Puppet therapy in the group of preschool children

(overview essay)

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Abstract: *The article refers to puppet therapy and also to an increasing theoretical and scientific platform of dramatherapy and play therapy. The theoretical and research background becomes the base for creating the applicability concept of therapy with a puppet in our conditions. It is extended by the research findings that have been made by the author of the article.*

Key words: *therapeutic puppet, puppet therapy, research, theoretical foundations*

1 Introduction

In understanding of the scope it is necessary to specialise the activity with a puppet into puppet play according to the rules of the puppet theatre (artistic scope) and into therapeutic puppet play (therapeutic scope) according to the rules of the puppet therapy.

Puppet therapy systematically uses the style of role playing. "*It gives the child the chance to bring inner stories outside and onto a stage. Children often do not have words but only pictures or symbols for these stories*" (Gauda, 2001, p. 34). Furthermore – it gives the child an opportunity to make/create his or her own puppet(s). In this way they can give a "gestalt" to their inner pictures, externalise them and give them life. Children find it easier to play with their own puppets as opposed to commercial puppets or puppets made by other people (Repková, 2009). Regardless of who made the puppets, children have a chance to actively search for answers for their questions and problems.

With the developments in child psychology and psychotherapy, puppets are no longer just educational tools. They also become tools for healing and recovery (Kováčová, 2005, 2012).

In the groups of children with problems of speech, it is suitable to use expressive activity with puppets as the support of correct speech. It is play therapy with puppet or therapy with puppet. Mentioned concepts – play therapy with puppet and therapy with puppet are in our article used as synonyms (Kováčová, 2012). In the context of puppet therapy Petzolt (1991, p. 293) wrote that it is "*necessary to speak about* psychodramatic technique *which is massively integrated to group and also to individual activity with children*". During conversational interview a child could speak instead of a puppet or with a puppet. Essentially, it is an alternative of how to conduct an interview between an adult and a child. Moreover, it is important to take into account individual needs and possibilities of communicating with children. As a part of puppet therapy with dyslalic children, it is necessary to respect actual strategies recommended by a speech therapist. In cooperation of a play therapist with a speech therapist, the play therapy with a puppet in an indicated group of children is considered as a support in the automation of speech production processes.

2 Purpose of puppet therapy

A child through using an active communication through a puppet achieves experiences in correct formulations, expressions, reversals and also an increase of vocabulary in concrete thematic units. Children use a non-directive form of how to get to prolong their own speech. Puppet play supports social communication with individuals, appropriate behaviour among children during which he/she gets acquainted with the values, attitudes and beliefs of others. In addition to dynamic abreaction, positive stimulation, development of speech and sensitivity, the mentioned activity brings possibility of a creative self-realisation in a point in which he/she does not feel discriminated in relation to healthy peers (Majzlanová, 1995, Valenta, 2009; Tichá, 2009; Kováčová, 2012).

Puppets act out situations that children fear: If a child fears coming to a doctor or a dentist, attending school, meeting other people, handling pets, or undergoing surgery, a puppet may be used to play out the expected events during the situation. This will help the child understand that there is no reason to fear such situations.

Children may use puppets to communicate their thoughts and traumas: When a psychotherapist would like to learn more about the child under his or her care, he or she may use puppets and ask the child to create a story using them. Such stories usually reflect the child's thoughts and fears.

Benefits of puppet therapy for children

Children are more receptive to puppet therapy than to more formal questioning. While guided questioning is used for adult patients, this method usually does not work with kids. Children are more comfortable if the therapy session is fun. Fábry Lucká (2014) described the importance of self-revelation through expressive therapeutic means (e.g. through puppets) as a base of creating communication competences. In addition, puppets are objects of sensorial play (Lištiaková, 2013) that precedes symbolic play and thus provide a safe base for all players.

Puppets allow children to become more open to their surroundings and to the underlying message of the therapist. Telling a child how to respond or how not to respond to a stimulus might not work as well as using a puppet to mimic the situation and to act out the ideal response.

Through therapeutic puppet children learn to act independently and actively adapt to environment. In this case, a puppet in a child's hand could be a direct participant of one's own performances (introducing, description of experiences) in the form of a monologue, or a dialogue (child speaks for the puppet), or a dialogue with a puppet (child communicating with the puppet).

