mental health field. Expressive arts therapies understood from their beginnings how the intermodality, creativity, and imagination of art play a vital role in the healing process (McNiff, 2004, 2012). Both expressive arts therapies and Jungian analytic psychology affirm the power of imagination's ability to transform the dynamics of the psyche (McNiff, 2004, pp. 172–173; Levine, 2019, p. 67).

Developed in 1916, the Jungian active imagination method was a pioneer approach in this field (C. G. Jung, 1997, p. 42). It implied a conscious self-reflective dialog using raw material from the unconscious. The images that emerged from a dream, an artwork, or a fantasy brought messages from unresolved parts of the self, lying in the deep psyche, looking for integration. C. G. Jung (1997) recommended concentration on them until they come alive or are pregnant: "The English verb, 'to look at,' does not convey this meaning, but the German betrachten, which is an equivalent, means also to make pregnant… And if it is pregnant, then something is due to come out of it; it is alive, it produces, it multiplies" (C. G. Jung, 1997, p. 661).  The transformative power of the resulting images that surface from that process may carry a life force expressed in imaginative symbols. Swan-Foster (2018) affirmed that the healing function of imagination may be the bridge that gives those symbols purpose and meaning (pp. 27, 122). Creating space and time to use our imagination opens the possibility for symbolic thinking, which suggests that we "suspend our directed thinking and

harsh conscious attitudes soften the ego and consider daily incidents and concrete events with

a mindful imagination" (Swan-Foster, 2018, pp. 119–120).

Jungian psychology focuses on individual and collective healing. The concept of the

collective unconscious (C. G. Jung, 1980) played an essential role in healing responses to

individual and collective suffering. Henderson (1984) found that all human beings shared an

archetypal unconscious field which was active in the psyche of individuals and is grounded

in the context of culture. According to Gamwell (2002), the Jungian concept of the collective

unconscious is rooted in Haeckel's (1866) biological perspective, which affirms that

ontogeny recapitulates phylogeny: "As each individual matures psychologically (becomes an

adult), he or she repeats the historical development of culture, retaining traces of earlier

(savage intuitive) states" (as cited in Gamwell, 2002 p. 250). Although our psyche holds that

primitive knowledge, the rational/scientific approach is disproportionally privileged in our

culture.

Jung (1997) affirmed through his writings that reason and intuition should interact

evenly to restore the primordial balance to our minds: "The further we are able to remove

ourselves from the unconscious through directed functioning, the more readily a powerful

counter-position can build up in the unconscious, and when this breaks out it may have

disagreeable consequences" ( p. 45) Artmaking reinforces that concept, and it was highly

appreciated, promoted, and practiced by Jung:

> I therefore took up a dream-image or an association of the patient's, and, with this as
>
> a point of departure, set him the task of elaborating or developing his theme by giving
>
> free rein to his fantasy. This, according to individual taste and talent, could be done in

any number of ways, dramatic, dialectic, visual, acoustic, or in the form of dancing, painting, drawing, or modelling (1997, p. 159).

Paper theatre experiences might foster creativity and reconnection at personal and collective levels. Using therapeutic methods inspired by active imagination, the individual and the group might co-create collaborative processes, enacting shared narratives that are looking for witness and healing.

Levine (1992, 2019) reflected on the importance of developing a psychology of the imagination. He seemed to adhere to Jung's (1967) statement: "It is as if we did not know, or else continually forgot, that everything of which we are conscious is an image, and that image *is* psyche" (Jung 1967, para. 75). Levine (2019) linked this concept to poiesis: "In other words, to say that psyche is image, then, is to say that human being is essentially 'poietic,' i.e., that the imagination is the means by which we shape ourselves in shaping the world" (p. 67). Given the way our psyche translates experiences as imaginal, Levine (2019) believed that the act of poiesis should be placed at the center of the therapeutic relationship.

Levine (2019) proposed a phenomenological method to relate to art products that emerged from the therapeutic process. The first step, an aesthetic description (Levine, 2019, p. 66), consisted of the client's description of the image's structure. The second step was a dialog led by the therapist who asked the client to describe sensations or thoughts that arose in the moment, thus avoiding interpretation, letting the image communicate by itself, and respecting the transformative message it carried for the client.

McNiff (1993) stated that Jung's active imagination practice introduced to the world the creative arts therapy and emphasized that the imaginal dialogue should respect the image autonomy as an "animated thing that is capable of offering support and guidance" (p. 7).

