

The Use of Puppets in Play Therapy

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ABSTRACT: As puppets are found in most every playroom, their relevance to play therapy is often taken for granted. This paper reviews the therapeutic value of puppets, detailing the psychological functions they can serve. Clinical technique—how to choose and use puppets—is addressed in both theoretical and practical terms.

The value of puppets to play therapy is hardly news. Reports have chronicled their productive role in assessment (Irwin, 1975; Gill, 1994), individual therapy (Ekstein, 1965; Hawkey, 1951), family work (Shuttleworth, 1986), pediatric consultation (Linn, 1986; Abbott, 1990), crisis intervention (Webb, 1991), and school-based group counseling (Egge, 1987). In a more systematic, detailed and technique-oriented manner, this paper attempts to discuss the role that puppets play in psychotherapy, elaborating the psychological functions they serve as well as practical issues of selection and technique.

Functions Served by Puppets

In the broadest sense puppet play functions to exteriorize conflict through symbolic action (Irwin, 1983; Rambert, 1949). By standing in for real people, puppets allow a child to displace feelings from the significant persons with whom they were originally connected. In doing so, puppets offer physical and psychological safety that, in turn, invites greater self expression. For example, a child can express aggression or love toward a puppet without the risk of actual retaliation

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or rejection. Although a child still imagines and experiences uncomfortable psychic repercussions, she cannot be assaulted or abandoned by a puppet.

"Here, have some more. Come on, you love it, don't you! Have some more." An extraordinarily reserved and compliant 7-year-old referred for severe headaches with no physical cause, Jenna cruelly rammed the bottle into the small dog puppet's mouth. "There you go," Jenna continued, pushing so hard she hurt her own hand inside the puppet. "Drink all your vodka. That's a good baby."

Jenna was furious over years of neglect from her alcoholic mother. She, in play, did to that puppet what she could not have done to her mother in real life. Our shared perception that her puppet play, however earnest, was make-believe facilitated her revelation of feelings and impulses whose threatening reality was only too well known to her. In subsequent weeks she was able to tell, in direct talk, how mistreated and helpless she felt.

In contrast to displacement, a child may project onto a puppet feelings perceived as unacceptable to herself. The puppet, for example, not she, is the greedy one who thinks bad thoughts. By attributing these impulses to the puppet, the child transforms her internal conflict between good and evil to one in which she battles the badness from without, developmentally an easier struggle. Unable to tell of her wish to do naughty, for instance, she might play a noble knight taming a fiery dragon who, depending on her stage of development, she may mercilessly punish or generously forgive and rehabilitate. Or somewhat conversely, I have seen a jaded and delinquent teenager turn a shark puppet into the God of the Oceans, Neptune's, helper, expressing in this play a wish to be a good boy, a basic wish he forever disowned in his day-to-day tough guy existence.

These self-representative functions (Jacobson, 1954) can reveal much about the child. More disturbed children who lack an integrated self may employ many different puppets, each holding a limited fragment of the whole self. For example, one autistic boy relied on an epic cast of characters, including the hungry wolf, cuddly lamb, angry moose and sad duck. When feeling more intact, he would literally embrace all of the puppets, feeling at one with them all (Bromfield, 1989). More advanced self growth might be demonstrated as split or dichotomous attributions, depicting, for example, good versus evil, needy versus satisfied, dependent versus self-sufficient, or male versus female. In this play the puppet on a child's right hand might

conflict with the puppet on his left, whereas better integrated children frequently depend on one puppet to contain and express their infinitely varied range of thoughts and feelings and to confront and master their ambivalence.

As we have all seen, children frequently use puppets to play out interpersonal conflicts, especially those involving family. Because the original objects, such as mother or father, are absent from the playroom, the puppets serve as real objects with which complex or painful situations can be staged. Being concrete, puppets permit for physical action and nonverbal expression that speech does not.

In our first meeting 6-year-old Jerry quickly stuck his wolf puppet into a dollhouse room, using his other hand to squash several other puppets into that same space. Within seconds he showed the police come to take everyone, but his character, off to jail. His wolf lay alone in the house, crying.

