The Use of Drama and Puppetry in Occupational Therapy During the 1920s and 1930s

Mary Ellen Phillips

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The occupational therapy literature was reviewed to determine how drama was used as a clinical modality in the 1920s and 1930s. It appears that the emergence of the Little Theater Movement in the early 1900s, which enabled amateurs to perform publicly, provided the impetus for occupational therapists to use drama as a purposeful activity. The theatrical modes most frequently used were pageantry, puppetry, and comedic plays. Additionally, the collective nature of drama facilitated group-centered treatment. Noble, a psychiatrist at Sheppard and Enoch Pratt in Maryland, Brooklyn State Hospital and New York Psychiatric Hospital in New York, and Ypsilanti State Hospital in Michigan (American Occupational Therapy Association [AOTA], Neuro-Psychiatric Section, 1933; Black, 1931, 1933; Brown, 1937; Levine, 1987; Noble, 1933; Price, 1935). Patients performed in pageants, marionette shows, and one-act plays.

This article explores the origin of drama as a clinical modality in these institutions and examines theatrical modes that occupational therapists used in the 1920s and 1930s. Drama, in the form of role playing, puppetry, mime, storytelling, theatrical games, and dramatic productions, is still used by occupational therapists, especially those in psychosocial practice. Drama is said to have value as a socializing agent, and some patients prefer the presentational aspect of drama to the more tangible activities so frequently used in occupational therapy (Barris, Kielhofner, & Watts, 1988). Although it explores the past, this article is important for occupational therapists today, especially those in mental health practice, who may wish to consider using drama as another treatment modality.

The Little Theater Movement

In the early 1900s, a theatrical movement began, creating countless semiprofessional, amateur, and educational theaters throughout the United States. The movement commenced in Chicago in 1900 when a theater was built for the Hull House players, an amateur theater group of immigrants and instructors associated with Hull House (Hartnoll, 1967), which was a settlement house that offered training programs and social services to immigrants.

In an attempt to overcome the negative effects of industrialization, proponents of the movement sought
to imitate the tone of the ancient Greek theater, with its emphasis on community spirit (MacKaye, 1917). Before the movement, opportunities to participate in theatrical endeavors were limited to professionals and were confined to New York City. The Little Theater Movement was important in that it decentralized the theater and provided people across the United States with the opportunity to attend theatrical productions. Additionally, it gave amateurs the means by which to express and develop their talent and fostered a sense of community spirit during the production process.

Importance for Occupational Therapy
The benefits of drama as a clinical modality among psychiatric patients were recognized by some occupational therapists (Black, 1931, 1933; Harrington, 1923; Price, 1935). The primary advantage of the use of drama was the sense of community that it engendered among patients in an institution (Harrington, 1923). Because of a sluggish economic climate that imposed limits on health care delivery, occupational therapy departments became short of staff members in the 1920s and 1930s. Thus, group treatment was used as a survival mechanism for the profession (Levine, 1987). Drama offered innumerable choices of activities that served the individual interests of participants (Noble, 1933) and was easily implemented into group treatment. Besides acting, patients participated in other theater activities, including constructing scenery and stage props, sewing costumes, working on lighting and sound effects, playwriting, and providing musical accompaniment (Noble, 1933). The most common theatrical modes used to treat psychiatric patients were pageantry, marionette shows, and comedic plays.

Pageantry
Pageantry originated in the Middle Ages and was resurrected in the early phases of the Little Theater Movement (Brockett, 1974). Pageants are elaborate processions where silent tableaux are interspersed with dramatic skits, dancing, and music. Pageant themes are often historical or religious, and they are often used to celebrate a special event or holiday (Hartnell, 1967). Although pageants may have a narrator, the requirements for most performers in terms of lines and stage movements are minimal. In 1934, Norristown State Hospital produced a May Day pageant involving more than 100 performers (Levine, 1987). Pageants were advantageous for large mental hospitals because they used a large number of patients, many of whom may have had negligible dramatic ability.

As a clinical modality, drama was typically used for patients with high functional ability. However, patients with low functional ability performed in a Christmas pageant at Brooklyn State Hospital. At a meeting held for the AOTA Neuro-Psychiatric Section (AOTA Neuro-Psychiatric Section, 1933), Eleanor Clarke Slagle offered the following comments concerning this pageant:

There is one point which Miss Wilson very modestly omitted from her talk about the pageant, and that was the use of the very sick patients, and the unrestrained things they did during the performance, which was very amusing. One patient took the infant from the arms of Mary and seated herself on the platform and commenced taking care of baby [sic], and it sent every one into paroxysms of laughter. (p. 137)

Slagle was enthusiastic about the involvement of the patients with low functional ability and the audience's enjoyment of the performance. However, the conventions of theater require that the performers execute only rehearsed stage movement and lines and remain in character at all times during the performance. If a particular patient does not have the ability to meet these requirements, the pageant is disrupted. Therefore, although the literature suggests that it was considered possible to successfully involve patients with low functional ability in some form of theatrical activity, the performance aspect of drama was not the optimal choice for these patients.

