The Arts in Psychotherapy 39 (2012) 251–261

Contents lists available at SciVerse ScienceDirect

The Arts in Psychotherapy

A multiple single case design study of group therapeutic puppetry with people with severe mental illness

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ARTICLE INFO

Keywords:
Puppetry
Single case design
Thematic analysis
Adult mental health

ABSTRACT

Therapeutic puppetry is the use of puppets to aid emotional healing. There is no published research investigating the effectiveness of therapeutic puppetry with people with severe mental illness (SMI). A pilot investigation of group therapeutic puppetry with people with SMI tested the hypotheses that this intervention results in improvements in mental wellbeing, self-esteem, and body connection. It also investigated mechanisms of change, and service user acceptability and experience. In this mixed methodology study, five single ABA design case studies were utilised, with time series data analysed using simulation modelling analysis. Qualitative data was collected via participant observation and participant interviews and analysed using thematic analysis. Three participants experienced statistically and clinically significant changes in either positive or negative directions during the intervention, with all participants describing therapeutic puppetry as powerful and beneficial. The authors conclude that therapeutic puppetry is a potentially powerful medium which could be utilised by various mental health professionals. Furthermore, service users find therapeutic puppetry acceptable and beneficial despite it being an occasionally difficult and intense experience.

Introduction

Attention is increasingly turning to the role of the arts and creativity in the promotion of health and wellbeing. A recent British Medical Association (2011) report concluded that patients in healthcare settings should have the opportunity to participate in creative therapies such as art, story-telling, music, theatre, and drama, to enhance their psychological wellbeing. These conclusions are based on a growing evidence base which suggests that arts participation results in beneficial health outcomes, such as reductions in severity of perceived physical pain and improvements in mental health and empowerment (Department of Health, 2007). Wider effects on social determinants of health via improvements in social capital and inclusion have also been found (Cayton, 2007).

Access to arts and health interventions may be particularly important for people with severe mental illness (SMI) due to the double disadvantage of having a mental health diagnosis and the stigma, discrimination, and socially exclusion that can result (Repper & Perkins, 2003). The arts can also provide a psychotherapeutic means of working through underlying difficulties within an overarching recovery framework, fostering hope, creating a sense of meaning and purpose, facilitating new coping strategies, and rebuilding identities (Spandler, Secker, Kent, Hacking, & Shenton, 2007).

One form of arts intervention that has been suggested as beneficial for adults with SMI is therapeutic puppetry (Gerity, 1999; Koppleman, 1984; Schuman, Marcus, & Nesse, 1973). Therapeutic puppetry is the use of puppets to aid physical or emotional healing and can include puppet making, puppet play, interaction between puppet characters and observation of, and reflection on, puppet shows (Bernier, 2005). Combining verbal and nonverbal modes of expression (Bernier, 2005), it may be particularly relevant for people with SMI who may have experienced early childhood trauma, often at a preverbal stage (Bebbington et al., 2004; Janssen et al., 2004), and who may therefore struggle to use verbal forms of therapy (Gerity, 1999).

Therapeutic puppetry can be used with individuals or groups as a psychotherapeutic intervention in and of itself (Vizzini, 2003) or as a therapeutic medium within diverse therapies such as cognitive behavioural therapy for social anxiety (Melfsen et al., 2011), narrative therapy (Butler, Guterman, & Rudes, 2009) and psychodynamic psychotherapy for adults survivors of childhood abuse (Gerity, 1999).

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doi:10.1016/j.aip.2012.03.002

Several theoretical frameworks have been used to conceptualise therapeutic puppetry, but these are hypothetical constructions with little empirical validation. The psychodynamic object relations model suggests that puppets constructed or selected by patients are representations of parts of the self. This allows patients to re-create their internal object relations in 'live' form and resolve 'splits' leading to a more coherent sense of self (Gerity, 1999). Attachment theory posits that therapeutic puppetry may allow patients to achieve 'autobiographical competence' (Holmes, 1993) via the creation of stories that are metaphorical representations of their primary attachment relationships and lived experiences (Gerity, 1999). Similarly, narrative therapy (White & Epstein, 1990) suggests that therapeutic puppetry may allow participants to create 'thick' stories which embody experiential knowledge and meaning and incorporate lost aspects of the self, thereby challenging the 'thin' stories that can result from the stigma associated with mental ill-health.

