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A second eye, another look?

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A second eye, another look?

*The contribution of a puppeteer to psychiatry
in the context of a puppet workshop*

I started working within the psychiatric institute San Lazzaro of Reggio Emilia, Italy, in September 1973. An administrator, in charge of the hospital's health department, had attended my local puppet show where children, amidst loud screams, kept provoking my puppet. Among these noisy spectators, was a group of young people affected by serious psychiatric problems. A few made an effort to draw the attention of the character I was playing. This behavior must have been quite unexpected for their chaperons because, the episode having been reported to the direction of the hospital, I was invited to a meeting where I was asked to "attempt something" mostly with older patients hospitalized for years.

Imagine if you will a traditional mental institution 40 years ago where almost two thousand patients, mostly forgotten, were living. There was about twenty pavilions ranging in levels of mental illness from a relatively normal hospital to a miserable prison. The patients were commonly referred to by the old police terminology: "agitated, violent, quiet, dirty, bedridden, etc." Restraints such as canvas straps, woven by the patients themselves, were still employed in some of the pavilions.

We were assigned a large unused room in a building supposedly less traumatic for inexperienced people like us, where nearly 200 patients were living. These patients seemed to be all alike to us, as if they had been standardized by a long hospitalization. "Hospital Neurosis" said the doctors; "Social Class Disease" replied the leftist culture.

What to do? We were left figuring out how to offer "something". Assuming that our present performances were aimed to entertain and "shake up" some patients, no medical supervision was provided. "What harm can puppets do?". It may be surprising, but this was in 1973, four years before the enactment of Act 180 called Basaglia

Mariano Dolci, a math teacher initially, became a puppeteer following the steps of Otello Marzi. He practiced his art in schools and the psychiatric facilities of Reggio Emilia, Italy as well as Italian and European stages. Now in retirement, he still intervenes in prisons and gives courses about the potential of puppetry at the University of Urbino. He has authored several books about the use of puppets in pedagogy.

which would abolish mental wards for the insane. Discussions amongst physicians, nurses, administrators and politicians in hospitals and on national newspapers, were already becoming highly virulent and marked with extreme radicalism. "Improve or eliminate the psychiatric hospital? What will happen then to thousands of internees and caregivers?". Concern for the future was urgent and no one was interested in a puppet show, unprecedented at the time in Italy, aimed at adults living in a mental institution with an uncertain fate. Despite this, I worked 15 years in that hospital, 11 of those after its closure due to the length of time to completely empty the facility.

Having received "carte blanche" from the hospital administration, we first introduced a series of short skits behind a screen. This did not elicit much response from the patients. Considering how dismayed I was, facing this impassive public, it is understandable that, to reassure myself, I searched refuge in my successful past experiences with children and teachers. Having that same goal in mind, I tried to convince some patients to become part of a group involved in building their own puppets and, if possible, animating them. This idea seemed preposterous at the time, at least in Italy, and sparked mockery and deaf opposition from the nurses who were foreseeing the extra work of supervising patients. We started first building a puppet stage and some puppets in our room. After that was complete, the puppets were displayed in full view on a table in front of anyone passing by and willing to take time examining them.

At the same time, one of us in the group was working on making another puppet. Apparently, the show that we offered, with just ourselves, was much more attractive than the presentations we had attempted before without success. Indeed, more and more patients came to sit in the room, as if in a theater, watching us work and some of them even offering to help. Most of them did not understand very well the purpose of our work, but the basic operations of painting, woodworking and sewing were easier to grasp and perhaps brought back memories tainted with nostalgia of old craftsmanship. A group of patients, more or less stable, began to form and we started to have them build and manipulate hand puppets.

The opposition from nursing staff was understandable because in the case of accidents, they were held responsible. Some patients, those under "Mandatory Statute", could not leave their building without being escorted by a nurse or an approved relative. These same patients were amongst those who were showing the most interest for puppets as I was touring the pavilions introducing the activity. Most

of the time, the nurses found excuses and were unwilling to accompany the patients and stay with them in the workshop to attend the session. “Since when do we listen to the wishes of the mentally ill?” The director of the hospital, Dr. Piero Benassi, showing obvious interest in our experience, found a great and “bureaucratically creative” solution for bending the rules: he named me “authorized relative” for the entire group of patients held under mandatory statute.