This was Jerry's visually telegraphic way of telling an impossible story, how his mother, boyfriend and various other lovers and addicts, all of whom frequented their small apartment, were busted by the police, leaving him to live with a relative he hardly knew. Readily available and easily manipulated, puppets enabled this overwhelmed child to efficiently reveal complicated events more quickly, succinctly and richly than could be done with words alone, especially, in his case, with a therapist he was meeting for the first time. By widening his channel of communicating, Jerry was less likely to get stuck telling his story, of having his play prematurely disrupted by the frustration of having too big a tale to tell.

Children's motivations for using puppets to act out interpersonal scenarios vary. Such play, especially if repetitive, may reflect a striving in the service of a developmental task, as when the toddler plays and replays a walrus puppet's migrating—bon-voyage and welcome home—parties. Analogously, children use puppet play to gain mastery over situations in which they feel helpless, frightened or out-of-control. A recent kindergarten graduate orchestrated a puppet first grade. Another child, whose parents were divorcing, played a referee puppet futilely determined to make peace between athletes who waged colossal wars following the most trivial incidents.

Clumsily trying to make a lion puppet tie a knot with a string in its mouth, Michael explained that it was securing a smaller lion puppet to the back of a play jeep. Satisfied that the imagined knot was tight—"Yup, he's not going anywhere"—the bigger puppet nonchalantly climbed

into the jeep then took off at breakneck speed with the baby puppet dragging behind, crying, in Michael's loudest scream, for mercy. "Ya hoo!" the bigger lion celebrated, delighted by the child's distress. "Should I go faster?"

A roofer, Michael's father would sadistically make his son come along with him on jobs, forcing him to climb tall ladders and sit aside him on high and steep inclines. On weekends he took Michael for frightening "joy rides" on back of his motorcycle. Having suffered much abuse from his father, puppets provided Michael a safe arena in which to avenge his hurt, this play serving as a springboard to our problem-solving ways he could protect himself against his father's habitual recklessness.

More simply, puppets can help a child enact scenes to show what she has experienced or seen, perhaps to garner sympathy or support, or to convince the therapist that her misdeed was really someone else's fault or was unfairly punished by some adult in her life. Puppet 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.

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. The material limits of the puppet that restrain the hand can enhance the impulse ridden child's capacity to maintain control while expressing potentially disorganizing material. The good feeling of the puppet's dark, warm interior can invoke regressive and sexual longings, stimulating fantasy play. And though the child holds the puppet on her hand, she may feel that the puppet *holds her*, a miniaturized concretization of the therapeutic "holding environment" (Winnicott, 1945) that, in a small way, can help to foster feelings of psychological security.

In addition to their intended purpose as play characters, children use puppets in other ways. 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. The fuzziness and softness of some puppets can invoke masturbatory urgings as well as provide less sexual self-soothing. Through these many and varied roles, puppets can serve as transitional objects, helping the child commute, in an increasingly realistic and mature way, between their inner experience and the world-at-large (Winnicott, 1951).

Though generally not considered a necessary and sufficient condition for therapeutic change, puppets can serve a cathartic function that is helpful. The opportunity to shed mounting and real fears can, for example, buoy children facing painful and serious medical procedures, such as cardiac surgery (Abbott, 1990) or bone marrow transplant (Linn, 1986). Beyond making the child feel better, emotional relief can lessen stress-related body symptoms, delinquent acting out, and other residue of overwhelming tension. A temporary discharge of anxiety also can make the child more accessible to education, reassurance or problem-solving that, in turn, alleviates the source of the distress or remedy a life problem.

Puppets can help child patients manage their relationship with their therapists.

“Will you feed me?” the dalmation puppet asked in a small voice, while its master—a severely learning disabled seventh-grade girl unable to accept help from her teachers—handed me clay bones to insert in the dog’s mouth. “Will you help me learn to do tricks?” it asked, pushing its back into the palm of my hand. “Can I sleep at your feet?” the dog then asked, making itself a snug bed on my desk.

“Kids really play with these things?” Alison asked, seeing we were out of time, gently removing the puppet from her hand. “How queer!”

For all of the reasons mentioned above, puppets offered Alison a mode of communicating that required less (but created more) contact, and one that allowed for physical activity even when sitting in a chair. The distance created by puppet play permitted her to test our relationship more vigorously. A puppet can ask, perhaps months before a child can, whether it can have snacks, swear or come as much as it wants to therapy. What impulses, and to what intensity, will be tolerated? What kind of language or silences will be tolerated?