Therapeutic puppetry can also be conceptualised as a form of adult play therapy with numerous benefits including: stress relief (Colarusso, 1993), mastery of traumas by turning the passive into the active (Ostow, 1987), increasing positive coping strategies (Solnit, 1987), expanding role repertoires and allowing experimentation with thoughts, feelings and behaviour without consequence, encouraging flexibility and expanding perspectives (Blatner & Blatner, 1997). Where therapeutic puppetry includes the creation of puppets, it can also help to heal the body self, which is described by Krueger (1988) as the group of experiences and intellectual mechanisms that are used to regulate and conceive of the entire self-experience as expressed bodily through sensory-motor experiences, mentally as an internal body image, and emotionally as a container for affect.

In contrast to the extensive conceptual literature, there are few empirical investigations of the effectiveness of therapeutic puppetry with adults suffering from SMI. In an unpublished doctoral thesis, Vizzini (2003) evaluated the contribution of three puppet therapy sessions compared to three sessions of regular therapy in a twelve-step inpatient chemical dependency facility. Results included significant decreases in anxiety and higher service user satisfaction in the puppet group. The remaining studies of therapeutic puppetry constitute descriptive case study evidence which can provide rich descriptions of interventions but little formal evidence of effectiveness (Greenhalgh, 2006). Schuman et al. (1973) described a group therapeutic puppetry intervention with psychiatric inpatients and concluded that participants benefitted through improved social functioning and enhanced sense of control. Similarly, Koppleman (1984) described a group therapeutic puppetry intervention with community psychiatric patients and found improved social functioning, increased personality integration, increased social judgement, and enhanced sense of control. Finally, Gerity (1999) described group therapeutic puppetry with adults with SMI in the community and noted three key outcomes for participants: decreased personality fragmentation, decreased frequency of dissociation, and development of an embodied sense of self.

The existing evidence suggests a number of potential benefits of therapeutic puppetry for adults with SMI. However, these benefits have not been adequately researched, making it difficult for practitioners to argue for the implementation of therapeutic puppetry within mental health settings.

The present study

The present study had three aims. Firstly, to explore the feasibility of implementing a group therapeutic puppetry intervention in an outpatient service for adults with SMI. Secondly, to test the following hypotheses regarding group therapeutic puppetry: (1) reduces symptom distress, (2) improves interpersonal relating, (3) improves social role functioning, (4) improves self-esteem and, (5) increases body connection. Thirdly, it sought to answer the following questions:

1. What changes do service users experience during group therapeutic puppetry?
2. What are the possible mechanisms of change when using puppets for therapeutic purposes?
3. What is the acceptability and service user experience of therapeutic puppetry?

Method

Participants

Four women and one man participated in the study with a mean age of 41 (SD = 4.66, range = 34–46). All participants described their ethnicity as white British and were living alone at the time of the study. Participants had received a range of psychiatric diagnoses, including depression with psychotic symptoms, bipolar disorder, and post traumatic stress disorder (PTSD). Pre-intervention Clinical Outcome in Routine Evaluation (CORE-OM; Evans et al., 2000) scores ($M = 62$; SD = 28.48: range = 29 to 89) were representative of moderately severe difficulties; all participants continued with their psychiatric medication during the intervention period. A mean of ten (SD = 1.92, range = 7–12) intervention sessions were attended. One participant (P2) left the study prematurely after seven sessions due to physical ill health; this resulted in part of the intervention and all of the follow-up data being unavailable for statistical analysis. The study received local NHS ethics and research governance approval.

Design

This mixed methods study utilised both quantitative and qualitative approaches.

Quantitative method

In this study, the overarching ABA design is comprised of five single case studies with each participant acting as their own control (Yin, 2009). Each single case study consisted of simple time series data (Morley, 2007) with quantitative measures administered at twenty separate time points. The baseline phase consisted of four time points, the intervention phase of twelve time points, and the follow-up phase of four time points. All time series data were analysed using simulation modelling analysis (SMA; Borckardt et al., 2008) as this method has more statistical power for short data streams than conventional time series analyses such as ITSACORR (Crosbie, 1993). Autocorrelation values for each overall data set were used as recommended by Borckardt et al. (2008) to reduce type 1 error. Bonferroni corrections were performed to control for multiple tests (baseline versus intervention, intervention versus follow-up, baseline versus follow-up) on the same dataset resulting in a significance level of $\alpha = 0.017$.

Where suitable population norms and clinical cut offs were available, data were also tested for clinically significant and reliable change (Jacobson & Truax, 1991). This was achieved using mean baseline and follow-up scores for each participant and examining them for movement from a clinical to non-clinical population, and determining whether this change was reliable based on the magnitude of change.