Around that time came a big surprise from the early improvised games using the first puppets built by patients. I had imagined that the puppets, having complete freedom, would have been used to criticize authority and power. No such thing however, the characters manipulated by these excluded people, who had been treated so unfairly by society, were conformist and showed an exaggerated morality to the point that they would not even trample flowerbeds. Although I kept provoking them, these patients seemed to have a much stronger control over their puppets than the “normal” people I met in my studio in town. For a long time, what they expressed was the likes of: “Thanks to the hospital director for inviting Mr. Mariano to distract us with the puppets...”, it sounded as if they had the voice of the mental institution, using an excessive tone of assimilation and conformity for what they thought was the norm.

However, upon insisting for a long time, a few began to express something less superficial. What emerged at this level, somewhat more meaningful, was not the true voice of the master of the puppet, but the voice of the social and cultural environment at the time of their first hospitalization. The puppet painfully brought back those phases, in other words the culture of the family, neighbors, doctors, priest or the police.

Finally, after much time and patience, and with great emotion on my part (and sometimes on the part of the subject), the puppets of the more assiduous ones started to speak truly with the voice and personality of those bringing them to life.

The atmosphere of these meetings was full of joy, and the dedication of many participants in this form of gathering touched me and encouraged me to continue. However, beginning with the early improvisations, the behavior of some patients or their puppets presented at times disconcerting traits that worried me and pushed me into making hasty choices about the conduct of the game, with little time for thinking or seeking advice. I soon realized that I could not act alone and that it would be impossible for me to continue the sessions without medical supervision. To request it, I created a report with

the description of several episodes putting in evidence that, without a doubt, there was something going on with the puppets. Dr. Maria Pia Prodi, who was supervising a pavilion where thirty women were living, agreed to offer them puppetry activities and I worked with her for about ten years. I keep a grateful memory of this group of patients: I thought I would have to look at these people with condescendence, but they were able to establish real human relationships with me and taught me a lot about myself.

Ornella Baraggiola, a Swiss psychoanalyst friend of mine who was treating children in Florence, told me about the therapeutic possibilities of puppets but I did not have any reference. The newsletter *Marionnette et Thérapie* did not exist yet. The book by Dr. Jean Garra-bé did not reach my hands until a year after its release (1974) and I had not yet visited *L'atelier de La Verrière*. Nor had I read the articles of Serge Lebovici and of Madeleine Rambert, that I later translated into Italian in order to inform my physician friends that puppets could be serious.

From school to hospital and from hospital to school.

At the time, I was running a puppet workshop available to daycare centers and kindergartens in the city of Reggio Emilia. The director of these avant-garde schools, the pedagogy expert Loris Malaguzzi, stated the principle that “a child can speak one hundred languages but we are stealing ninety nine from him.” Therefore, all expressive 'languages' were used in the pedagogy of the town's schools. The aim was not “for someone becoming an artist one day, but for no one staying enslaved” as stated by Gianni Rodari, the author of *Grammatica della fantasia* (*The Grammar of Fantasy* in English translation) and a strong partisan of the use of puppets in education as instruments of communication and socialization.

The interest of the city's Educational Department in expanding all expressive languages had justified the creation in 1970 of a puppet workshop service throughout the town and whose management was entrusted to me. I was hired as a staff “Municipal Puppeteer”, the first and only in Italy. This can make you smile but it's still a testament to the importance attached to puppets by a municipality traditionally sensitive to children. As a puppeteer, I was also a member of the instructional leadership team and I held this position for more than thirty years until my retirement.