3 Research design

The main goal of basic research was to find out concrete possibilities and limits of a therapeutic model (using therapeutic puppet) in the group of children with dyslalic speech.

As a part of our research we defined following research tasks:

- *To find out possibilities and limits in using puppet in counselling services focused on helping children with speech disorder.*
- *To create control and experimental groups for group play therapy with a puppet.*
- *To assess speech production in selected groups before and after play therapy with a puppet.*
- *To verify the therapeutic model using the evaluating diagnostic scale* (Repková, 2004) *and Prague Child Wechsler Test* (PDW).

Evaluating **Diagnostic scale tests** competences of preschool children in two parts:

1. part: testing communication and social skills (Fig. 1)

COMMUNICATION AND SOCIAL SKILLS	test (date of testing)			re-test (date of retesting)		
	2	**1**	**0**	**2**	**1**	**0**
1) contacting						
2) group cooperation						
3) compliance with the rules in a group						
4) activity during a play						
5) correct pronunciation						
6) manipulating with a puppet						
7) listening and reproducing of a fairy tale						
8) formulating of a question						
9) formulating of an answer						
10) asking for information						
11) expressing data						
12) understanding data						
13) repeating information						
14) describing an experience						
15) expressing an opinion or attitude						
16) communicating with other children						
17) mimicking scenes						

Figure 1: Diagnostic scale tests – 1. part

LEGEND
2 – child handles the task,
1 – child handles the task with help,
0 – child doesn't handle the task.

2. part: testing of dramatic skills during the work with puppet (Fig. 2)

DRAMATIC SKILLS DURING THE WORK WITH PUPPET	test (date of testing)			re-test (date of retesting)		
	2	1	0	2	1	0
1) puppet animation using motion						
2) verbal expression for puppet						
3) maintaining of a topic						
4) introducing yourself for puppet						
5) identifying with the character						
6) manipulating / playing with placeholder object						
7) styling on the role						
8) activity in sketches						
9) presenting of a monologue						
10) chatting in dialogues						
11) creating of a puppet						

Figure 2: Diagnostic scale tests – 2. part

LEGEND
1 child handles the task,
2 child handles the task with help,
0 child doesn't handle the task.

Using PDW (Prague Child Wechsler Test) we focused on the verbal part of the test. Individual respondents' answers during initial and final assessment were evaluated using a three-point scale. Children had the possibility to correct their own incorrect statements.

4 Analysis and findings of research tasks

Add 4.1)

Research tasks 1 – *To find out possibilities and limits in using puppet in counselling services focused on helping children with speech disorder.*

We asked Centres of pedagogical and psychological counselling and Centres of special advice, which register children with speech disorders and also are assigned to intensive speech therapy care.

From every mentioned centre we cooperated with a speech therapist (N = 54) and a play/special/curative therapist (N = 57).

A speech therapist considered in indicating group for possibilities of puppet therapy (Fig. 3):

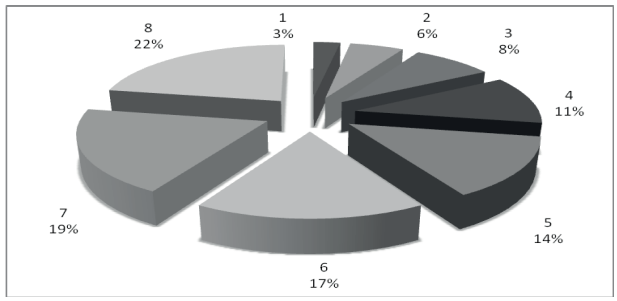


Figure 3: Possibilities of puppet therapy – speech therapist

LEGEND
1 Nonviolent form of expressing oneself
2 Activity with puppet
3 Possibility using mobility of puppet as part of replying
4 Possibility making mistakes without correcting and sanctions
5 Enough time for expressing oneself
6 Increasing level of social communication and interaction
7 Increasing communicative competences of child
8 Supporting pronunciation and articulation.

A play, special and curative therapist considered in indicating group for possibilities of puppet therapy (Fig. 4).