McNiff (2004) expanded that notion, adopting Hillman's (1983) post-Jungian concept of interacting with images, allowing them to reveal the intrapsychic dynamics: "When an image is realized—fully imagined as a living being other than myself then it becomes a *psychopompos* a guide with a soul having its own inherent limitation and necessity" (McNiff, 2004, p. 89). Further, the imagination function is then a bridge that facilitates a dialog *with* instead of *about* the images: "A therapy of the imagination creates relationships with the imaginal other through dialogue. The 'imagining ego' interacts with figures of the imagination rather than denying their presence" (McNiff, 2004, p. 86). Those characters of imagination, in this therapeutic perspective, can materialize and bring insight to the client.

**Art Materials, Aesthetic Responsibility, and the Expressive Arts Continuum**

Images from the psyche can be expressed in different art modalities. Expressive art therapists are trained to develop aesthetic responsibility, helping their clients to find media with a healing function that responds to their experiences of suffering (Knill et al., 2004, p. 76).

Lusebrink's (1991) Expressive Therapy Continuum (ETC) offers a theoretical framework and structure which makes it possible to understand a client's interaction with an artistic medium. Organized in a four-level, hieratical, developmental model, it categorizes from simple to complex, "synthesizes and summarizes the essential steps involved in the visual expression, processing information, and creative integration" (Hinz, 2009, p. xvii). The first three levels are bipolar and complementary, and each level has a healing function. The first level is kinesthetic/sensory, the second is perceptual/affective, and the third is cognitive/symbolic. The two components of the spectrum describe forms of information

processing. The fourth, or creative, level synthesizes the other three levels, which can lead to self-actualization.

Paper theatre experiences might include therapeutic formulations from the perspective of the expressive arts therapies. A preliminary approach might be a combination of intermodal artmaking structured by the ETC (Lusebrink, 1991). By allowing inner exploration through active imagination (Jung, 1967), or dialog with the images (McNiff, 2004), and poiesis (Levine, 1992), paper theatre art processes may foster an aesthetic response (Knill et al., 2004).

## Literature Review

In expressive arts therapy, past traditions (aesthetic response and artmaking) and present innovations (discoveries related to evidence-based research and new technologies), are interrelated. To elaborate answers to human suffering, the triad of art-science-psychology incorporated the same constellation to expand a therapist's knowledge. Imagination and imagery are areas where the three disciplines have a common interest, with complementary applications.

McNiff (1999) believed that creative imagination was an integrative intelligence that combined dualistic yet complementary elements. Reason and intuition, science, and art, the real and unreal, subjective, and objective, empirical, and imaginal—each articulated the medicines of creative imagination in a new paradigm (p. 1). Creative imagination is, according to McNiff (1999), a mode of discovery.

Intrinsically related to artmaking, imagination and creativity were considered aesthetic response enablers. Gerge et al. (2017) posited the importance of the aesthetic response as a source of knowledge and perception that takes place in the body. Their study

explained how the body might be the link between intra-psychological states and inter-

subjective processes, with the aesthetic experience impacting both levels. As an internal

process, the neural circuits "are selectively steadied if they succeed in making sense of our

raw sensory input" (Gerge et al., 2017, p. 2). According to the authors, perception is also an

embodied state related to making meaning without using words. Since all human beings

participated in similar processes, it might be considered a source of tacit knowledge. At a

neurological level, researchers found that human brains might be considered as we-centric

due to mirror neurons. Because of that commonality, the healing power of the aesthetic

response may be individual but can reach its full potential at the collective level. In that light,

the authors proposed a process of making sense through others' art expression called

existential beauty.

**Expressive Arts Therapy, Matter and Symbol Formation**

Tanguay (2005) considered image, symbol, and imagination as powerful tools for

therapeutic change, and linked it to Bachelard's concept of material imagination (p. 9).

Tanguay (2005) asserted that the combination of three factors—imagery's dynamism, the

characteristics of the image, and the power of dreaming—conveyed the power of imagination

to transform what is given from perception:

> Matter, in effect, whether it is plastic, audio or poetic, is a key factor for accessing the
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> world of dreams, for entering into the realm of the symbolic, of the poetic, of
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> creation. It is a powerful agent for separating existence from the literal (Tanguay,
>
> 2005, p. 16).

> According to Kaplan (2012), Bachelard believed the imagination function was a

psychic power of constant becoming: "The two main functions of imagination are synthetic

("summarizes a universe") and creative ("makes a universe")" (p. 164). From that perspective, one might grasp how the transformative force of imagination meant that possibilities could, therefore, change.

Knill (1992) affirmed that arts may have participated in a "continuous weaving between world, history and selfhood that constitutes the self-regulating forces in human health" (pp. 579–580). According to Knill, imagination and play were major manifestations of being in the world that could be addressed through different means of inquiry. Intermodality conveyed sensory aspects manifested in different modalities that might "facilitate the distinction of realities" and "make sense of them" (Knill, 1992, p. 456). Knill also differentiated literal reality (direct experiences from daily life) and imagined realities (those derived from dreams, reverie, and artmaking). He pondered how imagination might be manifested in matter because "the modalities of imagination do not necessarily correspond to the art disciplines" (Knill, 1992, pp. 506–508). In fact, imagination may be conveyed through artmaking and polyaesthetic qualities.