And so I was working in daycare centers (0-3 years) and kindergar-

tens (3-6 years) with children and their educators. In the afternoon, my workshop was available to teachers for consultation, documentation, demonstrations, training courses, etc... Sometimes in the evening, parents of students would come to the shop to build, animate and play, setting up classic puppet shows or shadow puppet shows for school parties. Twice a week, I was at the psychiatric hospital. Later on, I also worked in elementary schools and in day hospitals with patients that were younger and more responsive. I also entered the OPG Reggio Emilia (Ospedale Psichiatrico Giudiziario, Judicial Psychiatric Hospital reserved for the criminally insane) as well as worked in prisons, an activity that I am still doing today.

It was such that I would offer more or less the same improvisations on certain days, though of course differently modulated according to the context. Yet, I had the feeling that deep down, it was providing the same thing. The purpose was indeed to play or, if possible, to start playing with one's own identity in order to acknowledge and nurture one's development. Playing to play, in order to realize something very serious. Playing to stimulate communication and to revive imagination, this "creative fantasy" mentioned by Vygotsky: "Creative imagination does not disappear completely in anybody: it only becomes a rare event."

Such different contexts were not in opposition for me, on the contrary. Given my interest in the instruments and the different techniques for building and handling them (the "Universal Laws" of puppetry), each context represented a kind of control group that helped clarify the other.

It is said that the purpose of care is to lead patients to reason. However, the children that I saw every day kept reminding me that reason and imagination grow together, for these two faculties are two sides of the same coin. It's impossible to strengthen one without the other, as Gaston Bachelard says "A person deprived of the understanding of what is unreal is a neurotic as much as a person deprived of the understanding of what is real." So why not try to "lead patients toward imagination"?

Role Playing and Identity

We know that education has, for a long time, held the belief that encouraging fantasy will prevent young people to have a sense of reality. This is what the psychoanalyst René Held called "the myth of fantasy-opium". This brought generations of parents and teachers to not

encourage fiction, yet amputating or rejecting always leaves scars. René Held says that, on the contrary, reason does not develop by having only positive thought: “Trying to dig out of childhood the roots of fabulous storytelling will not make it become rational. But, in contrast, rationality will happen by helping children handle these fabulous stories with more and more finesse as adults are stepping back.” Listening to the children’s puppets is usually enough to realize that their most fabulous and fantastic performances are allegories relating to real issues and their actual world. To enter the real world, one could go through the door but could also enter through the window: it’s more fun, therefore probably more useful. Of course, delirium is not fantasy. When delirium is reactivated by role playing, the puppets appear to be stronger than the heavy doses of sedatives that had put the delirium asleep. Nonetheless, I was told by psychiatrists that, for subjects who were for years almost motionless and mute, just being aware of their delirium was already something important.

After several months of work, I began thinking that this “pedagogical” approach by role playing was not an expedient, but rather deserved to be considered in a more thoughtful and thorough manner. At the kindergarten school, I could see every day the children taking other identities in their symbolic plays. These behaviors are part of a refined strategy which leads to knowing oneself, others, and the world. It is said that an adult pretends to *look* like someone else but a child pretends to *be* someone else. This has to be taken with a grain of salt, for the child is not hallucinating: he does not really see himself as the hero he has chosen, even when he plays with such conviction that we could believe he does. Indeed, what’s the point of mimicking the prestigious qualities of the model he chose if the child does not remain somehow always himself? This is the most important point and, through this “negotiation” between the elements of two identities, his own and the model’s own, the child continues to build his personality, unique and not reproducible.

Even Alice, in Wonderland, needs to know who she is in order to get up, “Who am I? Someone tell me, please!”. Without the “other”, no “I” is possible. An identity is constructed from the recognition of the other and that especially, can be done through games. In this regard, I also remember the eminent psychologist Jerome Bruner, very good friend of the schools of Reggio Emilia and honorary citizen of the city. Bruner conducted with humor two of the seminars where we presented our research on early spontaneous theatrical experi-

ments in daycare centers and kindergartens (the “squiggling” theater). Bruner used to say: “One does not have a life if he does not tell about it”. So if possible, encourage to tell. Indeed, we know that we can talk about ourselves, consciously or not, not only by using words but also by using all other ways of expression, notably what is considered “artistic”.