Marionettes
Marionettes are three-dimensional, full-length puppets that are attached to strings placed on their hands, feet, knees, and head. They are controlled from the top of a miniature stage by operators who recite the lines (Hartnell, 1967). Many scholars believe that marionettes originated in Egypt and then spread to other countries throughout Asia (Joseph, 1922). The creative talents of puppeteers in the early 1900s effected a renewal of interest in puppetry as an art form and means of entertainment (Black, 1933).

Black (1933), Chief Occupational Therapist at State Hospital in Traverse City, Michigan, stated that the production of a marionette show involved a wide assortment of tasks that could be graded to fit the level of disability for most patients. She advised that patients with low functional ability assist with the papier-mâché and "rough parts" (p. 325). Publications, such as Handicraft Journal, were used to assist occupational therapists in supervising the construction of the marionettes. Materials for the marionettes cost very little. In fact, with some ingenuity, they could be made from scrap materials, including papier-mâché for the faces, melted wax for the facial features, yarn or rope for the hair, and rags for the costumes. Old doors became stage floors, and discarded sheets became backdrops (Black, 1931). Unlike the de-
tailed marionettes of professional puppeteers, marionettes made in occupational therapy departments were quickly constructed and rather crude. Brown (1937), an occupational therapist from Ypsilanti State Hospital in Michigan, stressed that although puppets should look attractive and be easily manipulated, occupational therapists should be more concerned with adapting puppetry to the requirements of the patients than in creating a superior finished product.

The script and musical score were usually written by talented patients with high functional ability. Black (1933) recommended that the script be both amusing and stylistically familiar to the patient audience. Musical comedies were considered advantageous, not only because more puppeteers, and thus more patients, could be involved, but also because popular music seemed to have an uplifting effect on the audience.

Production tasks, speaking roles, and puppeteer assignments were divided among all patients of a ward. The women made the costumes and dressed the marionettes (Tenth Annual Institute, 1933). The men usually built the stage and the furniture and painted scenery. Those patients with electrical ability worked on the lighting, and patients with mathematical ability worked on drawing animals and stage furniture to scale (Black, 1931). Susan Wilson, an occupational therapist from Brooklyn State Hospital in New York, reported that marionette performances were erratic because of the high turn-over rate of patients with high functional ability in mental hospitals (Tenth Annual Institute, 1933). Some would-be performers were sent home, whereas others regressed and moved to the wards for patients with low functional ability, leaving the occupational therapists in charge of producing marionette shows very frustrated. Fortunately, memorization of lines is not essential in a marionette show; therefore, occupational therapists could fill a vacant role fairly quickly.

Comedy

When choosing a play for patients with mental illness, occupational therapists, in general, agreed that the selection should be limited to comedy (Harrington, 1923; Noble, 1933). During the 1920s and 1930s, stark realism was the prevailing mode of dramatic literature (Clurman, 1959). Because this type of play was thought unsuitable for patients with mental illness, therapists had a difficult time choosing appropriate material (Harrington, 1923). To avoid overworking any one or group of patient performers, Price (1935), the Director of Occupational Therapy at Sheppard and Enoch Pratt Hospital, recommended producing several one-act plays rather than full-length ones. Plays were selected from such publications as The Work of the Little Theater by Clarence A. Perry and Samuel French's Catalogue of Plays. Price also advised that the patients' physicians be consulted during casting so that patients would not be selected for unsuitable parts, such as those that would facilitate emotional conflict.

To effectively coordinate all the aspects of a stage production, Price recommended that the chief occupational therapist assume the role of the producer and delegate other responsibilities to the remaining therapists. She also cautioned therapists not to permit any patient to assume a star mentality but, instead, to encourage the patient players and all those involved in the production to work as an ensemble. Unlike most amateur theater groups, rehearsals took place in the afternoon rather than in the evening to prevent fatigue (Price, 1935).

With the advent of a more sophisticated psychology, professional theater artists of the 1920s and 1930s became more scientific in their approach to their work. Therefore, characters were composed and presented with more complexity and nuances (Clurman, 1959). Familiar with the philosophy of the Moscow Art Theater, an influential Russian ensemble acting troupe that emphasized the necessity of research in the creation of a full, life-like character, Price (1935) noted that patients could generate quality acting if they had a thorough understanding of the character and the time period of the play's setting. In fact, she encouraged thorough research by the patients involved in all phases of the production, including set design, furniture, costumes, and makeup.