The Expressive Therapies Continuum (ETC) proposed by Lusebrink (1991) was a theoretical frame for working with art media therapeutically. According to that approach, paper theatre experiences may correspond to the cognitive-symbolic levels of the ETC. Hinz (2009) explained that there are art media experiences that can help enhance symbolic functioning. The use of boundary-determined media (e.g., boxes, collages) may stimulate symbol formation. Once the image from the psyche finds its vehicle and materializes in symbolic forms, the healing potential may be liberated throughout the process. Hinz (2009) explained two type of symbols that are most common: regressive symbols related to past

experiences or archaic events, and progressive symbols that propel the client to connect to

the future (p.155).

**Art, Science, and Expressive Arts Therapy**

The Expressive Therapies Continuum (ETC) (Lusebrink, 2010; Lusebrink & Hinz,

2019) made a significant contribution to understanding how the mind and brain behave in the

artmaking process, as well as potential applications in the context of expressive arts therapy.

Recent neurological studies found that brain functions are coordinated in neurological

systems called large-scale brain networks (LSBN) (Lusebrink & Hinz, 2019, p. 114).

Researchers contended that instead of activating one area of the human brain to accomplish

specific tasks, multiple brain regions were activated simultaneously.

Lusebrink and Hinz (2019) also explained possible correlations between ETC levels

of information processing in the brain and the LSBN model. Derived from analyses of human

brain activity such as functional magnetic resonance imaging (fMRI), the authors indicated

that both models might have some functional characteristics in common, including the

principle of connectivity-disconnectivity and compensation (Lusebrink & Hinz, 2019, p.

121).

The salient network (SN) might contribute to communication, social behavior, and

self-awareness. Researchers suggested that some psychopathologies could be traced in the

dysfunction of the SN system. In the case study presented here, the art-making process

conveyed internal imagery and external expression, which positively impacted the SNsystem.

The products of the artmaking revealed an improvement in the inner and outer perception,

suggesting that artmaking could positively influence the SN function.

In another study, Griffith and Bingman (2020) conducted similar research in the United States. In an effort to identify what patterns of the functional brain are activated while drawing, participants were asked to do:

- cognitive drawing with internally cued drawing stimuli or objective drawing content, and

- perceptual drawing, with externally cued drawing stimuli and non-objective drawing.

To start, researchers used the Expressive Therapies Continuum ETC as a theoretical frame to predict outcomes of the study. Using neuroimaging (fMRI scans) and activation likelihood estimation (ALE) meta-analysis of previous neuroimaging research, the study demonstrated that engaging in each type of drawing activated more brain networks than expected. Cognitive drawing increased prefrontal and cingulate cortex activations, while perceptual drawing activated the frontal and parietal lobes and cerebellum.

Pearson et al. (2015) reviewed recent behavioral, brain imaging (voxel-wise modeling), and clinical research related to mental imagery and its role in perception, cognition, and mental health. Mental imagery refers to representations and sensory information that the brain holds with no external stimulation. Using multivariate pattern classifiers (MVPCs) that might show functional brain imaging work revealed that external stimuli and mental imagery have common neural structures. The study may indicate that external and internal perceptions seemed to be encoded by similar visual features. Pearson et al. (2015) stated that the studies supported past theories that indicated mental imagery was essential to previewing future situations or reliving past experiences. These findings,

integrated into behavioral treatments, might be beneficial for treating disorders involving symptomatic imagery such as PTSD or anxiety.

Jung, Flores, & Hunter, (2016) conducted the Hunter Imagination Questionnaire (HIQ) study, using the HIQ instrument which was designed to assess the entire imagination capability. Researchers wanted to observe if the HIQ would also relate to brain networks identified as needed for creative achievement. The study was conducted at the University of New Mexico and followed Declaration of Helsinki protocols. Eighty adult participants (29 males, 51 females) were recruited and screened using an initial battery of instruments (WASI, BAFS and paper folding, Vocabulary and Foresight) to detect any brain injury or impairment that could interfere with the study.

Participants were asked to complete an online questionnaire divided into four sections. Each section was taken on a different day, after which participants were asked to answer a review of HIQ ideas on a Likert scale ranging from 1to 10. Neuroimages were obtained using structural Magnetic Resonance Imaging (sMRI). The study presented was reliable and valid for measuring this function over days and/or weeks. The resulting findings showed that imagination function stimulates brain volumes in bilateral hippocampi, lingual gyrus, and caudal/rostral middle frontal lobe areas related to episodic memory retrieval. Decreased volumes within the nucleus accumbent were observed in the area related to sensation and novelty-seeking behavior.