In the environment where I was, composed of people who had no life for a long time, what could be more appropriate than offering the languages of theater to puppets that have no connotation of gender? As Peter Brooks said, theater is “reducing space and compressing time”. This is also what can be done in a puppet workshop playing and featuring the past, present or future, following all possible developments of the “if...” and of the “pretend that...”.

My attention gradually moved from theater to games, from product to process, from artistic training to personal expression, from the show to something prior, more playful, more ordinary or less celebratory. In other words, encouraging constant communication of puppets with puppets and of patients with patients.

Of course, I had no intention to treat the mentally ill like children, but is it really absurd to reintroduce to adults - at least to those not risking to be hurt by puppets - games with which we have formed our identity during childhood?

A project rather than a program

I made for myself a kind of personal nosology, based on the ability to imitate and use fiction. I took into consideration the capacity of each subject for their abilities to imitate (in the presence of a model or not), to evoke a past event, to take a role (of oneself in the past, present, in the future or that of someone else, real or imaginary), to reverse roles, to ask questions in an imaginary context, to follow instructions, etc. I had no intention to create confusion but I took advantage of Piaget’s theory of progression of stages concerning the capacity for imitation in children. I tried to find in each patient their “level” of progression in order to offer them games that I thought appropriate, and then try to make them progress. Finally, whether this “educational” approach was justified or not, I confess that, anyway, I needed a project to guide my work and find topics of improvisation in order to communicate with each individual. It is not about discussing whether such transfers are legitimate or not. I am just saying they can be useful to me, the facilitator, providing me with a

new vision and giving me the opportunity to imagine new initiatives. In workshops of this kind, it is necessary to have expectations and also, of course, to be open to the eventual failure. With no project in mind, looking for nothing, one does not see or truly hear what is happening and no solution can be found. On another hand, if I expect something, it may happen that my expectations be foiled and that something different from what I expected be found. I would never have come across it if I had not been looking for it (*Serendipity*). As a facilitator, these findings could help me boost communication and strengthen the bond between me and the patient. I parallel this to our friend Madeleine Lions metaphor of the shuttle or of the ping-pong game for educational comparison. This is why, in my opinion, it is useful to have a project rather than a program: the subject must adapt to the program while on the contrary, it is the project that must continually adapt to the subject.

About this approach, I remember a psychiatrist that asked me mockingly, when he happened to meet me in the aisles of the hospital: “So Mariano, how many did you heal with your puppets?” One day I dared to reply: “And you, how many have you cured with your pills?”.

Obviously, this is not about a cure, but I have often felt that some patients really live “below” their true abilities. I remember vividly that these encounters were not useless, and some patients were really helped by the puppets. How to describe the emotion felt when a smile appears on a face usually expressionless, or hearing a few words whispered by someone who was stubbornly locked into silence? Or the occurrence of a first, although minuscule, element of fiction in subjects constantly confined in their “hic et nunc”?

The energy of materials

When speaking of my observations with psychiatrists, I had the feeling that, coming from another culture and having a different view, I may have something to say about the products, behaviors, and words of the sick. For example, an object such as the handmade painted head of a puppet can be considered as having its own autonomy but at the same time, this object belongs to a system of complex influences. Of course, in another way, one can see in a project the translation of a dream, a symbolism, a biographical element, a malaise or hallucination, but we can also see in it the convergence and intermingling of the energies of the materials, instruments, or methods.

Thus, the same peculiar trait may find its meaning according to different points of view. Is it due to some specific psychological trait or is it due to being handmade? In the eye of the doctor, what seems to be a trait due to anxiety, suffering or disease, could instead be due to the influence of the material, methods, or instruments. In the puppets produced by the mentally ill, I could sometimes see, among other things, the systematic presence of the same features as in the ones produced by children or normal adults who attended my workshop. Seeing among such different subjects some systematic common elements can only be attributed to influences emanating from each material, each instrument, or each technique of animation. So my effort was to try to isolate and put back a concrete dimension in the heart of the discussions.