Technical Considerations

Puppets in the Playroom

Both common and therapeutic sense inform puppet selection. Puppets that are too large or small, inflexible, or uncomfortable are used less. A classic example is the hard and grey rubber wolf. Their indestructibility being obvious, children—especially younger ones with smaller and weaker hands—routinely use this type of puppet mostly as a target of aggression, e.g. as bowling pins, or targets to be bombed, rather than as an animated protagonist.

Physically rigid puppets limit emotional display. Even more obstructive are puppets that come from the factory with fixed affective identities, such as permanently ingrained sneers or smiles. Best are puppets made of flexible materials, that permit a child to show a fuller range of expression—e.g. sad, angry, surprised, even shy.

When buying a puppet, the therapist has the choice of mouth or hands. Puppets with mouths enhance verbal expression as well as the playing out of oral interests, including eating, sucking, biting and licking. Since the puppet opening for the hand generally is occupied, the mouth may also be used for anal and genital activity. By removing his hand, the child can use the hand-hole for hiding things and other puppets, or staging sex, births and excretions. Although puppet hands allow for holding, hugging and wrestling, my experience has convinced me that mouths are preferable.

Although not requisite, puppets that are pleasing to the eye and touch, may facilitate self-expression, especially as relates to impulses felt to be unacceptable. A good example is the familiar, cuddly and well-toothed shark that easily and simultaneously can be affectionate and orally aggressive. Softness also may provide a soothing function, like that of a stuffed animal, while providing greater opportunity for fantasy expressions than might a teddy bear.

The number and types of puppets kept in the playroom is also of interest. Some suggest having as many as 25 characters, including family puppets, magical creatures and nondescript entities (such as a sock) to help represent vague feelings or elements (Irwin & Shapiro, 1975). But an over-abundant assortment carries risks beyond their expense and bulk. Too many puppets can overwhelm children, delaying their investing in particular characters or leading them to not even bother with puppet play. A few well chosen puppets should suffice.

In short, puppets that are manipulable, visually and texturally appealing, somewhat ambiguous (i.e. capable of assuming varied emotions and poses) and sufficiently sturdy enhance symbolic play.

The Therapist and Puppet Play

Puppet play can be fun, and the attentions of a responsive adult can be pleasurable. However, as is true for play therapy in general, the major purpose of puppet play is not to entertain child or therapist. Puppet play is nothing more than a vehicle to expedite the attainment of treatment goals, be they changed behaviors, symptom relief,

self-understanding or the freedom to be who one is. And with any aspect of play or talking therapy, the therapist must be willing to proceed as the child's pace. Even under the pressures of managed care, no patient can proceed faster than they are able to. By this view the therapist intervenes—says or does something—only when there is something useful to say or do.

When a child's puppet addresses the therapist, it is best to respond to the puppet, making eye contact with and talking to it. Children watch closely to see how genuinely we participate in the charade of puppet play. If the therapist interacts directly with the child, ignoring the inquiring or advancing puppet, she may short-circuit the original motive for using puppets and deflate the therapeutic momentum. And just as a therapist does not insist that a child talk or play, she should not make demands of the puppet. Rather than order the "barking Snuffy" to speak English, she might note that "Snuffy is barking," and only afterwards gently invite the puppet dog to share more, with words.

For many minutes we'd sat in silence. Gary and I were making our identical skunk puppets stare into each others' eyes, while we intensely watched them as if observing a real meeting of living and autonomous creatures.

"Why's he crying," the third-grader finally asked.

"I'm not sure," I replied.

"He's probably sad about something he can't talk about," Gary explained.

Since his favorite and devoted grandfather had died suddenly nearly a month earlier, the once cheery boy had grown sullen, was unable to work at school and was experiencing severe stomachaches and a sleep disturbance. But he had not shed a single tear nor had he been able to share any of his loss with anyone. By allowing our puppets to simply and quietly gaze at one another, I helped fuel Gary's perception of the skunk puppets as "sufficiently alive to give the illusion of a human being with whom one can speak, who will reply and who will actually move" (Rambert, 1949, p. 17), this small interaction opening the gates to slow and steady grieving of the beloved grandfather who'd been more like a dad.