These studies may be helpful for expressive arts therapists to better understand underlying brain processes and networks, and to anticipate outcomes in group and individual treatments. The emergence of cognitive neuroscience contributed to classical theories of imagery to expand knowledge about its impact on human behavior. Advances in

neuroimaging technologies such as positron emission tomography (PET) and functional

magnetic resonance imaging (fMRI) reached brain functioning areas as never before.

Paper theatre experiences with a therapeutic rationale may also benefit from the ETC

structure by providing support for materializing client's mental imagery. According to

Malchiodi (2003), the therapeutic experience of art making may simultaneously stimulate

different parts of the brain such as "the cortical (symbolizing, decision making, and

planning), the limbic (affect and emotion), and the midbrain/brainstem (sensory and

kinesthetic) systems" (p. 20). Integrating scientific studies and expressive arts therapy

through empirical interventions could enable clinicians to appreciate the diversity of

knowledge available for managing the welfare of their clients.

**A Collective Wound**

Due to the COVID-19 pandemic of 2020-2021, many social dynamics were

drastically changed, leaving communities with enormous uncertainty. Adding to the problem,

the mental health field encountered the emergence of a renewed spectrum of impairments

that impacted the quality of life of their respective communities. This unprecedented

situation challenged clinicians in numerous and surprising ways. New policies regarding

social distancing, masks, and lockdowns to stop the virus from spreading were presented in a

global panorama never seen before. Facing the prospect of being confined in home spaces for

a long period of time, the virtual world and related platforms helped many people stay

connected to work, family, and friends, thus emerging as a viable alternative to mental health

services that could not be accessed.

The sense of collective trauma (Kamanowitz, 2020) began to surface as early as

February 2020. One study from China (Wang et al., 2020) sought to measure the

psychological impact of the pandemic in that country by submitting questionnaires to 1,120 respondents from 194 cities. Among all respondents, 67% were women ranging in age from 21.4 to 30.8 years. Researchers applied an online survey using the Impact of Event Scale-Revised (IES-R) to assess the psychological impact of the pandemic. The respondents' mental health status was assessed using the Depression, Anxiety, and Stress Scale (DASS-21).

Results indicated that 53.8% of participants reported moderate to severe depressive symptoms, and 28.8% expressed moderate to severe anxiety symptoms. Although the researchers noted some limitations of the study, nevertheless it provided valuable information regarding how the pandemic negatively influenced the mental health status of the targeted adult population.

Fitzpatrick, Harris, and Drawve (2020) embarked on similar studies in the United States. The researchers obtained data for their study from participants living all over the country (N=10,368). A consistent representation of gender, age, income, race, ethnicity, and geography was gathered at the time of the interviews in March 2020, and several methodologies were applied. To begin, participants were asked to rank, on a scale of 0–10, their fear of COVID-19. Researchers also applied two more measures, one for depressive symptoms (Center for Epidemiologic Studies Depression scale), the other for Generalized Anxiety Disorder (GAD-7 scale).

The online survey results revealed a significant tendency to higher scores relative to fear of COVID-19, as well as mental health difficulties (anxiety and depressive symptoms) among populations from regions with higher covid outbreaks. The study's method and outcomes presented a consistent preliminary scenario regarding fear, social vulnerabilities,

and mental health consequences. However, due to rapid changes in the pandemic's

development and spread, the results need to be updated.

Taquet et al. (2020) utilized the TriNetX Analytics Network, a global federated

network, to conduct their study. This network has 69.8 million patients, with anonymized,

continuously updated data taken from electronic health scores in 54 healthcare organizations

in the US. Researchers followed reporting guidelines from RECORD (*REporting* of studies

Conducted using Observational Routinely-collected Data).

For the analysis of the psychiatric impact on COVID-19 survivors, two cohorts of

1,729,837 patients were matched: one cohort with those who had a psychiatric diagnosis

between January 21, 2019, and January 20, 2020; the other with those who never had a

psychiatric diagnosis.

The results suggested that the impacts on the psychiatric mental health of members in

both cohorts were higher than those that developed following other acute health events.

Although potential psychiatric side effects of COVID-19—including dementia and

insomnia—were observed, researchers were cautious because the results were not uniform.

However, they indicated that the study detected more high levels of anxiety disorders than

mood disorders.

The studies described above suggest that COVID-19 has negatively impacted the

quality of life and mental health of people in different communities and populations in the

US, and this tendency is increasing. The study mentioned earlier, which was conducted in

China, revealed similar results. Both sets of results may indicate that the pandemic had

similar trends in multiple regions of the world.