Without a doubt, hands at work – in contact with materials, instruments, processes and techniques of puppet animation – undergo demands and resistances impossible to define but having an influence nonetheless. In this regard, some artists have affirmed that the hand is a “thinking being”, meaning that we must accept the idea that the expression of a subject can belong to the body as well as the intellect. The point is accepting that it is possible to “think” with hands and that successfully building something can initiate a true revolution within oneself and with one’s relation to the outside world. Each material and each instrument has indeed its own “identity” (as Michelangelo gave us a glimpse of in his sonnets) which tends to assert itself during handling, and can sometimes change fully the intent and the first draft of the author. Negotiation between these “identities” and the author shapes the resulting product. I have tried to surprise these negotiations between material, instrument, and subject to envision the mysterious threads connecting the inanimate to the animate, or as Henri Focillon would say (1934), grab the “absolute vocation of the materials”. I became interested in the processes (or rather, the micro-processes) that happened during these phases of construction and improvisations.

Are the insane more sensitive to these constraints? I do not know. It may be true for some. There are those who don’t resist the temptation to abandon any project, following the suggestions made by every drop of color flowing, and others, on the contrary, who stubbornly follow their ideas at all costs, despite the obvious limitations of the material. Of course, I don’t think it’s possible to decide between these two different attitudes as each product still has its own irreducible personality. In my opinion, it remains interesting to

confront and discuss the same data with different views: the more an idea is in opposition with a concrete element, the more it is constructive. We must accept that any description, even the most rigorous and objective, is in any case always an interpretation. It is necessarily made by someone and that someone has a story. In an interdisciplinary team (I would prefer “transdisciplinary” since with interdisciplinary everyone is still master of its small territory) this must be an ethical point of departure. Knowing that it is an interpretation enables a greater freedom of judgment.

Head and hand, sign and instrument

When it comes to puppets, more so than for other modalities of expression, we traditionally accept the head / hand couple without opposing them. Thus, each creation is trivially divided into two parts: a head that controls and a hand that executes. However things are much more complicated. From construction to entertainment, we also know that bringing life to a stick puppet, a hand puppet, or a marionette manipulated with strings is not the same and that saying “more” may take a different direction from one technique to another. An animation technique can therefore be more relevant than another to encourage communication of a particular topic.

It is interesting to note that, from a purely artistic point of view, influences imposed by the techniques and materials are by no means a disadvantage and are not things an artist should oppose in the name of absolute respect for his project. Instead, these influences are a powerful resource that gifted artists, as well as children, sometimes are able to exploit with delight. In this regard, Baudrillard declares that there is seduction when “signs begin to walk alone, thereby escaping the intentions and projects of who decides to use them to communicate”.

In fact puppets are an interesting cross between sign and instrument, two unique elements of human intelligence. A puppet is the instrument while characterization and manipulation are the signs of its language. As instruments, puppets have the peculiar vocation to “walk by themselves” and they do not always behave as docile creations. The most seasoned professionals like to tell stories where their puppet overtook what they had intended to say.

I know to my own cost that power: in fifty years of work, my puppets’ outbursts brought to my attention, not without embarrassment, some of my personality traits that really had nothing flattering. To-

day, at the University, I keep offering improvisation to student teachers but I'm noticing that when I'm taking part in the play, my puppet almost never "walks by herself". It escapes rarely, and when having to improvise, it can easily draw from the many memories of past experiences without surprising me anymore.

Generally during the construction phase and characterization of a puppet, I do not offer a script or give any instruction: I accept everything and I try to enhance each product, idea, and "mistake" which may, during the improvisations, become a resource, an ideal starting point for many fantastic future developments.

