

### Secret of Puppets

Kids love puppets. Puppets belong to childhood. They are the miniature form of ourselves with which we can play, in which we can design and transform ourselves and experience lots of fun. Its size corresponds to a toy with which a child can talk to. It is easier to interact with, because the child knows that it is a toy and does not pose fear or danger. The secret lies in the puppets which are objects but project their presence as separate beings. A puppet can help us feel sorry for it, we can laugh at it and we can love it.

These magical properties of puppets are the foundation of our methods which we use in our puppet performances in the hospitals. These methods utilize dramatic processes to improve the emotional state of the patient. They facilitate momentary escape from their harsh reality which is often stressful and depressing. They allow the creation of space in which it is possible for the children to express their feelings. These methods are deeply rooted in the essence of the relationship between mothers and children.

Our performances always begin with music – the piano or guitar, with the children participating via various rhythmic and percussion instruments, playing the songs of their choice. Music and rhythmic movements provide relief from stress and tension, and the singing provides a means for direct vocal expression. With these techniques, the patient's mood can positively change within minutes.

We encourage the children to express their feelings, emotions and situation. Often the child is open and sad and sometimes closed and withdrawn. In time, they are always able to respond positively.

The fairy tale or a story that are chosen for the performance are influenced by following criteria:

Child's age

Disease type (acute, chronic)

Period of stay in the hospital (long-term patients, short stays)

Space in which we play (on the bed in the room, or in the playroom)

Performances provide for improvisation from the children and are heavily influenced by their illness, attitude and current state.

Occasionally a child may be withdrawn as a result of medical diagnostics or is tired. In such situations, we shorten the story. Conversely, we may play until the end of the story and engage the children in discussions regarding the lesson, the meaning and their interpretation.

We are on constant guard, always prepared to improvise, and sensitive and receptive to the

effectiveness of each visit. We leave the children with hopes for a rapid recovery and return to normal life. We feel that it is important that the child feels that we bring promising ideas and attitudes.

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