McNiff (2020) found that the coronavirus pandemic and its outcomes cannot be separated from the whole of nature and the interrelationships of all participants, which led him to affirm that this unprecedented scenario highlights a collective wound (p. 7). In response, he proposed, the healing power of arts may transform difficulties into affirmations of life.

This moment of health crisis also allowed the thesis author to review and consider art mediums (e.g., video, digital media) that could help artistic communication and establish supportive communities. The thesis research on paper theatres took place within this unprecedented health context, causing the thesis author to choose Capstone Thesis Option 1: Development of a Method. Activating the imaginal field through paper theatres as an expressive arts therapy method found its purpose by creating holding spaces of connection during times when humanity suffers profound loss and experiences isolation.

**Methods**

Two arts-based interventions for community engagement were implemented. Due to COVID-19 restrictions, both paper theatre experiences were facilitated online via a video conference platform. Participants (young adults and adults 18+ years old) were invited via social media and email to join an online workshop. After confirming their attendance, participants received a link to join the meeting on the scheduled day. A list with simple art materials attendees should gather in advance was attached. Participants could bring other art materials for the experience.

The experience, based on the expressive arts therapy method, was structured in six sections (a) Introduction, (b) Active-imagination-inspired guided experience, (c) Step by step paper theatre-making, (d) Performance for the group, (e) Sharing time, (f) Closure. The

whole experience took two hours to complete. After finishing the workshop, those in the first group were not asked for feedback; members of the second group were asked to complete an anonymous online survey.

The first group consisted of six (N=6) participants, English speakers from different regions in the world. All were female adults age 18+, five white and one person of color, all had previous experience with the arts. They expressed no previous knowledge regarding paper theatres. The facilitator was a female Latina; her first language is Spanish, but she conducted the workshop in English.

The second group consisted of eight (N=8) participants, seven female, one male. Three were English speakers from the northeast region of the United States; five were Spanish speakers from Mexico, Spain, and Argentina. None of the eight participants had previous experience with the arts. All of them expressed no knowledge regarding paper theatres. The facilitator was a female Latina; her first language is Spanish, and she conducted the workshop in Spanish and English simultaneously.

Both groups were asked to bring the same art materials: a small cardboard box, colored papers of any kind (magazines, cardboard, scratch papers), glue, scissors, tape, bamboo skewers or straws or pencils. Optional art materials included: paint, watercolors, colored pencils, markers, musical instruments. The art materials on the list corresponded to the expressive therapy continuum's cognitive/symbolic levels (Lusebrink, 2010). The box could bring support to the experience, and the paper theatre activity was a low-structured art task that might induce symbol formation (Hinz, 2009, p. 154).

Before starting the experience with the first group, the facilitator suggested that the participants have a piece of paper and a pencil on hand. She began an introduction that

consisted of sharing the workshop's goals, then a history of paper theatres, followed by

contemporary expressions and some visual examples. The main goal was to offer a starting

point for all attendees to have similar basic ideas regarding this art manifestation that it was

hoped would connect them to imaginary worlds in the boxes.

The active-imagination-guided section unfolded as follows:

- With your box on your lap, I invite you to close your eyes, empty your mind of
  thoughts and connect to your breath. Touch your box and imagine that it is an
  alive place, a space of possibilities. Stay with that feeling. Can you relate to
  some experience? Is a visualization emerging?

- Now, imagine you opened the box, you completely transformed it into an open
  space. Now you are so small that you can walk inside your theatre. This is a safe
  space where you hold joyful thoughts.

- What do you see? What is this place? Is it an oasis? A mountain? The deep
  ocean? Are there people? Animals? Vegetation? Give yourself a minute to
  connect and maybe talk to them. What are they trying to say to you?

- When you feel ready, give thanks to your new space and beings for their
  generosity. Slowly connect to your breath again. I will count 5. When I reach
  number one, you will open your eyes, and hold your imaginal experience for a
  minute.

- Take some time to write down your thoughts, or if you wish, you can start
  making your paper theatre.

The next section, making the paper theatre, consisted of following basic instructions

for modifying the box and making stick puppets (see directions in Appendix A). The

facilitator demonstrated the steps and then offered additional art options that could be included (e.g., sounds, words, movement, poetry, conceptual art). In addition to images and symbols that participants harvested from their active imagination phase, content from dreams could be included. While participants were working on their projects, the facilitator played the guitar or recorded music to promote a sense of togetherness during the experience.

Once the participants finished their projects, they took turns sharing their stories with the group. Finally, the facilitator closed the experience by highlighting everybody's contributions and generosity to the community.

The facilitator documented the first experience by taking notes of observations, stories, main themes, and body language. The second workshop followed the same approach, and (as noted earlier) each of the eight participants in the second group was asked to respond to a survey after completing the experience.