Naturally, giving complete freedom is not abandoning: I'm available for answering technical questions, I stimulate, advise, assure, show examples because I am also building my own puppet (while trying not to outpace the others) and sometimes I have to take the place of a patient - under his leadership - for operations that are difficult. In short, in the eyes of participants, I should represent a resource available to help: "Help me do everything by myself" as Maria Montessori interpreted the desire of the child. I do not put pressure. The quest to embellish a puppet, pursued by some, is at times very moving and always deserves respect. It's more interesting when caregivers also build and operate their puppets. Watching psychiatrists, psychologists, nurses or social workers being confronted with the same difficulties presents, in my opinion, an image of therapeutic value for the patients.

The difficulties I'm encountering stem from two opposing construction requirements that are always hard to reconcile: on one hand, we must simplify operations too difficult to understand or perform. And on the other hand, we still need to obtain a reasonably well constructed object, ready to be manipulated for a long time. This is essential for gradually adopting an identity.

The particular time each material is handled also has a great influence on the characterization of the puppet. Its identity takes shape starting in the construction phase if the amount of time spent, while occasionally overstretched, is always respected. By respecting this - for example, a technique of construction that provides some slow performance - I came across some surprises: people who were seemingly irresponsive produced well-structured objects, although it was after exasperating delays (one single thread of wool glued as hair in each session!). I also had some surprises in the other direction: people who seemed reasonable and with whom I was having conversations, sometimes philosophical, hesitated in placing the nose of

their puppet above or below the eyes.

Once a puppet is made, the next task is to animate it. In the beginning, it's a matter of extending the power of the individual: there is no character yet, but a simple extension of the subject. Somewhat stick, somewhat partner, no one knows where the subject ends and when begins the puppet. Then we would make them dance to rhythmical music for as long as it was necessary in order to weaken any resistance and get them used to the fact that they were always visible, without the worry of having them say something.

From dancing (couples, group...) at the beginning of each session, we gradually switched to improvisations. Generally each person would animate the puppet they built. By placing the puppets (by pair to start) in situations always different, the characters, in dialogue with each other, will finally start to define themselves. Some would form an identity rather quickly, others had a hard time to find it within themselves (some spoke of the puppet as "a small piece of myself") and others never managed forming a stable identity. I remember a patient having a "me" so fragmented that for years, at each meeting, his puppet was presented with a new name: "Albania, France, Germany, Greece, etc."

The language(s) of the puppets

After seeing the patients for some time, I would try to classify them according to my personal nosology. There were those for which the puppet they built themselves meant absolutely nothing. On the stage, when my character solicited them, they stared at me, surprised, with a bewildered look on their faces, and they could not understand that it was from them that I expected the responses of their character.

Others, however, considered the puppet a living and independent being. They spoke to it: "Have you been behaving all week in the closet?". They tried to feed it or during onstage improvisations, they would strike it to make it speak: "Come on! Answer me!". Other puppets, such as Hamlet, were always hesitant between "to be or not to be". Thus, it could happen to see a puppet have an identity for a few sessions, while on other days the same puppet would just be an inanimate object. In consequence, these patients never managed to reach an understanding of the paradox that puppets *are* and at the same time *are not*.

In normal children, this problem is solved during the second year: while they are still very afraid of a "wolf-puppet", they know per-

fectly well that there is a hand inside. There is no contradicting this: they simply do not have the need to ask themselves the question or to answer it, as Piaget observed it so well. This is similar to watching a play in a theater: if the performance is good, we have tears in our eyes for the fate of Romeo and Juliet or for Hamlet while fully knowing that this is a fiction played by actors.

I do remember an elderly woman becoming painfully aware of this fact. Getting off the stage and handing me back her puppet, she told me with tears in her eyes: “When I was little, puppets were talking by themselves, now you are telling me that it's me who should do the talking...”

As for improvisations and linking them, we can use everyday life events. These range from the most ordinary to the most challenging or provoking in order to build better articulated knowledge and languages through the repetition of imaginary situations and common sense experiences. The intention is to have each subject (and all the participants) progressing towards the acquisition of the puppets communicative abilities, their languages, and their “grammars”.