Noble (1933), a physician at Sheppard and Enoch Pratt Hospital, believed that the opportunity to act in a play produced by an occupational therapy department could be an asset to a patient undergoing intensive psychotherapy. During psychotherapy, some patients were encouraged to identify emotions and behaviors that surfaced during rehearsals. With the assistance of the psychiatrist, they were able to link their present emotional state and behavior to early trauma that, in some cases, led to conflict resolution. According to Noble, drama was, in effect, a vehicle for both the discovery and expression of unconscious conflicts. Noble also believed that drama provided patients with the opportunity to experiment with alternate modes of behavior as evidenced in the following patient interview:

Well... take that part of the old lady. I could feel that—it was easy. I am quite a sorrowful person and quite emotional... I wanted to play a more sophisticated type of person—I have never really felt grown up. I wanted people to look on me as though I was more like that,
more assured, more confident.... I have never been able to express
the grown up part of me. You know, people have always thought of
me as a sort of ingenuous. (p. 77)

Being influenced by Freudian theory, Noble's (1933) analysis of drama as a clinical modality had a more scien-
tific air than other papers on the subject of that era. Noble recognized the diverstional aspect of drama as well
as its "socializing value" (p. 74). What was unique to his perspective, however, was the belief that drama, as an
occupation, was a powerful adjunct to psychotherapy. Noble's explanation for the patient's progress was that
playing these characters released repressed emotions, and dramatic performances seemed to serve as a catalyst for
this release.

Conclusion
With the advent of the Little Theater Movement, drama became one choice as a clinical modality for patients
with mental illness. Drama was recognized by some occupational therapists as a natural socializing agent as
well as an occupation that supported a wide variety of interests (Noble, 1933). It was purposeful and rewarding
because it concluded in a performance that was acknowledged by an audience.

Noble (1933) attempted to define a more sophisticated theory of the role of theater in the treatment of
teachers with mental illness. His explanations, although more advanced than the common sense notions of the
day, were still relatively naive. They were based only on Freud's theories that maintain that mental illness is the
result of repressed emotions and impulses. Freudian theory did not account for the physical foundations of men-
tal illness that were yet undiscovered.

Price (1935) saw the value of using theater in occupa-
tional therapy and hoped that drama schools would some
day include dramatics as therapy in their curriculum. With
the arrival of drama therapy as a profession in 1979
(Johnson, 1982), Price's ideas were initiated. Although
theatrical remains a clinical modality of occupational therapy
in some psychiatric settings, it is the profession of drama
therapy, a division of the creative arts therapies, that is
associated with the comprehensive study and use of drama as a clinical modality today. Drama therapy is
defined as "the intentional use of creative drama toward
the psychotherapeutic goals of symptom relief, emotional
and physical integration, and personal growth" (Johnson,

Whereas creative arts therapists use therapeutic media as
tools to explore and express intrapsychic content (L.
L. Malone, personal communication, August 10, 1994),
occupational therapists use activities to organize behavior
and promote competence. Although the application of
psychodynamic principles to activities was popular in
psychosocial occupational therapy practice in the 1950s
and 1960s, the use of activities as psychodynamic agents
undermines the organizing effect of occupation-based treatment (Barris, Kielhofner, & Watts, 1983).

Even without formal training in drama therapy, occu-
pational therapists can use dramatic techniques to facil-
itate group dynamics and achieve goals appropriate to
occupational therapy (Bracegirdle, 1988). Drama, in the
form of role playing, is effective for social skills training
and for the rehearsal of unfamiliar or alternate behaviors
(Barris et al., 1988; Bracegirdle, 1988; Brady, 1985; King,
1988; Mosey, 1973). Mime can be used to enhance self-
concept as well as body image (Probst & Howe, 1988).
Puppetry may be effective in pediatric practice because it
appeals to the child's kinesthetic sense (Fazio, 1992). Pupperty has also been used as a teaching tool for asser-
tiveness training for adults with mental retardation (Page,
1986). Dramatized group storytelling can be effective in
pediatric practice because it promotes communication,
hence furthering effective group dynamics (Fazio, 1992).
Finally, dramatic productions can be a vehicle for the
exploration and celebration of cultural events (Barris et
al., 1988).

The focus of this article has been to describe how
therapists in psychiatric practice in the 1920s and 1930s
used drama as an occupation. At that time, the creative
arts therapies "fell under the rubric of occupational
therapy" (King, 1978, p. 430). Although drama therapy
is now a separate profession, Stein and Tallant (1988)
states that the use of creative and performing arts as treat-
ment modalities is "consistent with occupational therapy"
(p. 13). It is preferable to include myriad occupations in
psychosocial treatment so that varying individual needs
and preferences can be fulfilled (Barris et al., 1988).
Drama is especially useful as a therapeutic medium be-
cause it can be adapted to serve a wide range of disabilities
(Price et al., 1988). Drama is not as widely used in occu-
pational therapy today as it was in the past, and with
shortened hospitalizations and third-party reimbursement
requirements, this is not surprising. Given its effectiveness
as a therapeutic medium, it would be beneficial to explore
methods of incorporating drama into occupational ther-
apy today, even within the confines of defined reimburse-
ment conditions.

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