The survey, in Spanish and English, consisted of six items to track the clarity of goals, structure, and accessibility of the workshop, the art materials used, main themes, the most valuable thing for the participants, and their comments. A list of resources on the topic of making paper theatres and expressive arts therapy was available to everyone at the end of the experience.

In parallel with the workshops, the researcher documented her process of being immersed in an art-based heuristic exploration rooted in the Moustakas (1990) tradition which follows the six stages of heuristic inquiry: (a) Initial engagement, (b) Immersion, (c) Incubation, (d) Illumination, (e) Explication, and (f) Creative synthesis. A brief synopsis of the process follows.

(a) The initial engagement took place at the beginning of COVID-19 outbreak in
April 2020. The researcher started an intensely creative period of drawing and
self-dialog regarding her feelings of uncertainty. The first approach to paper
theatre experiences took place at the same time.

(b) The immersion stage consisted of gathering raw material related to this artistic
manifestation. The researcher attended online courses to learn about paper theatre
and paper-cutting techniques.

(c) In the incubation stage, the researcher combined her initial drawings with the first
paper theatre design. The first narratives began to emerge.

(d) The illumination stage took place while the researcher attended an imaginal
psychology course at Lesley University. She entered a period of awareness
regarding Jungian approaches and expressive arts therapy as a possible way to
bring cohesion to all the gathered pieces of learning. The first connection to active
imagination and its application to paper theatre experiences took place at the
individual level. The process of the present research started. The researcher
developed new paper theatre sets documenting all the research phases, making
connections to the expressive arts therapy field and expressive therapies
continuum (Lusebrink, 1991). The two experiential workshops that provided data
for the research were implemented.

(e) The explication and creative integration stages referred to the results of the
present research. The researcher concluded and achieved a synthesis of wholeness
from the individual and collective experiences and portrayed it in her final set and
digital film (see Appendix C).

## Results

"But if you recognize your own involvement you yourself must enter into the process

with your personal reactions, just as if you were one of the fantasy figures, or rather,

as if the drama being enacted before your eyes were real. It is a psychic fact that this

fantasy is happening, and it is as real as you – as a psychic entity – are real."

—C. G. Jung, 1997, p. 172

### Reconstructing and Creating New Narratives

At the group level, the experience allowed individuals from both groups to create

paper theatres, connect to their inner symbols, stories, and dreams, and interact with their

imaginal realms through metaphors. The guided active imagination-inspired experience took

both groups on an individual symbolic journey—making a paper theatre by grounding and

externalizing their own inner material. The final performance, or sharing time, activated a

sense of belonging, and participants experienced the transformative dynamic of seeing and

being seen.

The first group worked with different types of boxes, painting, colored paper, music,

colored pencils, and toys. Collage, movement, music, and storytelling were the primary

vehicles of expression. Stories of reveries creating possible futures, memories from

childhood, cosmic experiences of flying, landscapes from dreams, travel in a river, and the

words and sounds of gender isolation transformed the screens into an animated imaginal

theatre. The group was immersed in that liminal holding space for two hours, actively

transforming simple cardboard boxes into meaningful places. Although the first group did

not complete a survey form, most participants sent emails to the facilitator, sharing their

feelings and personal findings.

The second group followed the same protocol and worked with the same art materials. In this experience, themes regarding isolation and COVID-19 were explicitly stated. Participants shared their stories symbolically using collage, drawing, and storytelling. Most of the group members created landscapes, flowers, and animals. Monkeys, dogs, bears, butterflies, wolves, bunnies, mice, and fairies, inhabited stories regarding past experiences, longings to reunite with loved ones, friendships, the importance of having hope, and more. The members of this group expressed their emotions openly during the experience. While completing the survey, participants shared that they felt joy and hope and enjoyment and freedom for being witnesses of the other's stories. Some suggested that the workshop experience was too short, and they wanted additional sessions. Most participants said they would continue to explore this artistic expression.

At the individual level, the researcher/author of this capstone thesis explored inner imaginal worlds as she followed the same protocol as the two groups. The art materials used were a recycled box, paper, cardboard, skewers, pencils, brushes, ink, scissors, and glue. The main themes that surfaced from the process were experiences from childhood, personal symbols, and the activation of new narratives by combining different paper theatre sets.

Three paper theatre sets were developed as part of this thesis research and can be found in Appendix B and Appendix C. Appendix B presents "I was born in Flores," (Figure B1) which captured the researcher's childhood symbols. Born in the Flores ("flowers") neighborhood of Buenos Aires, Argentina, this paper theatre set reflects on themes of origin, immigration, and belonging. Figure B2— "Sunflowers/Moonflowers," is a paper theatre set that glows in the dark and suggests questions about finding light in darkness. In Appendix C, the "Re-bird/Re-Birth" paper theatre set symbolizes the ideas of hope and a better future. A

short digital story-telling film of the same name captured in motion the imaginal world that was activated through the process of this research.