The facilitator is the “memory” of the group, selecting and keeping what seems fruitful to initiate the construction of the “language” of the puppets, “language” and not “technique” because it is not a school for future puppeteers. It's not always possible to stimulate and advance a language common to the whole group. When this was achieved, at least in some workshops and quite rarely, it was for me an encouraging result seeing people take their puppets to improvise without instructions from me. Although set in imaginary contexts, I felt that through their puppets, the subjects were able to create some meaningful exchanges.

This approach, consisting of trying to expand and strengthen communication without offering a scenario from the beginning, may go on for a long time and may not necessarily imply a show as a conclusion. This can come latter if one wishes, for it is not theater. But can a therapy with no conclusion still be called a therapy?

Show or no Show

In 1975, I had the opportunity to visit the hospital De La Verriere and to attend the conclusion of a puppet workshop led by Dr. Jean Garrabé. I was first surprised by the hospital itself which seemed like a paradise with its ten workshops including a puppets workshop treated as a serious matter.

Dr. Garrabé explained to me that the production of a show means that the work done in the workshop is not an end in itself. Providing a show, setting a date, inviting an audience, creates a tension that he considered indispensable. Yet, he was still wondering about this issue in the 1982 newsletter *Marionnette et Thérapie*: “Should we limit ourselves to the aspect of the game and leave aside the aspect of the show in therapy with puppets? Providing an activity or a game for patients does not ipso facto make it therapeutic.”

In contrast, Dr. Daniel Frederick, in another section of the same newsletter, was stating that: “the very purpose of the activity (production of a show) is questionable.”

The idea that there can be no play without a show is putting pressure on puppet therapy (as in education). On the contrary, this is a choice. The planning of a therapeutic workshop can anticipate or not a show, but this show, from a therapeutic viewpoint or from a theatrical viewpoint, is intimately part of the process and is therefore dependent on its own quality.

The important thing, in my opinion, is the consistency between the stated purposes and the results. To explain my idea about having a show, I would like to recall experiences that gave me some thoughts:

In 1974, inexperienced as we were, we led a group of patients from the psychiatric hospital into presenting a show of which they enjoyed the story (*Bremen Town Musicians*). The memory of this experience has left me with an uneasy feeling and many scruples. Applause from the audience (families and caregivers), certainly expected and required, caused a painful feeling of humiliation in some patients. Obviously in the preparation of the show, in order to get a result, we failed to “listen” to the patients. Events of this kind are common in Italy or elsewhere and quite recently I did witness it. These exhibitions are not game or theater and I don’t know if it’s therapy. This may just be an expression of the facilitators’ neurosis.

After this experience, I have always tried to do otherwise. During the improvisations, the rehearsals and the staging, while respecting each subject’s personal expression, I would invite them constantly (and then, if possible, the group as a whole) to discover and follow the logic of the puppet as an instrument whose destiny is manipulation and that finds its meaning in being “displayed” to someone. As Leonardo Da Vinci said: “Every instrument requires to be made by experience.”

In fact the puppet is not a doll: its origin is from a doll but it was

born as an object to show. We must constantly try to point this out and to remind it. During the sessions, I do my best to spot, pick up, support, and expand what I call the “squiggles” (if I may say so) of the puppet theater. The “squiggles” are for me among the spontaneous traits that arise in the improvisation of plays and that, if encouraged, could later on become the elements of a theatrical alphabet.

The facilitator, being the memory of the group, must try to settle, stage, and generalize them. In order to do so, we must first possess the eyes and the ears to spot them and this has to be done immediately. In other words, it's necessary to think highly of the potential of puppetry for communicating, otherwise we cannot see what might be promising to develop. Finally, this can sometimes result in a show including all the participants: I never got that result in a psychiatric hospital but I did often at the day hospital where I worked for twelve years. It even became a tradition. We took our time (usually several months) to gather the most entertaining material from our improvisations in order to prepare a show (hand puppets, sticks puppets or puppets on strings). When we felt that the show was ready, we went on a tour in several nursery schools of the city (Reggio). The applause and enthusiasm of the very young audience, obviously incapable of feigning approval and condescendence, was reassuring and unambiguous. They did not create any humiliation and they were confirming that we were able to present something valuable and well structured. The show was put together by the contribution of all participants, but, of course, the particular vision of the director cannot be completely ignored. The important thing was that it was visible and that all the energy he received from the group was noticed.