Similarly, the emotional revelations of puppets can not be hurried. Acceptance of emotions can be conveyed nonverbally—e.g. therapist gently pushing a box of tissues toward a baby frog who lost its mother. When a puppet looks a certain way, but is not described to be

feeling a certain way, the therapist needs to be wary of defining the affect prematurely. If a child scrunches up a lion's face, he might first note that the "face is all scrunched up" rather than the "lion is sad." If we guess wrong, we confound the child's own line of inquiry. And if we guess right, we run the risk of chasing him away, repeating some parents' tendency to feel and act as if they know best what is in a child's mind (Kohut, 1977). What patients spontaneously offer usually proves more valuable than what we forcibly extract.

As a rule children are willing to steer their puppet play. An exuberant therapist, especially one who prides himself in his playfulness and access to fantasy, may be prone to overpower the child, influencing the play's direction according to his own (i.e. the therapist's) biases and needs. Contrary to what one might expect, a children typically does not mind being asked, "What should the alligator do (or say) now?" This query urges our child patients to lead the way, opening our window into their psyches, and actually making our job as therapists easier. The therapist should watch for continuity, but allow for change, especially over successive sessions. When a child wishes to use the same puppets, preserving their names and qualities, the therapist's recall is much appreciated and conveys deep caring. However, a child may wish to start anew, making fresh characters with previously unheard of names. A therapist who runs to show the child that his earlier play was remembered inadvertently may retard the natural evolution of play. In such a situation, one might ask the child, "Do you wish to use new names?" or "Is the cow's name still going to be Mr. Bull?"

Children can grow quite invested in and attached to the puppets, using them to express deep and personal feelings. When a child removes the puppet from her hand, her caring may continue. Thus, the therapist should be careful not to mistreat a puppet in the child's presence, for example, tossing it across the room into a toy box only moments after that same puppet expressed heartfelt grief over a lost grandmother. The child, however, can mistreat the puppet that just seconds ago was her dearest confidante; that is the patient's prerogative.

All aspects of puppet play—including form, manifest and latent content, are fair game for observation and examination. In every instance both child and therapist need to work together to decipher the meaning and motivations of puppet play (Irwin & Shapiro, 1975), keeping in mind that puppets and their acts often carry multiple

meanings and motives (e.g. a sadistic father puppet may reflect qualities of a real toxic parent as well as the child's own hostility). As with any other words or deeds, wild analysis of puppet play is of little value, and can cause harm. By the therapist's showing the puppet acceptance, admiration, empathy and judiciously reasoned interventions, the child comes to feel the same in kind.

Therapists sometimes may urge children to use puppets as a form of limit-setting when, perhaps, a child's sexual or aggressive play is becoming too intense or dangerous.

Tony, a first-grader who'd been molested by a camp counselor, could not talk of the incident. However, in his third hour he became more vocal. "Kiss my belly," he said, lifting his T-shirt. "Feed me a banana in my butt. Do it. Do it!" As his voice grew louder, he also came closer, abruptly trying to stick his hand under my shirt.

"Here you go," I said, standing up and handing over a man puppet. "It's not okay to go in my clothes, but you can do whatever you wish with this guy."

By suggesting that Tony use a puppet, while making clear that his understandable but provocative behavior could not be targeted directly at me, I helped Tony continue his play associations, redirecting his affect and deeds into symbolic play, enabling me to sustain an accepting and empathic posture, insuring our mutual safety and strengthening his ego controls (Ginott, 1959). After all, I was not about to let Tony kill, maim, cook, eat, or rape me; but he could—and, with great therapeutic benefit, did—do these things, and more, to my puppet namesake. By allowing greater and safer opportunity for and action of all kinds, puppet play helped to preserve and promote Tony's therapeutic themes and momentum.

But for all of its distancing value, puppet play does not guarantee psychological security nor is it categorically therapeutic. There can be instances where such play is not helpful, instances to which a therapist can contribute. The anything-goes invite of puppet play can overstimulate psychotic or borderline children, or seduce them to reveal more than they comfortably can or therapeutically should. I have seen autistic children misperceive puppets, especially those used by the therapist, as independent beings whose words and deeds have little to do with the person on whose hand they sit (Bromfield, 1993). During puppet play therapists need to continually assess the child's anxiety, and gauge the significance and worth of what is happening, as they do every other minute and aspect of a therapy.

Conclusion

The special role that puppets play in child therapy derives mostly from their facilitating value, their expansion of the communicative repertoire between child and therapist. Through its many functions, puppet play both invites and enhances the intimacy, disclosure and self-discovery essential to relationship-based play therapies.

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