The two group experiences and the researcher's individual experience had some common themes regarding childhood, elements from the natural world, a vision of the future, and hope. These results indicate that both groups and the heuristic art-based individual inquiry produced symbols at the personal and universal levels that might correspond to the regressive or progressive categories referred to by Hinz (2009).

This collective and individual approaches of this research deepened the researcher's understanding about entering consciously into the imaginal realm, then engaging in creative processes to learn its healing language. The participatory nature of the two workshop experiences promoted group communication and empathy, while also leveraging a sense of belonging and connection to the virtual space shared.

## Discussion

When the paper theatre experiences were implemented, the COVID-19 crisis permeated every layer of human existence. As Wang et al. (2020), Fitzpatrick et al. (2020), and Taquet et al. (2020) described in their writings, the pandemic's impact on mental health and isolation was noticeable from the outset. The collective trauma noted by Kamanowitz (2020) was taking a toll, and mental health professionals had to respond in innovative ways.

The research experiences offered a supportive environment of connection to helped give an aesthetic response to the crisis (McNiff, 2020). Two groups and one individual inquiry were implemented, each following the same protocol. Some findings emphasized the importance of the imaginal realm and developed creative narratives which might work toward psychological healing (Knill et al., 2004, pp. 66–67).

As Gerge et al. (2017) explained, the aesthetic experience may operate at individual and collective levels, so the paper theatre experiences were aligned to that concept. Living in an interrelated wounded humanity, the poietic realm reaffirmed how "in shaping ourselves, we shaped the world" (Levine, 2019, p. 67).

The healing function of imagination conveyed both expressive arts therapy and Jungian imaginal psychology perspectives during the paper theatre research. The imaginal dialog with the images that surfaced from the active-imagination-inspired guide might have been the psychopomps that carried the symbols from the psyche (McNiff, 2004). Participants expressed their inner stories and dynamics, impregnating boxes into alive symbols that held the narratives.

Art and creativity are transformative and restorative forces that have the power to heal. Because adaptation is critical to maintaining a level of reality and stability in our psychological dynamics, paper theatre intermodal art experiences offered multiple channels and a plethora of tangible and intangible art supports to process the unknown or undesirable, all while reordering and integrating them into new meaningful structures. Aligned to Tanguay (2005), these types of art-making experiences allow imagination, imagery, symbols, and dreams to manifest in matter. In that sense, the ETC helped to organize the structure of the experiences. The researcher exerted her aesthetic responsibility (Knill, Barba, & Fuchs, 2004) by suggesting safe art materials that resonated with the ETC's cognitive-symbolic levels. The result provided a structured experience with clear goal setting, followed by each participant's processing. Future experiences could evaluate using the four processing levels with the bipolar/complementary components of the ETC, through making a paper theatre, and/or during the performance phase.

Recent studies in neuroimaging (Pearson et al., 2015; Lusebrink, 2019; Griffith & Bingmann, 2020) expanded the researcher's understanding of neurological processes in this kind of intervention and helped her coordinate with the rest of the gathered evidence to anticipate possible outcomes. The dynamic between making art and meaning suggested that the psyche was "a self-regulating system with an innate capacity for healing" (Swan-Foster, 2018, p. 80). The paper theatre experience might be a concrete space to make that dynamic visible.

The small sample of experiences, the use of similar art materials, and the delivery in an online platform were both strengths and limitations of this present study. Implementing in-person experiences, trying art materials that corresponded to other ETC levels, and planning several sessions with the same group might increase the insights obtained regarding the efficacy of the method as well as expand its possibilities.

Expressive paper theatre as a method is replicable and sufficiently flexible to be adaptable to different populations and needs. This project looked for support from a plethora of foundational and current research approaches, so its potential for future interventions may be high. However, it is in the early phases of development for clinical purposes and should be used with caution, taking special care with populations coping with specific mental health challenges.

This method may aid individuals and groups by raising awareness of the importance of entering consciously into the imaginal realm. Offering safe containers, holding spaces where we can utilize the self as an instrument, being creators, observers, and actors of the new narratives revealed in this process, may be a radical but useful gesture of hope and courage.