This is quite different from the “Integrated” theater where some patients, sick or disabled, being gifted artists, play together with professional actors to produce quality performances. Their “difference” is valued and brings something to the theater, enriching it as a whole, something a normal actor would have been unable to bring up with the same intensity. Let's remember the extraordinary gestures and mimics of Emmanuelle Laborit, born deaf, who, for her talent, received the Molière prize. Every year in Urbino, we do have the Festival of the “Theatre of diversity”.

I also have to consider the fact that everything that comes out of improvisation is not always to be retained for a future show, despite the theatrical interest that might present. What has been said “between

us”- in the safety of the sessions, and during games, where some control is let down - can be deeply personal and sometimes painful. Proposing to turn it into a show, delivered to everyone, is inconceivable and insensitive. My main goal is not the show (without excluding the possibility to get there), but the interactions of patients between each other. This is to encourage them to build and animate freely, expressing what they want or what they can do.

Daniel Frederick, in the same newsletter *Marionnette et Thérapie*, says: “It is quite difficult to define the therapeutic field and determine at what point and under what conditions an activity becomes therapeutic.” I do not feel competent to get into this, but I would like to say something first: It seems obvious to plan the presence of a puppeteer as part of a therapeutic team; this is needed in order to know how to build a puppet and learn to manipulate it. That is not the opinion of everyone. Our friend Roland Schönn for example does not see the reason for that presence. In his view, caregivers should have no difficulty mastering some construction and handling techniques in order to lead a therapeutic activity.

The same problem also arises when other artists, invited as experts, work with a team of caregivers (same problems in education). Generally, in these contexts, artists are inclined to judge and modify the quality of the products rather than exploit - without judging - all the possibilities the products and processes can provide to constitute a “third pole” between patients and caregivers, enabling or strengthening communication. Will the artist be able to know when to suspend their personal goal of a formal language? Stimulating personal expression or producing a show are different paths, of course both legitimate, but they cannot always work together. The artistic production of a mentally ill artist, even in the worst case, still comes from a buried part of his personality that is healthy, as it was explained to me by a friend of mine, Daniela Rosi, an experienced art critic. I believe that we are somewhat reluctant to classify and establish a precise semiology between the production of these artists and their mental illness.

Advocacy for analysis and transmission of techniques

Calling oneself a puppeteer is not enough to be able to lead these activities. Even if he is a very talented artist, the puppeteer does not automatically own the keys to enter into a relationship with the patients and know how to support their individual expression: It is not

excluded, of course, but that does not happen easily. As stated in her memoirs, George Sand, herself a puppeteer, writes: “An artist never gives up nourishing his genius.” Taking care of one’s own genius, that is precisely what, in my opinion, is not required in a therapeutic workshop.

One of the difficulties arising from the clash of different professional practices, is the meaning attributed to words that, when transferred from one context to another, may bring confusion. In our context, having spoken for centuries of “Art” (with a capital A!) as something being part of the realm of the sublime and of divine essence, it is difficult to come down from these heights to the ordinary patients, who clearly are not all gifted. Therefore we use the word “Art” for totally different activities: “children's art, art of the insane, the disabled, art therapy and now also, organic art” (that of monkeys and elephants who are given brushes and colors). We are getting used to saying the word “art” but we must avoid confusion, unless building puppets and animating them with patients or two-year-old children is still art. With our patients, have we always been artists without knowing it? Not unlike Molière’s Mr. Jourdain who discovered he had always spoken in prose.

In the literature about this subject, I have often regretted reading so few remarks about the material and the instruments used, the terms of presentation of an activity, the time involved. I regret also that puppeteers and animators do not get together to talk about the experience gained and their knowledge albeit different from a psychologist, but which still needs to be addressed. Consequently, without updated references, each facilitator is starting again from the beginning and is probably set to repeat the same errors.