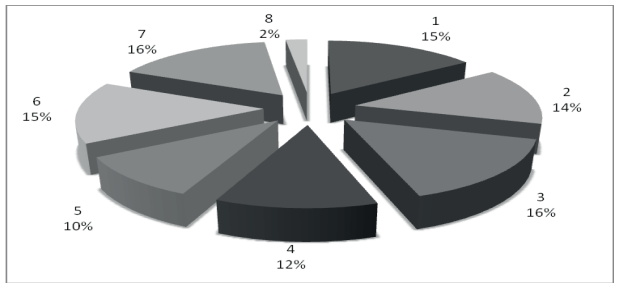
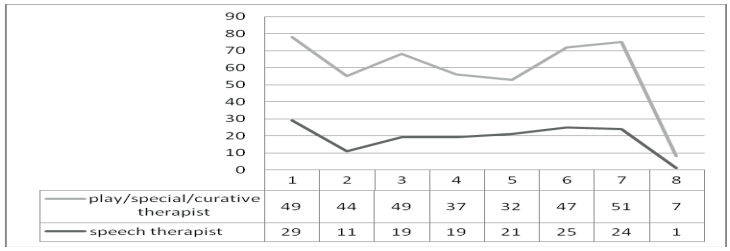


Figure 4: Possibilities of puppet therapy – play, special and curative therapist

LEGEND
1. Nonviolent form of expressing oneself
2. Activity with puppet
3. Possibility using mobility of puppet as part of replying
4. Possibility making mistakes without correcting and sanctions
5. Enough time for expressing oneself
6. Increasing level of social communication and interaction
7. Increasing communicative competences of child
8. Supporting pronunciation and articulation.



	1	2	3	4	5	6	7	8
play/special/curative therapist	49	44	49	37	32	47	51	7
speech therapist	29	11	19	19	21	25	24	1

Figure 5: Comparison of statements of respondents

A speech therapist considered in indicating group for limits of puppet therapy (Fig. 6).

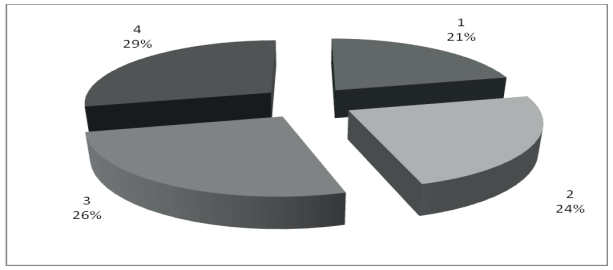


Figure 6: The limits of puppet therapy according to speech therapists

LEGEND
1. Introversion of client
2. Unguided interruption of speaker
3. Heterogeneity of the groups considering kind of communication impairment
4. Group size, several leaders.

A play, special and curative therapist considered in indicating group for limits of puppet therapy (Fig. 7).

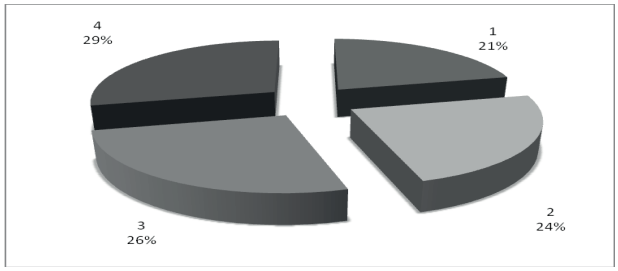


Figure 7: The limits of puppet therapy according to **play, special and curative therapist**

LEGEND
1 Introversion of client
2 Unguided interruption of speaker
3 Heterogeneity of the groups considering kind of communication impairment
4 Group size, several leaders.

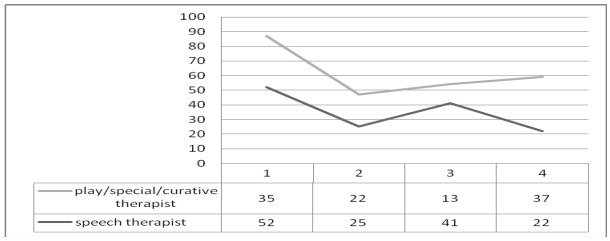


Figure 7: Comparison of statements of respondents

LEGEND
1. Introversion of client
2. Unguided interruption of speaker
3. Heterogeneity of the groups considering kind of communication impairment
4. Group size, several leaders.

Add 4.2)

Research tasks 2 – *To create control and experimental groups for a group play therapy with puppet.*

The intention of the researcher was to create control and experimental groups for puppet therapy. The target group were pre-school children who were in the final phase of intensive speech therapy care.