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**Appendix A**

**Make a paper theatre from a box, step by step**
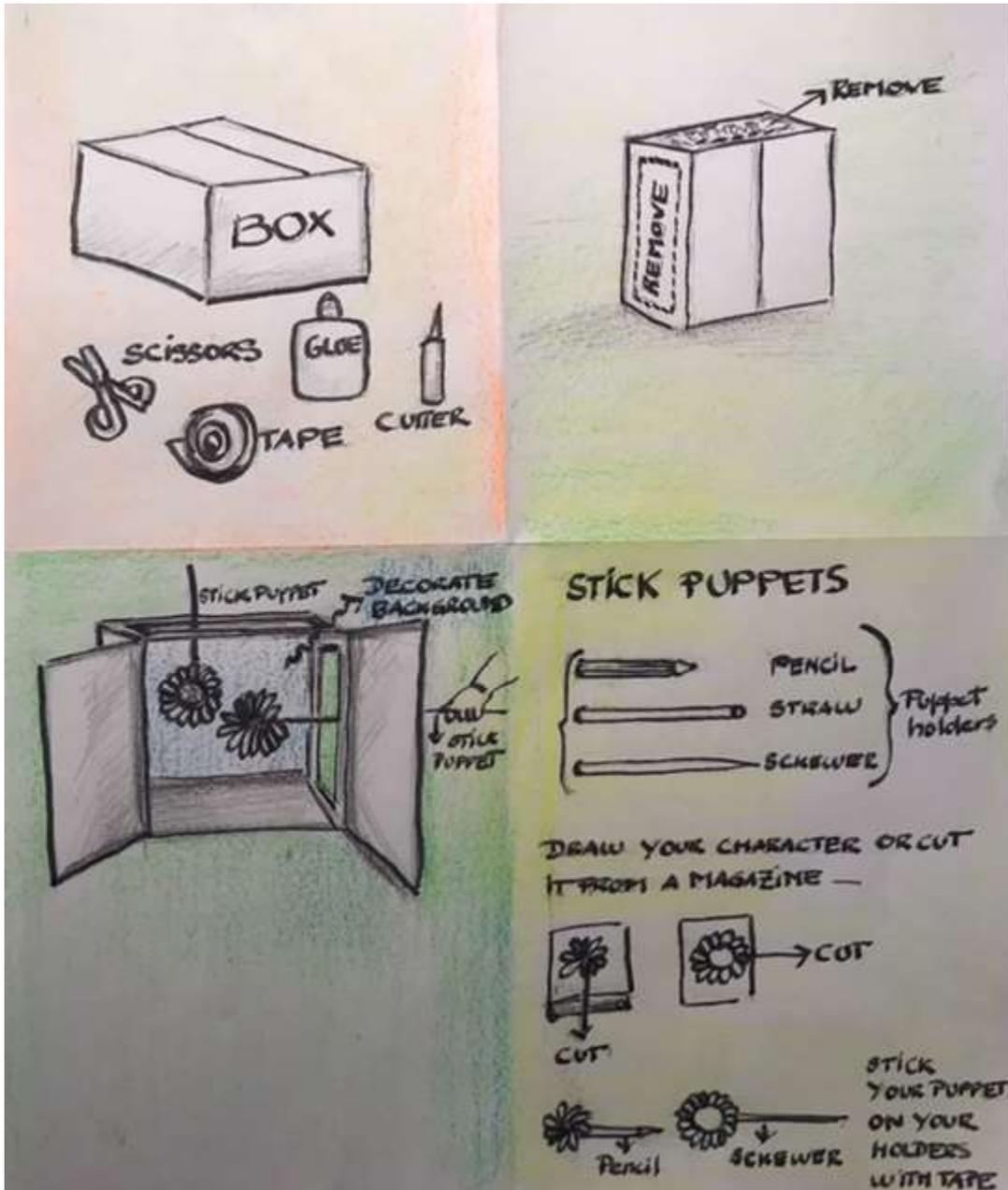
**Appendix B**

**Paper Theatre Sets**

**Figure B1**

*Silvina Ibañez. "I was born in Flores."*

*Paper theatre set for heuristic arts-based inquiry. Ink on cardboard and paper. (2021).*

**Figure B2**

*Silvina Ibañez. "Sunflowers/Moonflowers."*

*Paper theatre set for heuristic arts-based inquiry. Ink on cardboard and paper. (2021).*

**Appendix C**

Silvina Ibañez. "Re-bird/Re-birth."

Paper theatre set for heuristic arts-based inquiry. Ink on cardboard and paper. (2021).



*Note.* Digital film "Re-bird/Re-birth" Filter Silent Era. Music by Silvina Ibañez. 01:06

minutes. 2021.https://youtu.be/6Wt4AstOFV8

*THESIS APPROVAL FORM*

**Lesley University**
**Graduate School of Arts & Social Sciences**
**Expressive Therapies Division Master of Arts in Clinical Mental Health Counseling:**
**Expressive Arts Therapy**

**Student's Name: Silvina Ibanez**

**Type of Project: Thesis**

**Title**: Using Paper Theatres as an Expressive Arts Therapy Method: Activating Imaginal

Worlds in Community Arts Practice

**Date of Graduation:** May 22nd 2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor: Kelvin Ramirez, PhD, ATR-BC, LCAT**