The intervention was carried out during 45 weeks (two times a week) during one preschool year in the mornings.

The therapeutic programme is divided in two parts:

- Part A: includes a process of the preparations, the first meeting between the child and the puppet.
- Part B: includes a tangible instruction for plays with the puppets in the kindergarten (B.1. manipulation and animation of the puppet; B.2. pursuit with the puppet; puppet represents a symbolic object; monologue; B.3. a dialogue with the puppet.) The content of part B goes in a continual sequence : movement > movement and sound > speech with the puppet. The programme is created for a group of children of pre-school age with speech impairments.

Therapeutic programme:

- 12 groups with 8 children in every group, 5-, 5.5- and 6-year olds attended our therapeutic program (Fig. 8a, 8b).
- Groups marked 1–6 were experimental and groups marked 7–12 were control groups (Fig. 9).

group	5 years	5,5 years	6 years
1	4	2	2
2	2	3	5
3	3	2	3
4	3	3	2
5	3	2	3
6	2	2	3
7	2	4	2
8	3	2	3
9	4	2	2
10	3	3	2
11	2	2	4
12	3	4	1
Σ	34	31	32

Figure 8a

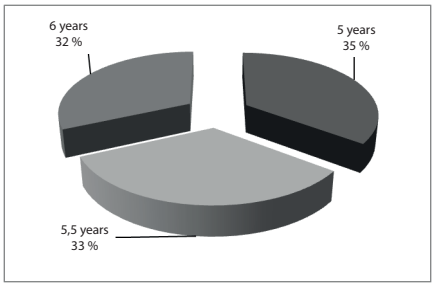


Figure 8b

LEGEND
Control group – group 7, 8, 9, 10, 11, 12
Experimental group – group 1, 2, 3, 4, 5, 6, 7

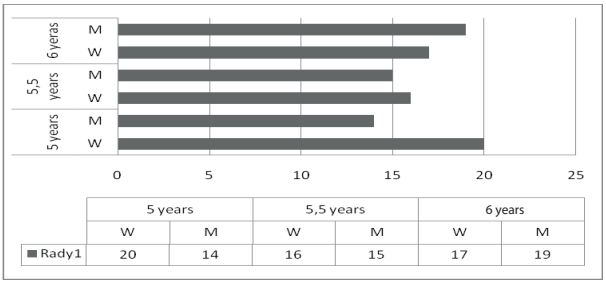
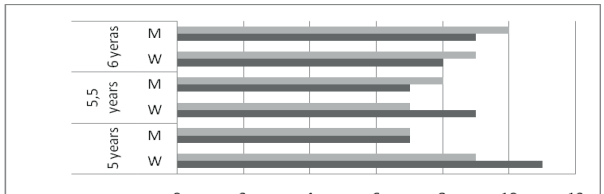


Figure 9a

LEGEND
W – women
M – men



	5 years		5,5 years		6 years	
	W	M	W	M	W	M
control groups	9	7	7	8	9	10
experimental groups	11	7	9	7	8	9

Figure 9b

LEGEND
W – women
M – men

Attendance of children with their parents to meetings was regular. The lowest attendance of children we observed in group 11 (69 %). On the other hand, the highest attendance was in group 1 and in group 3 (87 %).

Add 4.3)

Research tasks 3 – *To assess speech production in selected groups before and after play therapy with a puppet*

For testing differences between groups, researches used the statistic method Student t-test. During comparison of results we found out that from 4 numbers of degrees of freedom at probability level it is necessary to obtain a minimum value of x to the difference to be statistically significant. The result values show the critical value c_v, which is smaller than calculated χ^2 i.e. 9,49 < 14,63. It demonstrated that results from testing in experimental groups compared to control groups are statistically significant. The mentioned finding is significant at a significance level $\alpha = 0{,}05$. We assume that therapeutic action using puppet to speech and social competences of children from experimental groups caused improvement in comparison with control groups. It cannot be held that every child achieved comparable improvement. In control groups there was a modest progress in speech but it was not statistically significant. Significant improvement in speech production in experimental group, we found in every group except one. Our program is not a specially standardized material, but it is suitable for improving a successful closure of speech therapy intervention.

5 Literature

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